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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052
2012
Open to Public Inspection

Fo	r ca	llendar year 2012 or tax year beginning	12/1/2012 , a ı	nd ending		12/31/2012	
N	ame (of foundation			Α	Employer Identification nu	mber
St	ever	n and Susan Campbell Family Foundation				46-6441	091
N	umbe	er and street (or PO box number if mail is not delivered to street address	ess)	Room/suite	В	Telephone number (see instr	
10	975	Grandview Drive Bldg 57		190		913-317-	1414
С	ty or	town, state, and ZIP code			С	If exemption application is pe	nding, check here 🕨 🛚 🗶
O	/erla	and Park	KS	66210			_
G	Ch	eck all that apply: X Initial return Initia	al return of a former p	ublic charity	D	1. Foreign organizations, che	ck here
		Final return Ame	ended return		ľ	2. Foreign organizations mee	eting the 85% test
		Address change Nam	ne change			check here and attach con	_
Н	Ch	eck type of organization: X Section 501(c)(3) exer	npt private foundation	1	۱.	If any other favor data and attack to	
] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private t	foundation	-	If private foundation status was under section 507(b)(1)(A), c	heck here .
	Fa	r market value of all assets at end J Accounting r	nethod [.] X Cash	Accrual	F	If the foundation is in a 60-mo	onth termination
	of :	year (from Part II, col. (c),				under section 507(b)(1)(B), c	
_		e 16) ▶ \$ 500,000 (Part I, column (d) must be on cash bas	sis)	L		
Pa	irt l	• • • • • • • • • • • • • • • • • • • •	(a) Revenue and	(h) blot myostom		(a) Administrations	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investm income	em	(c) Adjusted net income	for chantable purposes
_	1 .						(cash basis only)
	1		500,000				
	2						
	3	, carried and compared to the compared t					
	5	Dividends and interest from securities				· · · · · · · · · · · · · · · · · · ·	
		b Net rental income or (loss)			_		
ne	۱ 6	a Net gain or (loss) from sale of assets not on line 10					
le l		b Gross sales price for all assets on line 6a			_		
Revenue	7						
•	8	· · · · · · · · · · · · · · · · · · ·					
	9	Income modifications		-			
	10	a Gross sales less returns and allowances					
		b Less Cost of goods sold		. <u> </u>			
	١.,	c Gross profit or (loss) (attach schedule)					
	11						
_	12		500,000				
es	13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
enses	14 15						
		Pension plans, employee benefits a Legal res (attach schedule) 013					
ŵ	۱''	a Lega fees (attach schedule) 013 b Accounting fees (attach schedule)				 	
<u>≷</u>	ł				_		
rati	17	c Other professional fees fattach schedule					- ,
ist	18	Taxes (attach schedule) (see instructions)					
٦	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					
₹ F	21	Travel, conferences, and meetings					
au	22	<u> </u>					
Operating and Administrative Exp	23	,					
ij	24						•
ė	05	Add lines 13 through 23		· · · · · · · · · · · · · · · · · · ·			
ô	25					 	· · · · · · · · · · · · · · · · · · ·
_	120						
	27	_	500,000			}	
	1	Excess of revenue over expenses and disbursements . D Net investment income (if negative, enter -0-) .	500,000				
		c Adjusted net income (if negative, enter -0-)					

