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Form **990-PF** 

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

Department of the Treasury Internal Revenue Service

For	calendar year 2012 or tax year beginning		, and ending		
J	me of foundation AMES & ABIGAIL CAMPBELL F	AMILY		A Employer identification	
	OUNDATION		· - 1 - · · · ·	99-020307	3
	nber and street (or PO box number if mail is not delivered to street $001~KAMOKILA~BLVD$ . CAMPBE	,	Room/suite	B Telephone number	C 77 A
		пп вппс.	<u> </u> 200	808-674-6	
	or town, state, and ZIP code APOLEI, HI 96707			C if exemption application is	pending, check here
	Check all that apply: Initial return Final return	Initial return of a fo	ormer public charity	D 1. Foreign organization	
	Address change	Name change		Foreign organizations in check here and attach or	neeting the 85% test,
н	Check type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation st	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
I Fa	ur market value of all assets at end of year   J   Accountil	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
		her (specify)		under section 507(b)(1	I)(B), check here 🕨 🗀
	\$ 20,183,041. (Part I, colui	mn (d) must be on cash i	basis.)	<u></u>	
Pa	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	676,432.		N/A	
	2 Check If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	438.	438.		STATEMENT 2
	4 Dividends and interest from securities	433,850.	433,850.		STATEMENT 3
	5a Gross rents				1 *
	b Net rental income or (loss)	1 0 5 0 1 1 0			
ē	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	1,260,149.	·		STATEMENT 1
Revenue	assets on line 6a 4, 230, 201.		1 016 150		
é	7 Capital gain net income (from Part IV, line 2)		1,216,459.		
	8 Net short-term capital gain				ļ
	9 Income modifications Gross sales less returns				
	10a and allowances	····	·		<del> </del>
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income	101,602.	146,269.		STATEMENT 4
	12 Total. Add lines 1 through 11	2,472,471.	1,797,016.	<del></del>	DITTI DITTI 4
_	13 Compensation of officers, directors, trustees, etc	0.	0.		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	· <del></del> ·			
enses	16a Legal fees STMT 5	2,989.	0.		2,989
Je n	b Accounting fees STMT 6	17,264.	0.		17,264
EX	c Other professional lees (	250,455.	183,455.		67,000
Administrative Exp		88,351.	88,351.		0
trat	17 Interest   STMT   S2   STMT   S2   S2   S2   S2   S2   S2   S2   S	2,704.	0.		0
nis	19 Depreciation and depletion 2 2013				
<u>a</u>	20 Occupancy				
	21 Travel, conferences, and meetings UT				
and	22 Printing and-publications		·		
ing	23 Other expenses STMT 9	52,330.	0.		52,330
Operating	24 Total operating and administrative	414 000	001 006		400
Ope	expenses. Add lines 13 through 23	414,093.	271,806.		139,583
	25 Contributions, gifts, grants paid	772,426.			772,426
	26 Total expenses and disbursements.	1 196 510	271 006		010 000
_	Add lines 24 and 25	1,186,519.	271,806.	<u></u>	912,009
	27 Subtract line 26 from line 12:	1,285,952.			
	Excess of revenue over expenses and disbursements     Net investment income (f pagetive, enter (0.))	1,405,354.	1,525,210.		
	b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)		1,343,410.	N/A	<del>                                     </del>
22350	Office LHA For Paperwork Reduction Act Notice, see i	notruntions		N/A	Form <b>990-PF</b> (2012

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	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year End of year				
LP	<u>art</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
_	1	Cash - non-interest-bearing	171,022.				
	ı	Savings and temporary cash investments		3,180,660.	3,180,660.		
		Accounts receivable ▶		- <u>·</u>			
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
	Ι΄.	Less: allowance for doubtful accounts					
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
	<b>'</b>	Less: allowance for doubtful accounts					
w	l a	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·	<del></del>		
Assets	٦	Prepaid expenses and deferred charges					
As	100	Investments - U.S. and state government obligations					
		Investments - corporate stock STMT 11	5,485,214.	3,681,308.	3,681,308.		
		Investments - corporate bonds STMT 12	3,419,829.	4,017,348.	4,017,348.		
			3,413,023.	4,017,340.	4,017,340.		
	' '	Investments - land, buildings, and equipment basis					
	40	Less accumulated depreciation					
		Investments - mortgage loans Investments - other STMT 13	9,500,609.	9,300,475.	9,300,475.		
	13	<b>-</b>	3,300,003.	9,300,473.	3,300,473.		
	14	Land, buildings, and equipment; basis					
	4.5	Less accumulated depreciation  Other assets (describe ► STATEMENT 14)	49,823.	3,250.	3,250.		
	ם ו	Other assets (describe STATEMENT 14)	49,043.	3,230.	3,230.		
	4.	Total access (to be accompleted by all filese)	18,626,497.	20,183,041.	20,183,041.		
_	16	<u> </u>	10,020,497.	20,103,041.	20,103,041.		
	17	Accounts payable and accrued expenses	<del></del>	· <del></del> ·			
	18	Grants payable	<del></del>				
ies	19	Deferred revenue			1		
Ē	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable		-			
	22	Other liabilities (describe					
		Tabel 19-1-1999 - (1-1-1	0.	^			
_	23	Total liabilities (add lines 17 through 22)	0.1	0.			
		Foundations that follow SFAS 117, check here					
Ś	١	and complete lines 24 through 26 and lines 30 and 31.	10 561 206	20 112 270	1		
nces		Unrestricted	18,561,286.	20,112,378.	ŧ		
ala	25	Temporarily restricted	65,211.	70,663.	1		
8	26	Permanently restricted			į		
Fund Balan		Foundations that do not follow SFAS 117, check here					
P		and complete lines 27 through 31.					
sts	27	Capital stock, trust principal, or current funds					
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
¥	29	Retained earnings, accumulated income, endowment, or other funds	10 (26 407	20 102 041	1		
ž	30	Total net assets or fund balances	18,626,497.	20,183,041.	į		
			10 626 407	20 102 041			
	31	Total liabilities and net assets/fund balances	18,626,497.	20,183,041.			
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances				
_							
		I net assets or fund balances at beginning of year - Part II, column (a), line 3	50	1.1	10 626 407		
		st agree with end-of-year figure reported on prior year's return)		1	18,626,497.		
		r amount from Part I, line 27a	diana dina	AMEMENTO 10	1,285,952.		
		r increases not included in line 2 (itemize)	SEE STA	ATEMENT 10 3	270,592.		
		lines 1, 2, and 3		4	20,183,041.		
		eases not included in line 2 (itemize)	lump (h) line 20	5	20,183,041.		
6	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	unin (D), iine 30	6			
					Form <b>990-PF</b> (2012)		

Form 990-PF (2012)	FOUNDAT			<u> </u>				9	9-020	3078	Page 3
		osses for Tax on In		t Income							
, (a) Lis 2-sto	t and describe the l ry brick warehouse	kind(s) of property sold (e.g. ; or common stock, 200 shs	, real estate, . MLC Co.)		( <b>b)</b>     P   D	How acc - Purch - Dona	quired nase tion	(c) Date (mo., d	acquired ay, yr.)	(d) Date (mo., da	
1a											
b SEE ATTA	ACHED STA	TEMENTS			L.						
C					ļ						
d					_					<del></del> -	
e (e) Gross sales pri	on (f)	Depreciation allowed	(a) Cos	st or other basis	Ь	-		(h) G	aın or (loss)		
		(or allowable)		expense of sale	_				(f) minus (		
a b											
C									· · · · · · · · · · · · · · · · · · ·		
d	· · · · · · · · · · · · · · · · ·										
e 4,238,	261.			3,021,80	2.				<del></del>	1,216	,459.
Complete only for ass	ets showing gain ir	column (h) and owned by t	he foundation	on 12/31/69					ol. (h) gain		
(i) F.M.V. as of 12/3	1/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), if any			col.		ot less than (from col. (		
a											
b											
C			<del></del>						· · · · · · · ·		
e e										1,216,	150
		<u></u>		<del></del>	$\overline{}$	I				1,210,	, 433.
2 Capital gain net income	•	, (,,,	ın Part I, line	7 7	<b>)</b>	2				1,216	459.
		fined in sections 1222(5) and	d (6):		٦١						
If gain, also enter in Pai If (loss), enter -0- in Pa		(C).				3			N/A		
Part V* Qualifica	ation Under	Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome	,		
f section 4940(d)(2) applic Was the foundation liable f f "Yes," the foundation doe	es, leave this part b or the section 4942 is not qualify under	2 tax on the distributable amore section 4940(e). Do not core	ount of any ye	ear in the base per rt.	ıod?					☐ Yes │	X No
	mount in each colu	ımn for each year; see the ın	structions bef	fore making any ei	ntries						
(a) Base period y Calendar year (or tax ye		(b) Adjusted qualifying dist		Net value of no	(c) nchar		ise assets		Distrib (col. (b) divi	(d) ution ratio ded by col. (	(c))
2011			7,885.				7,115		·		8030
2010			6,871.				2,995				32483
2009			7,755.				5,798				15833
2008			7,964. 4,028.				3,353				15390
2007	<del></del>	70	+,020.		14	, 560	0,618	•		. 0 4	18352
2 Total of line 1, column								2		.24	10088
the foundation has been		ise period - divide the total o s than 5 years	n line 2 by 5,	or by the number	ot ye:	ars		3		.04	18018
4 Enter the net value of n	oncharitable-use as	ssets for 2012 from Part X, I	ne 5					4	1:	9,071,	901.
5 Multiply line 4 by line 3								5		915,	795.
6 Enter 1% of net investn	nent income (1% o	f Part I, line 27b)						6		15,	252.
7 Add lines 5 and 6								7		931,	047.
8 Enter qualifying distribu	itions from Part XII	, line 4						8		912,	009.
If line 8 is equal to or gi See the Part VI instruct		heck the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax ra	ite.				<del> </del>

# JAMES & ABIGAIL CAMPBELL FAMILY

	1 990-PF (2012) FOUNDATION	99.	_ ^ 2	03078		Dogo 4
_	n 990-₽F (2012) FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or					Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T	T			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		3	0,5	04.
	of Part I, line 27b		1			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		l			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		3	0,5	04.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<del> </del>			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	╨	3	0,5	04.
	Credits/Payments:					
	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 15,000	<u>-</u>	1			
	Exempt foreign organizations - tax withheld at source	4	1			
	Tax paid with application for extension of time to file (Form 8868)  6c 10,000	<u>-</u>				
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7	$+\!\!-$		5,0	00.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	—			<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 15	_ <u> </u>	+		5,5	04.
		10				
	Enter the amount of line 10 to be: Credited to 2013 estimated tax ► Refunded ►  rt VII-A Statements Regarding Activities	· 11	Щ.			
_	<del>  </del>			- T	Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve any political campaign?	He III		1a	163	X
		,		1b		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities and copies of any materials publis					_ A
	distributed by the foundation in connection with the activities.	inea or				
	Did the foundation file Form 1120-POL for this year?			1c		×
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			''		
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<del>-</del>				
	managers. > \$ 0.					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	ı, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	
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.					
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 st	ate law			_	
	remain in the governing instrument?			6	X	L
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			_		
	HI			_		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				<u></u>	
	of each state as required by General Instruction G? If "No," attach explanation			86	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculation within the meaning of section 4942(j)(3) or 4942(j)(4) for calculation within the meaning of section 4942(j)(3) or 4942(j)(4) for calculation within the meaning of section 4942(j)(3) or 4942(j)(4) for calculation within the meaning of section 4942(j)(4) for calculation within t	alendar				- <del></del>
	year 2012 or the taxable year beginning in 2012 (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 and addresses			10		X

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION Form 990-PF (2012) 99-0203078 Page 5 Part 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 Х 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? X Website address ► HTTP://WWW.CAMPBELLFAMILYFOUNDATION.ORG/ Telephone no. > 808 - 674 - 667414 The books are in care of ► KEOLA LLOYD Located at ▶ 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 ZIP+4 ▶96707 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 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 over a bank, Yes| No X securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign Part 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. No Yes 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X 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 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 X before the first day of the tax year beginning in 2012? 1¢ 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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? Yes X No If "Yes," list the years 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 N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No 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