D ₂	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of year		
Га		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value	
	1	Cash—non-interest-bearing		500	,000	500,000	
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less. allowance for doubtful accounts					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts	l l				
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts					
Ş	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ą	10	a Investments—U.S. and state government obligations (attach schedule)		<u></u>			
		b Investments—corporate stock (attach schedule)		<u></u>			
		C Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis			ļ		
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	<u> </u>	<u> </u>			
	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach schedule)					
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers—see the					
	ļ	ınstructions. Also, see page 1, item I)		500	,000	500,000	
	17	Accounts payable and accrued expenses					
Ś	18	Grants payable		·			
ij	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .					
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe >		·			
	23	Total liabilities (add lines 17 through 22)					
(A)		Foundations that follow SFAS 117, check here					
ë		and complete lines 24 through 26 and lines 30 and 31.					
lances	24	Unrestricted					
	25	Temporanly restricted					
70	26	Permanently restricted					
Ę		Foundations that do not follow SFAS 117, check here • X					
Net Assets or Fund B		and complete lines 27 through 31.					
0	27	Capital stock, trust principal, or current funds					
ė	28	Paid-in or capital surplus, or land, bldg., and equipment fund .		500	,000		
SSI	29	Retained earnings, accumulated income, endowment, or other funds .					
t A	30	Total net assets or fund balances (see instructions)		500	0,000		
Š	31	Total liabilities and net assets/fund balances (see					
		instructions)		500	0,000		
-	t III	Analysis of Changes in Net Assets or Fund Balances	201	 			
1		net assets or fund balances at beginning of year—Part II, column (a), line	•				
_		of-year figure reported on pnor year's return)			1	F00 000	
2		r amount from Part I, line 27a		- 1	2	500,000	
3		r increases not included in line 2 (itemize)			3	500,000	
4		lines 1, 2, and 3		1	4	500,000	
5		eases not included in line 2 (itemize)	Lorent /LA Par AA		5		
0	iotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	וות (ס), tine 30		6	500,000	

Part IV Capital Gains ar	nd Losses for Tax on Inve	estment Inco		1		
(a) List and describe the 2-story brick warehou	e kınd(s) of property sold (e.g., real esta se; or common stock, 200 shs MLC Co	ate, o)	(b) How acquired PPurchase DDonation	(c) Date a (mo., da		(d) Date sold (mo , day, yr)
1a			O DOMOGO,			
b						
<u>c</u>						
d						
<u>e</u>			<u> </u>		-	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	or other basis ense of sale			or (loss)) minus (g)
a .				ļ		
<u>b</u>				ļ		
d			· · · · · · · · · · · · · · · · · · ·	ļ		
e				 		
	ring gain in column (h) and owned	d by the foundation	on on 12/31/69		Gains (Col	(h) gain minus
(i) F M V. as of 12/31/69	(k) Exce	ss of col (i) I. (j), if any	1	(k), but not	less than -0-) or om col. (h))	
a			G ,, ,	<u> </u>		
b						
C						· · · · · · · · · · · · · · · · · · ·
d						
e						
2 Capital gain net income or (also enter in Pa enter -0- ın Paı		2		
3 Net short-term capital gain	or (loss) as defined in sections	1222(5) and (6	3):			
	ine 8, column (c) (see instructi	ons) If (loss), e	enter -0-			
ın Part I, line 8		<u> </u>		3		
Part V Qualification Und						- · · · · · · · · · · · · · · · · · · ·
(For optional use by domestic p	rivate foundations subject to the	ne section 4940	(a) tax on net inve	estment inc	ome.)	
If section 4940(d)(2) applies, lea	ave this part blank.					
Was the foundation liable for the	•	ihutahla amoun	t of any year in th	a haca nan	od2	☐ Yes ☐ No
If "Yes," the foundation does no			• •	e base pen	ou!	☐ 1es [] 140
· · · · · · · · · · · · · · · · · · ·	ount in each column for each ye			aking any i	entries	
(a)				laking any t	charcs.	(d)
Base penod years	(b) Adjusted qualifying distribution	ns Net value	(c) of nonchantable-use a	ssets		nbution ratio
Calendar year (or tax year beginning in 2011	1)				(col (b) d	0.00000
2010					-	0.00000
2009	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			0 000000
2008						0.000000
2007					-	0.000000
		— 	,		T	
2 Total of line 1, column (d)				2		0 000000
3 Average distribution ratio for	r the 5-year base period—divid	de the total on li	ne 2 by 5, or by			
the number of years the fou	ndation has been in existence	if less than 5 ye	ears	. 3	 	0 000000
			_			
4 Enter the net value of nonch	naritable-use assets for 2012 f	rom Part X, line	: 5	. 4		
E Multiply long 4 by line 2				_		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment	income (1% of Part I, line 27b))		6	 	
7 Add lines 5 and 6				7	<u> </u>	
8 Enter qualifying distributions	s from Part XII, line 4			. 8		
	er than line 7, check the box in				g a 1% ta	ax rate. See

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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"

their names and addresses .

Form	990-PF (2012) Steven and Susan Campbell Family Foundation 46-644	1091	Pa	age 5
Par	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 person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ none			
14	The books are in care of ▶ Dickens Law LLC Telephone no ▶ (913) 486-9	908		
	Located at ► 10975 Grandview Dr Bldg 57 Ste 190 Overland Park KS ZIP+4 ► 66210			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of			
	the foreign country	ļ		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	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? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	l		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ļ		
	If the foundation agreed to make a grant to or to employ the official for a period	1		
	after termination of government service, if terminating within 90 days.) Yes X No	1		
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 instructions)?	1b	N/A	1
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>		
С	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 2012?	1c		Х
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 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	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	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20	[:		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?	[
b	If "Yes," did it have excess business holdings in 2012 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 2012)	3b	N/A	
4a	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 2012?	4b		_ X

Form	1 990-F	PF (2012)	Steven and Susan Campbel	Fam	ily Foundation				46	-644	1091	P	age 6
Pa	rt VI	B S	tatements Regarding Activ	ities	for Which Fo	rm 4720 May Be	Require	l (continue	ed)				
5a	Durir	ng the ye	ar did the foundation pay or incur a	ny am	ount to				_				
	(1)	Carry o	n propaganda, or otherwise attemp	to inf	luence legislation (section 4945(e))?		Yes	X	No			
	(2)		æ the outcome of any specific publi		•	955); or to carry							
		on, dire	ctly or indirectly, any voter registrate	on dri	ve?			Yes	X	No			
	(3)	Provide	a grant to an individual for travel, s	tudy, c	or other similar pur	poses?		Yes	\mathbf{X}	No			
	(4)		a grant to an organization other tha										
		in section	on 509(a)(1), (2), or (3), or section 4	940(d)(2)? (see instructi	ons)		Yes	\mathbf{X}	No			
	(5)	Provide	for any purpose other than religiou	s, cha	ritable, scientific, li	terary, or							
		education	onal purposes, or for the prevention	of cru	elty to children or	anımals? .		Yes	X	No			
þ	If any	y answer	is "Yes" to 5a(1)-(5), did any of the	trans	actions fail to qual	ify under the exception	ns describe	d in		;			
	Regu	ılatıons s	section 53 4945 or in a current notic	e rega	rding dısaster assı	stance (see instruction	ns)? .		<u> </u>	. [5b	N/A	
	Orga	nizations	s relying on a current notice regardi	ng disa	aster assistance ch	neck here		•	\cdot \sqcup				
С			is "Yes" to question 5a(4), does the		•	tion from the		_		ļ			
			t maintained expenditure responsib	-	_		•	Yes	X	No			
		•	ch the statement required by Regul			, ,				ŀ			
6a			ation, during the year, receive any f	unds,	directly or indirectly	y, to pay				Ì			
_	-		a personal benefit contract?					Yes	X I	No			
þ			ation, during the year, pay premium	s, dire	ctly or indirectly, o	n a personal benefit o	contract?	•		.	6b		X
_		•	, file Form 8870									i	
			uring the tax year, was the foundation					Yes	X	No			
			ne foundation receive any proceeds								7b	N/A	
P	art V		Information About Officer	s, Di	rectors, Truste	es, Foundation	Manager	s, Highly	Paid	Em	ploy	ees,	
			and Contractors				 						
_	1 2 - 4	-11 - 66 -											
1	List	all offic	ers, directors, trustees, found										