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3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2012.)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

# JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

Form 990-PF (2012) FOUNDATION			99-02030	78 Page
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or</li> </ul>	* **	ectly,	es X No	
<ul> <li>any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes'</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization</li> </ul>			es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary,		for	es X No	
the prevention of cruelty to children or animals? <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unc	•		es X No	
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h	ere		N/A ▶□	5b
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945	N 5-5(d).	I/A Y	es 🔲 No	
<ul> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal directly or indirectly.</li> </ul>	•	Y	es X No	6b X
<ul> <li>If "Yes" to 6b, file Form 8870.</li> <li>7a At any time during the tax year, was the foundation a party to a prohibited tax s</li> <li>b If "Yes," did the foundation receive any proceeds or have any net income attribution.</li> </ul>		Y	es X No N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their		L(=) Componentian	(d) a	4 ) [
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
SEE STATEMENT 18		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "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, othe allowances
NONE				

0

Total number of other employees paid over \$50,000

JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 FOUNDATION Form 990-PF (2012) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation INVESTMENT CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET, BOSTON, MA 02110-2112 MANAGEMENT 91,538. JAMES CAMPBELL COMPANY LLC - JAMES CAMPBELL BLDG, 1001 KAMOKILA BLVD, SUITE 200, KAPOLEI, 67,000. MANAGEMENT Total number of others receiving over \$50,000 for professional services 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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A

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0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	18,372,540.
b	Average of monthly cash balances	1b	18,372,540. 989,796.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	19,362,336.
	Reduction claimed for blockage or other factors reported on lines 1a and	<i>. (46)</i>	
	1c (attach detailed explanation)   1e   0 •	200	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	19,362,336.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	290,435.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,071,901.
6	Minimum investment return. Enter 5% of line 5	6	953,595.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	953,595.
2a		٠, ۶	· · ·
b	7 010	- , , , _	
С	Add lines 2a and 2b	2c	37,723.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	915,872.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	915,872.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	915,872.
P	art XII Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	912,009.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	912,009.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	912,009.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	ООГРАС	Todas prior to 2011		
line 7				915,872.
2 Undistributed income, if any, as of the end of 2012			·	1
a Enter amount for 2011 only			0.	·
b Total for prior years:		.		,
3 Excess distributions carryover, if any, to 2012:		0.		
a From 2007 79,059.	İ			
b From 2008				
c From 2009				
dFrom 2010				ļ
eFrom 2011 374,915.	453,974.			
f Total of lines 3a through e	455,574.			
4 Qualifying distributions for 2012 from				i
Part XII, line 4: ►\$ 912,009.			- 0.	
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	م ا			ļ
(Election required - see instructions)	0.			012 000
d Applied to 2012 distributable amount			<del> </del>	912,009.
e Remaining amount distributed out of corpus	0. 3,863.			3,863.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	3,663.			3,863.
6 Enter the net total of each column as				
indicated below:	450 111			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	450,111.			
b Prior years' undistributed income. Subtract		_		,
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				1
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		,
assessed	<del></del>	U•		
d Subtract line 6c from line 6b. Taxable		o.		
amount - see instructions		U •		
e Undistributed income for 2011. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				· ·
corpus to satisfy requirements imposed by				1
	0.			
section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	75,196.			:
9 Excess distributions carryover to 2013.	73,130.			
Subtract lines 7 and 8 from line 6a	374,915.			ı
10 Analysis of line 9:	3/2/3130			
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011 374, 915.				
e Excess from 2012				
	<u>-</u>			Form 900-DE (2012)

JAMES & ABIGAIL CAMPBELL FAMILY Form 990-PF (2012) FOUNDATION 99-0203078 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1.a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2011 (d) 2009 (a) 2012 (c) 2010 (e) Total income from Part I or the minimum investment return from Part X for each year listed **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 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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 XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) **Information Regarding Foundation Managers:** a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 19 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail of the person to whom applications should be addressed: SEE STATEMENT 20 b The form in which applications should be submitted and information and materials they should include:

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c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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FOUNDATION Form 990-PF (2012) FOUNDATION

Part XV | Supplementary Information (continued)

3 . Grants and Contributions Paid During the	<del></del>	Pavment		
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	of Substantial Contributor	recipient	<del>                                     </del>	· <del>- · · - ·</del>
• · · · · · · · · · · · · · · · · · · ·				
AFTERSCHOOL ART	NONE	OTHER PUBLIC	KAPOLEI ART PROJECT	
3529 AKAKA PLACE	[	CHARITY		
HONOLULU, HI 96822				6,300
BEST BUDDIES HAWAII	NONE	OTHER PUBLIC	EXPANSION PROJECT	
JW CAMERON CENTER, 95 MAHALANI		CHARITY		
STREET, STE. 9 WAILUKU, HI 96793				25,000.
CHILD & FAMILY SERVICES	NONE	OTHER PUBLIC	HALE O ULU PROGRAM	
91-1841 FORT WEAVER ROAD		CHARITY		
EWA BEACH, HI 96706				26,111
EWA WEED AND SEED	NONE	OTHER PUBLIC	WEED AND SEED, EWA	
91-884 FORT WEAVER ROAD, SUITE A		CHARITY	SITE PROGRAM	
EWA BEACH, HI 96706				50,000
FAMILY PROGRAMS HAWAII	NONE	OTHER PUBLIC	HO'OMALU O NA KAMALI'I	
680 ALA MOANA BLVD., STE. 200		CHARITY	PROGRAM	
HONOLULU HI 96813				20,000.
Total SEE CO	NTINUATION SHE	ET(S)	<b>▶</b> 3a	772,426.
b Approved for future payment				
FRIENDS OF HONOULIULI	NONE	OTHER PUBLIC	RESTORE & INTERPERET	
P.O. BOX 75593		CHARITY	STEWARDSHIP	
KAPOLEI, HI 96707				32,500
HAWAII HIGH SCHOOL ATHLETICS	NONE	OTHER PUBLIC	MIDDLE SCHOOL	
ASSOCIATION	HONE	CHARITY	ATHLETICS PROGRAM	
P.O. BOX 62029		[		
HONOLULU, HI 96839				100,000.
WAI'ANAE COAST COMPREHENSIVE HEALTH	NONE	OTHER PUBLIC	NEW EMERGENCY DEPT.	
CENTER		CHARITY	BUILDING	
86-260 FARRINGTON HWY WAIANAE, HI 96792		1		400,000
Total		<u> </u>	<b>▶</b> 3b	532,500,
10(01			<u>► 30  </u>	222,300.