1	List		ers, directors, trustees, found (a) Name and address	(b)) Title, and average hours per week	heir compensation (c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	$\overline{}$			e accou	
		((a) Name and address	(b) Title, and average hours per week levoted to position	(c) Compensation	(d) Co employe	ntributions to	on			se accou	
Ste	ven V	V Campl	(a) Name and address bell	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341	ven V 0 W 8	V Campl 38 Stree	(a) Name and address bell et Leawood, KS 66206	(b) Tru	Title, and average hours per week levoted to position	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341 Sus	ven V 0 W 8 an M	V Campl 38 Stree Campb	(a) Name and address bell et Leawood, KS 66206 ell	(b) Tru) Title, and average hours per week levoted to position	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341 Sus	ven V 0 W 8 an M	V Campl 38 Stree Campb	(a) Name and address bell et Leawood, KS 66206	(b) Tru	Title, and average hours per week levoted to position	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341 Sus	ven V 0 W 8 an M	V Campl 38 Stree Campb	(a) Name and address bell et Leawood, KS 66206 ell	(b) Tru	Title, and average hours per week levoted to position	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341 Sus	ven V 0 W 8 an M	V Campl 38 Stree Campb	(a) Name and address bell et Leawood, KS 66206 ell	(b) Tru	Title, and average hours per week levoted to position	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341 Sus	ven V 0 W 8 an M	V Campl 38 Stree Campb	(a) Name and address bell et Leawood, KS 66206 ell	(b) Tru	Title, and average hours per week levoted to position	(c) Compensation (If not paid, enter	(d) Co employe	ntributions to e benefit plans	on				
Ste 341 Sus 341	ven V 0 W 8 an M 0 W 8	V Campl 38 Stree Campb 38 Stree	(a) Name and address bell et Leawood, KS 66206 sell et Leawood, KS 66206	(b) d Tru) Title, and average hours per week evoted to position stee	(c) Compensation (If not paid, enter -0-)	(d) Co employe and deferr	ntributions to e benefit plans ed compensati	on	ot			
Ste 341 Sus 341	ven V 0 W 8 an M 0 W 8	V Campl 38 Stree Campb 38 Stree	(a) Name and address bell et Leawood, KS 66206 ell et Leawood, KS 66206	(b) d Tru) Title, and average hours per week evoted to position stee	(c) Compensation (If not paid, enter -0-)	(d) Co employe and deferr	ntributions to e benefit plans ed compensati	on	ot			
Ste 341 Sus 341	ven V 0 W 8 an M 0 W 8	V Campl 38 Stree Campb 38 Stree	(a) Name and address bell et Leawood, KS 66206 ell et Leawood, KS 66206	(b) d Tru) Title, and average hours per week evoted to position stee Stee	(c) Compensation (If not paid, enter -0-) e included on line	(d) Co employe and deferr	ntributions to e benefit plans ed compensati structions).	on If no	ne,	her alle	owance	
Ste 341 Sus 341	ven V 0 W 8 an M 0 W 8	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 ell et Leawood, KS 66206	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferr	ntributions to e benefit plans ed compensati	on If not	ne,	Expens		unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees () Title, and average hours per week levoted to position Stee stee (other than thos	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,
Ste 341 Sus 341	ven V 0 W { an M 0 W { Comente	V Cample 38 Stree Campbe 38 Stree Pensatir "NON	(a) Name and address bell et Leawood, KS 66206 rell et Leawood, KS 66206 ion of five highest-paid employ	(b) d Tru Tru (rees (Title, and average hours per week levoted to position stee stee (other than thos (b) Title, and average hours per week levoted to position stee	(c) Compensation (If not paid, enter -0-) e included on line ge (c) Compensation	(d) Co employe and deferred and	ntributions to e benefit plans ed compensati structions). Contributions t iployee benefit is and deferre	on If not	ne,	Expens	e accou	unt,

	rmation About Officers, Directors, Trustees Contractors (continued)	s, Foundation Managers, Highly Pai	d Employees,
3 Five highest-paid	independent contractors for professional services	(see instructions). If none, enter "NONE."	
(a) Name an	d address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others	s receiving over \$50,000 for professional services		
Part IX-A Sum	nmary of Direct Charitable Activities		
	rgest direct charitable activities during the tax year include relevant s and other beneficianes served, conferences convened, research i		Expenses
1 None			
2			
3			
			·
4			
	nmary of Program-Related Investments (see		
··	ogram-related investments made by the foundation during the tax ye	ear on lines 1 and 2	Amount
1 None			
2			
All other general state of			
All other program-related inv None	vesuments See instructions		
Total. Add lines 1 thros	ugh 3		

Pai	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundation	ons,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	500,000
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	500,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d	3	500,000
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	7,500
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	492,500
6	Minimum investment return. Enter 5% of line 5 MIR Prorated - Short Year	6	2,091
Par	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	Minimum investment return from Part X, line 6	1	2,091
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,091
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,091
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,091
Dor			
r all	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
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	
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 (see instructions)	5	
6			
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	

1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7				2,091
2	Undistributed income, if any, as of the end of 2012:	1			
á	Enter amount for 2011 only	<u> </u>			
ı	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2012				
á	From 2007				
ì	From 2008	}	1		
(From 2009				
(f From 2010 .]			
•	From 2011]			
1	Total of lines 3a through e	1			
4	Qualifying distributions for 2012 from Part				
	XII, line 4 > \$				
á	Applied to 2011, but not more than line 2a				
ı	Applied to undistributed income of prior years				
	(Election required—see instructions)				
•	Treated as distributions out of corpus (Election				
	required—see instructions)				
(Applied to 2012 distributable amount				
•	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2012				
	(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:	ļ			
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
	Prior years' undistributed income Subtract				
-	line 4b from line 2b		1		
	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has	<u> </u>			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
•	Undistributed income for 2011. Subtract line				
•	4a from line 2a Taxable amount—see				
	instructions	1			
1					-
•	lines 4d and 5 from line 1. This amount must]		
	be distributed in 2013				2,091
7	Amounts treated as distributions out of				2,031
•	corpus to satisfy requirements imposed by				
8	section 170(b)(1)(F) or 4942(g)(3) (see instructions). Excess distributions carryover from 2007	 	 		
0	•				
0	not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.]			
40	Subtract lines 7 and 8 from line 6a		 		
10	Analysis of line 9.	1			
	Excess from 2008	4			
ı	Excess from 2009	4			
(Excess from 2010	1			
(Excess from 2011	1]		
9	Excess from 2012	<u> </u>			

7 0(11	Sieverrand Susair Campbell			· · · · · · · ·	40-044	1091 Page 10
	t XIV Private Operating Foundations			question 9)		
1 a	If the foundation has received a ruling or determina					
	foundation, and the ruling is effective for 2012, enti-	er the date of the rul	ing	▶		
b	Check box to indicate whether the foundation is a	orivate operating fou	ndation described (n section	4942(j)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net		10120/07			
	income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Iotai
	year listed					
ь	85% of line 2a			†	1	
			·		 	
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly			1		
	for active conduct of exempt activities					
е	Qualifying distributions made directly		· · · · · · · · · · · · · · · · · · ·	<u> </u>	 	
	for active conduct of exempt activities.			ļ		
	Subtract line 2d from line 2c				i i	
3	Complete 3a, b, or c for the		*****		 	·
	alternative test relied upon:			1	1	
а	"Assets" alternative test—enter			1		
	(1) Value of all assets					
	(2) Value of assets qualifying		, <u>, , , , , , , , , , , , , , , , , , </u>		 	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
					ļ	
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in				1	
	Part X, line 6 for each year listed	4 00 4				
		1,394			ļ	1,394
C	,,					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments			t		
	on securities loans (section					
	512(a)(5)), or royalties)					
			_ 	 	 	
	(2) Support from general public and 5 or more exempt					-
	organizations as provided in				1	
	section 4942(j)(3)(B)(III)] .	
	(3) Largest amount of support				<u> </u>	
	from an exempt organization					
	(4) Gross investment income			 	 	····
Do	<u> </u>					
Pa	t XV Supplementary Information (Cor	nplete this part	only if the fou	indation had \$	5,000 or more in	
	assets at any time during the ye	ar—see instruc	tions.)			
1	Information Regarding Foundation Manage	rs:				
а	List any managers of the foundation who have con-	tributed more than 2	% of the total contri	ibutions received by	the foundation	
	before the close of any tax year (but only if they ha	ve contributed more	than \$5,000) (See	section 507(d)(2))		
b	List any managers of the foundation who own 10%	or more of the stock	of a compration (c	or an equally large n	ortion of the	
_	ownership of a partnership or other entity) of which					
	, , , , , , , , , , , , , , , , , , , ,		3			
2	Information Regarding Contribution, Grant,	Cift Leas Cabal	ambin eta Dan			
_	• •	•	• • • •	•		
	Check here X If the foundation only makes	contributions to pres	elected charitable	organizations and d	oes not accept	
	unsolicited requests for funds. If the foundation ma	kes gπs, grants, etc	. (see instructions)	to individuals or org	anizations under	
	other conditions, complete items 2a, b, c, and d	······				
а	The name, address, and telephone number or e-m	ail of the person to w	hom applications s	should be addressed	l .	
						