FOUNDATION

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>
------------	----------	-----------	------------	-------------------

Cator areas amounts unless athennes and asterd	Unrelater	business income	Exclus	led by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code		
a b		<del></del>			
b	<del></del>	<del></del>			
d	—— <del>  — -  </del>				
e					
f		···-	$\vdash$		
g Fees and contracts from government agencies	<del></del>		$\vdash$		
2 Membership dues and assessments					
3 Interest on savings and temporary cash	<del> </del>				
Investments	ļ		14	438.	
4 Dividends and interest from securities			14	433,850.	
5 Net rental income or (loss) from real estate:			7	3	
a Debt-financed property	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	
b Not debt-financed property	<del></del>		$\vdash$		
6 Net rental income or (loss) from personal		<del> </del>	$\vdash$		
property 7 Other investment income	<del>                                     </del>		14	101,602.	
8 Gain or (loss) from sales of assets other				101,002.	
than inventory			18	1,260,149.	
9 Net income or (loss) from special events	<del></del>		<del>                                     </del>	1,200,1151	<del></del>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b ·	<del></del>				<del></del>
	<del></del>				
d	<del></del>				
	<del></del>				
12 Subtotal. Add columns (b), (d), and (e)	<del></del>	0.	$\vdash$	1,796,039.	0
13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	1,796,039
(See worksheet in line 13 instructions to verify calcula	tions \			'-	271307033
			-		
			(emn	t Purposes	
· · · · · · · · · · · · · · · · · · ·	rities to the Acco	mplishment of Ex	чР		
Part XVI-B Relationship of Activ				uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of
Part XVI-B Relationship of Activ	hich income is reported in	n column (e) of Part XVI-A		uted importantly to the accom	plishment of

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99-0203078

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Part XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With Noncha	itable		
1 Did the or			of the followin	g with any other organizati	on described in secti	on 501(c) of		Yes	No
				7, relating to political orgai		• •			
	from the reporting found								
(1) Cash						•	1a(1)		X
<b>(2)</b> Other	r assets .						1a(2)		X
<b>b</b> Other tran	sactions.								
	of assets to a nonchanta	• •					1b(1)		X
(2) Purcl	hases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets			•		1b(3)		X
	bursement arrangements		•••				1b(4)		X
	s or loan guarantees				•	•	1b(5)		X
• •	ormance of services or me		-				1b(6)		X
_	f facilities, equipment, ma	-					10		
or service	•	oundation. If the four	idation receive			narket value of the goods, o or sharing arrangement, sl		ets,	
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and s	hanno erra	ngeme	nte
(a) Line no	(b) Amount involved	(b) Name of	N/A	oxompt organization	(u) Description	or datisters, transactions, and s	maning arra	ingerne	-
			11,711						
				· <u>-</u> · · · · · · · · · · · · · · · · · · ·	-				
			·	•					
		_							
						· · · · · · · · · · · · · · · · · · ·			
			<u>-</u>						
	·								
ın section	501(c) of the Code (other	r than section 501(c)		or more tax-exempt organ ion 527?	izations described		Yes	X	] No
h If "Yes," c	omplete the following sch			(h) Turn of accompany	T	(a) Decompton of relational		_	
-	(a) Name of org	janization		(b) Type of organization		c) Description of relationsh	ip		
	N/A								
					-				
					<b></b>	<del> </del>			
								_	
Sign Here	r penalties of penjuly, i decian elies, it is true correct land of the correct land of	nplete Declaration of pre	return, including parer (other that	g accompanying schedules and n taxpayer) is based on all inform	statements, and to the nation of which preparer SECRET	MGR/ASST retui	the IRS did n with the vn below (s	prepare	er
	Print/Type preparer's na		Preparer's s		Date	Check If PTIN			
		-		,		self- employed			
Paid	GUY S. NIS	HIHIRA	1	s.di	11/05/13	. ,	1670	26	
Preparer	Firm's name ► KOB		NETOKU	DOI LUM & Y		Firm's EIN ► 99-02			
Use Only									
-	Firm's address ► 74	5 FORT ST	STE 1	915					
	НО	NOLULU, H	<u>1 9681</u>	3		Phone no 808-5	<u>21</u> –3	396	2
						•	m QQn_		

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2012

**Employer identification number** 

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION 99-0203078 Organization type (check one): Filers of: Section: ☐ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 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), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 exclusively 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 exclusively 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 exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALICE K. ROBINSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$15,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALICE K. SHINGLE C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ALICE L. GUILD 1998 DECLARATION OF TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BEATRICE C MCKINNEY C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CYNTHIA C. FOSTER REVOCABLE LIVING TRUST AGREEMENT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	s17,885.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CYNTHIA K. SORENSON REVOCBALE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$14,650.	Person X Payroll

Employer identification number

99-0203078

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EDWARD K. KAWANANAKOA JR. REV. LIV. TRUST DTD 2-26-01 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$7,613.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FLANDERS-STAUB 2007 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$35,164.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GAYLORD WILCOX C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$14,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HOWARD GARDINER C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$ <u>103,576.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JAMES C. SHINGLE REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$ 18,739.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JAMES KIMO CAMPBELL REVOCABLE TRUST DTD 1-8-2007 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$\$ 43,167.	Person X Payroll

34

Employer identification number

		<del></del>	<del></del>
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JAMES W. GROWNEY TRUST DTD 12-14-90 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$44,329.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	JONATHAN R. SUTHERLAND AND MARY C. SUTHERLAND REV. LIV. TRUS C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$19,292.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	KAPIOLANI K. MARIGNOLI TRUST AGREEMENT DTD 9-28-89 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$ <u>74,675.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	KING 2008 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$19,292.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	PRICILLA WITT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	QUENTIN K. KAWANANAKOA TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	s6,459.	Person X Payroll
		Cabadula D (Farm (	000 000 F7 000 DF) /0

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	R. KELLER C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	REGINA KAWANANAKOA C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$8,631.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	RONALD L HOOLULU OLSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	SUZANNE M. AVINA REVOCABLE LIVING TRUST DTD 3-2-2000 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200  KAPOLEI, HI 96707	\$38,094.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$33,963.	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

Employer identification number

(a)	cash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
10 <u>CHE</u>	VRON STOCK - 980 SHS @ \$105.69		
		\$103,576.	11/30/12
(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
		s	
(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
			90, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 **FOUNDATION** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that 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. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Cart 14. Oapital dallis allu Lu	sses for Tax on Investment income				
	describe the kind(s) of property solution in the describe the kind(s) of property solution is described.		I I UI UI UI UI U	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a HARBOR INTERNA			D - Donation	(, 22), , 1,	
b DODGE & COX FU				-	
c PRIMECAP ODYSS					<del></del>
	H INDEX FUND 134	7			
e PIMCO COMMODIT		<u>,                                      </u>	<del>  </del>	·	<del></del>
	MARKETS CURRENC	Y TNST	<del>-   -</del>	<del></del>	
g VANGUARD ENERG		1 11101			
		ATIONAL EQUITY FO	JND P		
	ESTER PARTNERS I		P		
	NWOOD CAPITAL PA		P		
	PARTNERS VI, L.		P		
		OLATILITY FUND L.			
		D CAPITAL PARTNER			·
n CAPITAL GAINS			<del></del>		
0		<del></del>			<del></del>
	(f) Depreciation allowed	(g) Cost or other basis	(h	) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		lus (f) minus (g)	
a 300,000.		211,539.			88,461.
b 275,000.		200,610.			74,390.
c 1,830,917.		1,634,262.		-	196,655.
d 275,000.		165,238.			109,762.
e 475,000.		292,744.			182,256.
f 300,000.		306,622.			<6,622.>
g 175,000.		167,097.			7,903.
h 1,529.					1,529.
316,174.		9,704.			306,470.
93,579.		<48.	•		93,627.
k 24,190.					24,190.
2,206.					2,206.
m		34,034.			<3 <b>4</b> ,03 <b>4.</b> >
n 169,666.	•				169,666.
0					-
Complete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69		ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (ı)		of col. (h) gain over ot less than "-0-")	col. (k),
(1)1:.W.V. as 01 12/3 1/09	as of 12/31/69	over col. (j), if any	Dutii	ot less than "0" )	
a					88,461.
b					74,390.
С					196,655.
d	<del></del>				109,762.
<u>e</u>					182,256.
f					<6,622.>
g					7,903.
h					1,529.
1					306,470.
1					93,627.
<u>k</u>					24,190.
<u> </u>					2,206.
m					<34,034.>
n					169,666.
0				<del></del>	
	r If gain, also enter	r in Part I, line 7	_ [	4	016 450
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-(	)-" in Part I, line 7	2	1,	216,459.
3 Net short-term capital gain or (los		nd (6):			
If gain, also enter in Part I, line 8,		<b>}</b>		37 / 3	
If (loss), enter "-0-" in Part I, line 8	3		3	N/A	

Part XV Supplementary Informat			99-020	3078
3 Grants and Contributions Paid During th				<del></del>
. Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or bubblement of the location			
FRIENDS OF HONOULIULI	NONE	OTHER PUBLIC	RESTORE & INTERPERET	
P.O. BOX 75593		CHARITY	STEWARDSHIP	
KAPOLEI, HI 96707				32,500
HAWAII COMMUNITY FOUNDATION	NONE	OTHER PUBLIC	DALAI LAMA VISIT	
827 FORT STREET MALL		CHARITY	1	
HONOLULU, HI 96817				25,000
HAWAII HIGH SCHOOL ATHLETICS	NONE	OTHER PUBLIC	MIDDLE SCHOOL	
ASSOCIATION		CHARITY	ATHLETICS PROGRAM	
P.O. BOX 62029				
HONOLULU, HI 96839				50,000
HAWAII LITERACY, INC.	NONE	OTHER PUBLIC	BOOKMOBILE PROGRAM	
200 N. VINEYARD BLVD., SUITE 320		CHARITY	1	
HONOLULU, HI 96817				14,500
ISLAND PACIFIC ACADEMY	NONE	OTHER PUBLIC	GRANT FOR GYMNASIUM	
909 HAUMEA STREET		CHARITY		
KAPOLEI, HI 96707				150,000
KA'ALA FARM, INC.	NONE	OTHER PUBLIC	EMERGENCY GRANT FIRE	
P.O. BOX 630		CHARITY	DAMAGES	
WAIANAE, HI 96792				9,000
KAMP HAWAII	NONE	OTHER PUBLIC	MENTORING PROGRAM	
P.O. BOX 701022		CHARITY	1	
KAPOLEI, HI 96709			<u> </u>	5,000
KAPOLEI HIGH SCHOOL	NONE	PUBLIC SCHOOL	ENGINEERING & ROBOTICS	
91-5007 KAPOLEI PARKWAY			PROGRAM	
KAPOLEI, HI 96707				28,000
LAHAINALUNA HIGH SCHOOL	none	PUBLIC SCHOOL	POST HIGH SCHOOL PLAN	
980 LAHAINALUNA RD.			& EDUCATION	
LAHAINA, HI 96761				5,000
LANIKUHONUA CULTURAL INSTITUTE	NONE	OTHER PUBLIC	KUPUNA PROGRAM	
1001 KAMOKILA BLVD., STE. 200		CHARITY		
KAPOLEI, HI 96707		<u> </u>		20,000
Total from continuation sheets				645,015