b	The form in which applications should be submitted	d and information and	d materials they she	ould include		
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
C	Any submission deadlines					
		·				
d	Any restrictions or limitations on awards, such as b	y geographical area	s, charitable fields,	kinds of institutions,	or other	
	factors					

Form 990-PF (2012)

46-6441091

Part XV Supplementary Information (continued)

3	Grants and Contributions Paid During th	he Year or Approved for Future Payment						
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Атоил			
	Name and address (home or business)	or substantial contributor	recipient					
a	Paid during the year							
b	Total Approved for future payment	<u> </u>		▶ 3a				
	Total			▶ 3h				

nter gross	s amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
4 December		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
=	n service revenue.			 		
a b			· <u> </u>	 		
						
_				 		-
f				 		
·	s and contracts from government agencies			 	,, ,_ ,-	
-	rship dues and assessments					
	on savings and temporary cash investments			-		· · · · · · · · · · · · · · · · · · ·
	ds and interest from securities			+		
	al income or (loss) from real estate:					
	· e			 	···	
				 		
	debt-financed property al income or (loss) from personal property			 		
	vestment income					
	(loss) from sales of assets other than inventory			 		
	ome or (loss) from special events		 	 	· · · · · · · · · · · · · · · · · · ·	
	•			 		
	rofit or (loss) from sales of inventory			 		·····
h Outer te	evenue. a	}		 		
c						
ď —				 		
e				· · · · · · · · · · · · · · · · · · ·		
	Add columns (b) (d) and (e)			<u> </u>		
2 Subtotal	Add columns (b), (d), and (e)				13	
2 Subtotal 3 Total. A	dd line 12, columns (b), (d), and (e)				13	
2 Subtotal 3 Total. A See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations)				13	
2 Subtotal 3 Total. A See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc	omplishment	of Exempt F	Purposes		
2 Subtotal 3 Total. A See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations)	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
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2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
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2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	
2 Subtotal 3 Total. A See worksh art XVI- ine No.	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt F	Purposes VI-A contributed in	nportantly to	

Part XVII	Information Regarding	Transfers T	o and	Transactions	and Relations	hips With	Noncharitable
	Exempt Organizations						

1	n secti	e organization directly of ion 501(c) of the Code zations?								Yes	No
(1) Ca		foundation to a	a noncharitable exemp	ot organizatio	n of: 			1a(1)		х
•	,	her assets							1a(2)		X
b (Other t	ransactions.									
		les of assets to a nonc							1b(1)		Х
(2) Pu	rchases of assets from	n a noncharita	ble exempt organization	on				1b(2)		X
(3) Re	ental of facilities, equipr	ment, or other	assets					1b(3)		X
Ò	4) Re	imbursement arranger	ments .						1b(4)		X
ì	5) Lo	ans or loan guarantees	s						1b(5)		X
	-	rformance of services						• •	1b(6)		$\frac{\hat{x}}{x}$
		g of facilities, equipme							1c		$\frac{\hat{x}}{x}$
											<u> </u>
,	alue c	nswer to any of the ab of the goods, other asson any transaction or sh	ets, or service	es given by the reporting	ng foundation	. If the	foundation received	ved less than fai	r marke	et ed	
(a) Li	ne no	(b) Amount involved	(c) Name	of nonchantable exempt orga	anization	(d) De	scription of transfers,	transactions, and sh	anng arra	ngeme	nts
		·									
						·					
		, ;- <u></u>									
									•		
				- · · · · · · · · · · · · · · · · · · ·		•		*			
		····		,			•				—
-			<u> </u>								
		· - · · · · · · · · · · · · · · · · · ·			·						
•	lescrib	oundation directly or in sed in section 501(c) of complete the following	f the Code (ot	ted with, or related to, her than section 501(c	one or more ()(3)) or in sec	tax-exection 52	empt organization		es X	No	
	'	(a) Name of organization		(b) Type of or	ganization		(c)	Description of relatio	nship		
				(-) ()	<u> </u>		(0)				
			· · · · ·								
-		· · ·									
-			•								
								· · · · · · · · · · · · · · · · · · ·		····	
	ന	ider penalties of penjury, I declare the median of penjury, I declare the median of th	that I have examined foreparer (other than	I this return, including accompanying taxpayer) is based on all informati	g schedules and star	tements, a	nd to the best of my know nowledge	rledge and belief, it is true),		_
Sig Her	n e	Advilled Signature of officer or trustee		7/24/13	Presid	ent	_	May the IRS of with the prepared instructions)?	rer showr	below	
		Print/Type preparer's na			1100		Data		OTIN		
Paid	4	rinnviype preparers na	me	Preparer's signature	m/2 /		Date	Check if	PTIN		
		Mary Shuman		Mary Shuman/	Thisa	•	7/24/2013	self-employed	P0009	5160	
	parei	French assess A 1 C	Conson	mary Cridinal P			112-112013				
Use	Only	V	C Grason	w Davis Overdend De	L VO 00040				7-13951		
	Firm's address ► 10975 Grandview Drive, Overland Park, KS 66210 Phone no (913) 317							31/-1	414		