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
. Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		-
LANIKUHONUA CULTURAL INSTITUTE	NONE	OTHER PUBLIC	7TH ANNUAL HULA	
1001 KAMOKILA BLVD., STE. 200		CHARITY	FESTIVAL	24 000
KAPOLEI, HI 96707				24,000
NANAKULI HIGH SCHOOL	NONE	PUBLIC SCHOOL	SENIOR CAREER EVENT	
89-980 NANAKULI AVE. WAIANAE, HI 96792				4,550
PACIFIC ISLANDS ATHLETIC ALLIANCE	NONE	OTHER PUBLIC	SCHOLARSHIP PROGRAM	
P.O. BOX 280 KAILUA, HI 96734		CHARITY		41,625
				·····
ROTARY CLUB OF KAPOLEI	NONE	OTHER PUBLIC	KAPOLEI PERFORMING	
P.O. BOX 700593 KAPOLEI, HI 96707		CHARITY	ARTS CENTER	E 000
RAPOLEI, HI 90707				5,000.
SURFRIDER SPIRIT SESSIONS	NONE	OTHER PUBLIC	MENTORING PROGRAM	
P.O. BOX 1677		CHARITY		
KAILUA, HI 96734		<u> </u>		10,000.
TEACH FOR AMERICA-HAWAI'I	NONE	OTHER PUBLIC	PROGRAM SUPPORT	
500 ALA MOANA BOULEVARD, SUITE 3-400		CHARITY	TAGGALL BOLLON	
HONOLULU, HI 96813	<del>- </del>			50,000.
UA AO 'O KAPOLEI	L			
P.O. BOX 79611	NONE	OTHER PUBLIC CHARITY	PRACTICES PROGRAM	
KAPOLEI, HI 96707				7,500.
UA AO 'O KAPOLEI P.O. BOX 79611	NONE	OTHER PUBLIC CHARITY	RETURN OF PRIOR YEAR GRANT CHECK	
KAPOLEI, HI 96707				<10,000.
UNIVERSITY OF HAWAII 96-045 ALA IKE STREET	NONE	PUBLIC	ASSOCIATION OF ARTS	
PEARL CITY, HI 96782		UNIVERSITY	TEACH PROGRAM	23,340.
UNIVERSITY OF HAWAII	NONE	PUBLIC	ANNUAL REQUEST SCHOOL	
2444 DOLE ST. BACHMAN HALL - 105 HONOLULU, HI 96822		UNIVERSITY		30 000
Total from continuation sheets		<u>.                                    </u>	<del></del>	30,000.

3 Grants and Contributions Paid During the	<del>-,</del>	<b>4.</b>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
VALLEY OF RAINBOWS	NONE	OTHER PUBLIC	HELPING LEEWARD YOUTH	
P.O. BOX 1009	10112	CHARITY	SUCCEED PROGRAM	
WAIANAE, HI 96792			DOGGE THOUSAN	25,000.
WAI'ANAE COAST COMPREHENSIVE HEALTH	NONE	OTHER PUBLIC	NEW EMERGENCY DEPT.	
CENTER		CHARITY	BUILDING	
86-260 FARRINGTON HWY				
WAIANAE, HI 96792			-	100,000.
WAI'ANAE COMMUNITY RE-DEVELOPMENT	NONE	OTHER PUBLIC	RECLASS 2011	
CORP.		CHARITY	DISBURSEMENT TO	
P.O. BOX 441			TEMPORARY RESTRICTED	
WAIANAE, HI 96792			FUND BALANCE	<20,000.
WAI'ANAE HIGH SCHOOL	LYONE TO THE PROPERTY OF THE P	DVD1.13 330001		
85-251 FARRINGTON HWY.	NONE	PUBLIC SCHOOL	SEARIDER PRODUCTION - MEDIA MENTORING	
WAIANAE, HI 96792			PROGRAM	15,000.
······································				<del> </del>
Total from continuation sheets	<del> </del>			·

FORM.99	0-PF	GAIN OR (LOSS) F	FROM SALE	OF A	SSETS	STA	TEMENT 1
DESCRIP	(A) TION OF PROPERT	Y			IANNER CQUIRED	DATE ACQUIRED	DATE SOLI
HARBOR	INTERNATIONAL F	UND 011					
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	GAIN	(F)
	300,000.	211,539.		0.		0.	88,461.
DESCRIP	(A) TION OF PROPERT	Y			IANNER SQUIRED	DATE ACQUIRED	DATE SOLI
DODGE &	COX FUNDS	<u> </u>					
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	. GAIN	(F)
	275,000.	200,610.		0.		0.	74,390.
DESCRIP	(A) TION OF PROPERT	<u>Y</u>			IANNER QUIRED	DATE ACQUIRED	DATE SOLD
PRIMECA	P ODYSSEY STOCK	FUND			-		
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	. GAIN	(F)
	1,830,917.	1,634,262.	-	0.	* * * * * * * * * * * * * * * * * * * *	0.	196,655.

. (A) DESCRIPTION OF F	ROPERTY				MANNER CQUIRED		TE VIRED	DATI	E SOLD
VANGUARD GROWTH	INDEX F							\ <u></u>	
(B) GROS SALES P	S	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	œ.	GAIN	(F) 1 OR 1	OSS
	5,000.	165,238.		0.		0.			762.
(A) DESCRIPTION OF P	ROPERTY	7			MANNER CQUIRED		TE VIRED	DATI	E SOLD
PIMCO COMMODITY	REAL RE	 CTURN							<del></del>
(B) GROS SALES P	S	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F) 1 OR 1	oss
47	5,000.	292,744.		0.		0.		182	2,256.
(A) DESCRIPTION OF F		<del></del>			MANNER CQUIRED		TE VIRED	DATI ———	E SOLD
PIMCO EMERGING M	ARKETS	CURRENCY INST							
(B) GROS SALES P	S	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F) I OR I	loss
30	0,000.	306,622.		0.	<del></del>	0.		<6	5,622.>
(A) DESCRIPTION OF P	ROPERTY	•			MANNER CQUIRED		TE VIRED	DATI	E SOLD
VANGUARD ENERGY	FUNDS 0	  551					<del></del>	<del></del>	<del></del>
(B) GROS SALES F	S	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F) I OR I	oss
17	5,000.	167,097.		0.		0.		•	7,903.

DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED		TE	DATE SOLD
FROM K-1 FUND	- 1607 CAPITAL	- INTERNATIONAL	EQUITY	PUF	RCHASED			
	(B)	(C)	(D)		(E)			(F)
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LOSS
	1,529.	0.		0.		0.		1,529.
DESCRIPT	(A) ION OF PROPERTY	_			MANNER CQUIRED	DA ACQU	TE	DATE SOLD
FROM K-1	- FORESTER PAR	TNERS II, L.P.		PUF	RCHASED			
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOSS
<del></del>	316,174.	0.		0.		0.		316,174.
DESCRIPT	(A) ION OF PROPERTY				ANNER CQUIRED		TE IRED	DATE SOLD
FROM K-1	- IRONWOOD CAP:	- I <b>TAL PARTNE</b> RS I	L.P.	PUF	RCHASED			
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
_	SALES PRICE	OTHER BASIS	SALE		DEPRE	c	GAIN	OR LOSS
	93,579.	0.		0.		0.		93,579.
DESCRIPT	(A) ION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE SOLD
FROM K-1	- NCD PARTNERS	VI, L.P.		PUF	RCHASED			
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
	SALES PRICE	OTHER BASIS	SALE		DEPRE	C.	GAIN	OR LOSS
	24,190.	0.		0.		0.		24,190.

. (A) DESCRIPTION OF PROPERTY			MANNER DAT ACQUIRED ACQUI			DATE S	SOLD	
FROM K-1 - ANALYTIC U.S	LOW VOLATILIT	Y FUND	PUR	CHASED				
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE		(E) DEPRE		GAIN	(F)	SS
2,206.	0.		0.		0.			206.
(A) DESCRIPTION OF PROPERTY	_			ANNER QUIRED			DATE S	SOLD
LOSS ON DISPOSITION OF PARTNERS L.P.	IRONWOOD CAPITA	<b>L</b>	PUR	CHASED				
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE		(E) DEPRE		GAIN	(F)	SS
0.	0.		0.		0.			0.
CAPITAL GAINS DIVIDENDS	FROM PART IV						169,6	566.
TOTAL TO FORM 990-PF, P	ART I, LINE 6A				:		1,260,1	49.
FORM 990-PF INTEREST O	N SAVINGS AND T	EMPORARY	CASH	INVEST	MENTS	STA	TEMENT	2
SOURCE							AMOUNT	
BANK OF HAWAII							4	138.
TOTAL TO FORM 990-PF, P	ART I, LINE 3,	COLUMN A					4	138.

FORM. 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ABERDEEN EMERGING MARKET FUND ANALYTIC U.S. LOW VOLATILITY	12,445.	0.	12,445.
FUND LP	30,784.	0.	30,784.
DODGE & COX FUNDS FROM K-1 - 1607 CAPITAL INTL	12,885.	0.	12,885.
EQUITY FUND FROM K-1 - FORESTER PARTNERS II,	25,231.	0.	25,231.
L.P. FROM K-1 - IRONWOOD CAPITAL	42,203.	0.	42,203.
PARTNERS	92,778.	0.	92,778.
FROM K-1 - NCD PARTNERS VI, L.P.	113.	0.	113.
HARBOR INTERNATIONAL FUND 011	17,878.	0.	17,878.
IVA INTERNATIONAL FUND	58,729.	58,729.	0.
PIMCO COMMODITY REAL RETURN PIMCO EMERGING MARKETS CURRENCY	20,329.	3,391.	16,938.
INST	7,555.	0.	7,555.
PIMCO TOTAL RETURN FUND	196,827.	74,345.	122,482.
VANGUARD ENERGY FUNDS 0551	50,191.	23,077.	27,114.
VANGUARD GROWTH INDEX FUND	14,204.	0.	14,204.
VANGUARD INT TERM TREASURY 535	21,364.	10,124.	11,240.
TOTAL TO FM 990-PF, PART I, LN 4	603,516.	169,666.	433,850.

FORM 990-PF OTH	HER INCOME	S	TATEMENT 4
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FROM K-1 - ORDINARY INCOME	0.	84,295.	
FROM K-1 - NET RENTAL REAL ESTATE	•	255	
INCOME	0.	<357.>	
FROM K-1 - OTHER NET RENTAL INCOME	0.	418.	
FROM K-1 - ROYALTY INCOME	0.	499.	
FROM K-1 - OTHER PORTFOLIO INCOME	0.	114,334.	
FROM K-1 - NET GAIN FROM			
INVOLUNTARY CONVERSIONS	0.	<1.>	
FROM K-1 - CANCELLATION OF DEBT	•		
INCOME	0.	400.	
FROM K-1 - SEC. 988 GAIN	0.	12,535.	
FROM K-1 - OTHER INCOME	0.	<24,522.>	
FROM K-1 - CHARITABLE CONTRIBUTIONS	0.	<11.>	
FROM K-1 - CHARTTABLE CONTRIBUTIONS FROM K-1 - DEDUCTION - ROYALTY	0.	<b>\11.</b> /	
INCOME	0.	<151.>	

JAMES & ABIGAIL CAMPBELL FA	MILY FOUNDA	TI		99-0203078	
FROM K-1 - SEC. 59(E)(2) EXPERION K-1 - PORTFOLIO DEDUCTIONS FROM K-1 - OTHER DEDUCTIONS FROM K-1 - FOREIGN TAXES PAID OTHER INCOME OTHER INCOME FROM PARTNERSHIP	ons	0. 0. 0. 195. 101,407.	<635.> <19.> <39,330.> <1,381.> 195. 0.		
TOTAL TO FORM 990-PF, PART I,	LINE 11	101,602.	146,269.	·	
FORM 990-PF	LEGAL	FEES	នា	PATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	2,989.	0.		2,989.	
TO FM 990-PF, PG 1, LN 16A 2,9		0.		2,989.	
FORM 990-PF	ACCOUNTI	NG FEES	ST	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES	
DESCRIPTION AUDIT & TAX FEE TO FORM 990-PF, PG 1, LN 16B	(A) EXPENSES PER BOOKS 17,264.	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  17,264.	
DESCRIPTION AUDIT & TAX FEE TO FORM 990-PF, PG 1, LN 16B	(A) EXPENSES PER BOOKS 17,264.	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  17,264.	
DESCRIPTION AUDIT & TAX FEE TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	(A) EXPENSES PER BOOKS  17,264.  17,264.  OTHER PROFES  (A) EXPENSES	(B) NET INVEST- MENT INCOME  0.  0.  SIONAL FEES  (B) NET INVEST-	(C) ADJUSTED NET INCOME  ST  (C) ADJUSTED	(D) CHARITABLE PURPOSES  17,264.  17,264.  TATEMENT 7  (D) CHARITABLE	

FORM. 990-PF	TAX		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
EXCISE TAX	2,704.	0.	_		0.
TO FORM 990-PF, PG 1, LN 18 =	2,704.	0.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
GENERAL & ADMINISTRATIVE NEWSLETTER/ANNUAL REPORT INSURANCE	35,168. 15,240. 1,922.	0. 0. 0.		35,10 15,2 1,9	40.
TO FORM 990-PF, PG 1, LN 23	52,330.	0.		52,3	30.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND E	BALANCES	STATEMENT	10
DESCRIPTION				AMOUNT	
UNREALIZED GAIN(LOSS) ON INVE UNREALIZED GAIN(LOSS) ON MARE		RIITES		265,1 5,4	
TOTAL TO FORM 990-PF, PART II	II, LINE 3			270,5	92.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	11
DESCRIPTION		во	OOK VALUE	FAIR MARKE' VALUE	r
CORPORATE EQUITY SECURITIES			3,681,308.	3,681,3	08.
			0,002,000	-,,-	•••

FORM .990-PF (	CORPORATE BONDS		STATEMENT 12	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
FIXED INCOME BONDS		4,017,348.	4,017,348.	
TOTAL TO FORM 990-PF, PART II, LINE 10C		4,017,348.	4,017,348	
FORM 990-PF OT	THER INVESTMENTS		STATEMENT 13	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS INVESTMENTS IN LIMITED PARTNERSHI	FMV IPS FMV	2,979,877. 6,320,598.	2,979,877. 6,320,598.	
TOTAL TO FORM 990-PF, PART II, LI	INE 13	9,300,475.	9,300,475.	
FORM 990-PF	OTHER ASSETS		STATEMENT 14	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
CONTRIBUTIONS RECEIVABLES OTHER ASSETS	49,198.	2,625. 625.	2,625. 625.	
TO FORM 990-PF, PART II, LINE 15	49,823.	3,250.	3,250.	

KAPOLEI, HI 96707

		OF OFFICERS, D		STATI	EMENT 18
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WENDY B. CRABB C/O 1001 KAMOKILA BLVD. JZ CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	AMES	PRESIDENT/DIRE	CTOR 0.	0.	0.
ALICE K. SHINGLE C/O 1001 KAMOKILA BLVD. JZ CAMPBELL BLDG. STE. 200	AMES	VICE PRESIDENT	/DIRECTOR	0.	0.
KAPOLEI, HI 96707  ALICE F. GUILD  C/O 1001 KAMOKILA BLVD. JZ	AMES	SECRETARY/DIRE			
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 JONATHAN E. STAUB C/O 1001 KAMOKILA BLVD. JZ	A ME C	1.00 TREASURER/DIRE	0. CTOR	0.	0.
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 JULIETT K. SHEEHAN	AMES	1.00	0.	0.	0.
C/O 1001 KAMOKILA BLVD. JZ CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	AMES	1.00	0.	0.	0.
KAPI'OLANI K. MARIGNOLI C/O 1001 KAMOKILA BLVD. JA CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	AMES	DIRECTOR 1.00	0.	0.	0.
DORNA M. ROBINSON C/O 1001 KAMOKILA BLVD. JA CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	AMES	DIRECTOR 1.00	0.	0.	0.
RICHARD J. DAHL C/O 1001 KAMOKILA BLVD. J. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	AMES	DIRECTOR 1.00	0.	0.	0.
D. KEOLA LLOYD C/O 1001 KAMOKILA BLVD. JZ CAMPBELL BLDG. STE. 200	AMES	GRANTS MANAGER	/ASST. SECRI	€	0.

JAMES & ABIGAIL CAMPBELL FAMILY	FOUNDATI			99-0203	078
GARY S. OLIVA C/O 1001 KAMOKILA BLVD. JAMES	ASSISTANT	SECRETARY		<del></del>	
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	1.00		0.	0.	0.
LANDON H.W. CHUN C/O 1001 KAMOKILA BLVD. JAMES	ASSISTANT	TREASURER			
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	1.00		0.	0.	0.
RUSSELL M. CHINEN C/O 1001 KAMOKILA BLVD. JAMES	ASSISTANT	TREASURER			
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	1.00		0.	0.	0.
JAMES K. CAMPBELL (DECEASED 2012) C/O 1001 KAMOKILA BLVD. JAMES	DIRECTOR				
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	0.00		0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII		0.	0.	0.
	XV - LINE 1		<del>,</del> ,	STATEMENT	19

#### NAME OF MANAGER

WENDY B. CRABB

ALICE K. SHINGLE

ALICE F. GUILD

JONATHAN E. STAUB

KAPI'OLANI K. MARIGNOLI

JAMES K. CAMPBELL (DECEASED 2012)

FORM. 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 20

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

#### TELEPHONE NUMBER

808-674-3167

#### FORM AND CONTENT OF APPLICATIONS

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

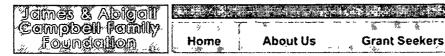
#### ANY SUBMISSION DEADLINES

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

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

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

**Contact Us** 



Grant Procedures
Application

**2011 Grant Recipients** 

#### **Applying for a Grant**

To apply for a grant, summarize the following information in a two-to-three-page proposal letter:

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

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

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

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

#### **Written Report**

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

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

#### **Application Deadlines**

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

## Where to Send Your Grant Proposal

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

News

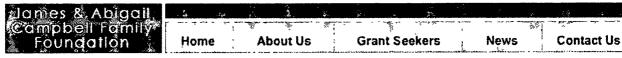
#### For More Information Contact

D. Keola Lloyd

E-mail: keolal@jamescampbell.com

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

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**Grant Procedures** 

Application

2011 Grant Recipients

#### **Grant Application Procedures**

#### **Policies**

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

#### **Grant Guidelines**

The Foundation supports projects in the following areas:

Youth Programs that address the challenges of young people.

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

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

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

The following types of requests are eligible for consideration:

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

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

Requests from previous grantees will be evaluated competitively with other requests. Only one request per organization will ordinarily be considered in a calendar year. Funds are usually not committed for more than one year at a time. Previous grantees must submit final reports before applying for new funding.

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