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

Name of the organization		Employer identification number
Steven and Susan Campbell	Family Foundation	46-6441091
Organization type (check on		1 40-0441091
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	X 501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	
Note. Only a section 501(c)(7 instructions.	(), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See
General Rule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or ne contributor. Complete Parts I and II	more (in money or
Special Rules		
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support tes at 170(b)(1)(A)(vi) and received from any one contributor, during the year, a % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	a contribution of the greater
the year, total contrib	7), (8), or (10) organization filing Form 990 or 990-EZ that received from ar utions of more than \$1,000 for use <i>exclusively</i> for religious, chantable, scie s, or the prevention of cruelty to children or animals. Complete Parts I, II, ar	ntific, literary, or
the year, contribution total to more than \$1, year for an exclusivel	7), (8), or (10) organization filing Form 990 or 990-EZ that received from ar s for use exclusively for religious, charitable, etc., purposes, but these cont 000. If this box is checked, enter here the total contributions that were receive religious, charitable, etc., purpose. Do not complete any of the parts unlessation because it received nonexclusively religious, charitable, etc., contrib	ributions did not eived during the ess the General Rule
	t is not covered by the General Rule and/or the Special Rules does not file set answer "No" on Part IV, line 2 of its Form 990, or check the box on line I	

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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** Steven and Susan Campbell Family Foundation 46-6441091 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Steven Campbell . 1 Person 3410 W 88 Street **Payroll** Leawood KS 66206 250,000 Noncash Foreign State or Province (Complete Part II if there is Foreign Country. a noncash contribution.) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Susan Campbell Person 3410 W 88 Street **Payroll** Leawood KS 66206 250,000 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash Foreign State or Province. (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province. (Complete Part II if there is Foreign Country: a noncash contribution) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Foreign State or Province:

Foreign Country:

(Complete Part II if there is

a noncash contribution.)

Person Payroll Noncash Name of organization

Steven and Susan Campbell Family Foundation

Employer identification number
46-6441091

Part II	Noncash Property (see instructions). Use duplicate of	opies of Part II if additional space	e is needed.
(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
		\$	

	ganization d Susan Campbell Family Foundation		Employer identification number 46-6441091					
Part III	Exclusively religious, charitable, etc., individu	al contributions to section	501(c)(7), (8), or (10) organizations					
	total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,							
	contributions of \$1,000 or less for the year. (Ente							
	Use duplicate copies of Part III if additional space	is needed						
(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	Relation	onship of transferor to transferee					
	For. Prov Country		••••••					
(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	Relatio	onship of transferor to transferee					
	For. Prov. Country							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) r uipose of gilt	(c) Ose of grit	(u) Description of now girt is nead					
		(a) Transfer of alf						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4	Relation	onship of transferor to transferee					
	For. Prov. Country							
(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	Relation	onship of transferor to transferee					
	I For Prov. Country	1						

Part I (8868 Page 1) - Members Included in Extension

	_
NIE	
Foreign Country	
ZIP code	
State	
Cıty	
Street Address	
Name	

Part VII-A, Line 10 (990-PF) - Substantial Contributors

		Check "X"				
	Name	if Business	Street	City	State	State Zip Code
-	Steven Campbell		3410 W 88 Street	Leawood	KS	66206
7	Susan Campbell		3410 W 88 Street	Leawood	ξŞ.	66206

Part VII-A, Line 10 (990-PF) - Substantial Contributors

Staven and Susan Campbell Family Foundation

Foreign Country		Foreign Country
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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Check "X"							Avo Hrs			Expense
Name	if Business	Street	City	State	Zip Code	Foreign Country	럘	Per Week	Per Week Compensation	Benefits	Account
Steven W Campbell		3410 W 88 Street	Leawood	SX B	KS 66206		1				
Susan M Campbell		3410 W 88 Street	Leawood	S 8	90299		Trustee				

Part IX-B, Line 3 (990-PF) - Other Program-Related Investments

Description 1	Description 2	Description 3	Amount
one			

8868 Form

(Rev. January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

								
 If you are 	e filing for an Automatic 3-Month Extensio e filing for an Additional (Not Automatic) 3 nplete Part II unless you have already bee	-Month Ex	tension, complete only Part II (on	page 2 of this			▶ [X]	
Electronic of a corporation 8868 to require Return for T	filing (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the form fransfers Associated With Certain Personal (). For more details on the electronic filing of	m 8868 if y nal (not au orms listed Benefit Coi	rou need a 3-month automatic extentomatic) 3-month extension of time. in Part I or Part II with the exception ntracts, which must be sent to the IR	sion of time to You can elect of Form 887 S in paper fo	o file (tronica 0, Info ormat ((6 months ally file Foormation (see	s for orm	
Part I	Automatic 3-Month Extension of 3	Γi me . Onl	v submit original (no copies nee	ded).				
	on required to file Form 990-T and requesting				plete			
Part I only							▶□	
•	porations (including 1120-C filers), partners	hips, REM	ICs. and trusts must use Form 7004	to request ar	n exte	nsion of		
	ncome tax returns.	, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Enter filer's	s identifying	numbe	er. see in:	structions	
Type or	Name of exempt organization or other filer, se	e instruction		Employer ider				
print	Steven and Susan Campbell Family Found			46-6441091				
File by the	Number, street, and room or suite no. If a P.O.		structions.	Social secu		mber (SSI	N)	
due date for	10975 Grandview Drive Bldg 57, Room 19				,		•,	
filing your return See	filing your 10973 Grandview Drive Blug 37, RODI 190							
return See Oty, town or post office, state, and zir code For a foreign address, see instructions Overland Park KS 66210								
E-to-the D								
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each retui	m)			04	
Application	n	Return	Application				Return	
ls For		Code	Is For				Code	
Form 990 c	Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
Form 990-BL 02 Form 1041-A 08								
Form 4720 (individual) 03 Form 4720 09								
Form 990-PF 04 Form 5227 10								
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069			Ť	11	
	(trust other than above)	06	Form 8870			·	12	
Telephor If the org If this is for the whole list with the 1 I requuntil is for	names and EINs of all members the extension lest an automatic 3-month (6 months for a construction of the organization's return for calendar year or construction or construction of the organization of the o	of business four digit (If it is for p ion is for orporation exempt org	Group Exemption Number (GEN) part of the group, check this box. required to file Form 990-T) extension ganization return for the organization , and ending	on of time named abov		e extensi	attach a	
	hange in accounting period) T 4700	0000	-	, ,			
	application is for Form 990-BL, 990-PF, 990 fundable credits. See instructions.)-1, 4/20, d	or 6069, enter the tentative tax, less	any	3a	\$		
	application is for Form 990-PF, 990-T, 4720	or 6069.	enter any refundable credits and			. 7.		
estim	ated tax payments made. Include any prior	year overp	ayment allowed as a credit.		3ь	\$	 	
	nce due. Subtract line 3b from line 3a. Inclui S (Electronic Federal Tax Payment System)		· · · · · · · · · · · · · · · · · · ·	using	3с	\$		
	ou are going to make an electronic fund withdraw			rm 8879-FO f			uctions	
	a a company who are the contract of the contra				Pul			