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Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

		the Treasury Thus Service Information about Form 990-PF and its se		•	•	-	n to Public Inspection
Fo	r caler	ndar year 2013 or tax year beginning			ending		· · · · · · · · · · · · · · · · · · ·
Na	me of fo	undation			A Employe	r identification numbe	•
		nd Susan Campbell Family Foundation					
		d street (or P.O box number if mail is not delivered to street address)	R	oom/suite		<u>46-6441091</u>	
	9/5 Gr y or town	randview Drive Bldg 27	710	190	B Telephone	number (see instructio	ns)
			ZIP code			(040) 047 444	1.4
	erland	Park KS untry name Foreign province/state/county	66210	ostal code		(913) 317-14	
10	eigii wi	and y name Poleigh provinces state country	Foreign p	OSIAI CODE	C If exempt	ion application is pendir	ig, check here ►
G	Check	k all that apply: X Initial return Initial return	of a former publi	c charity	D 1. Foreig	n organizations, check l	nere ▶□
		Final return Amended ret		o or larity		_	_
		Address change Name chang	е			n organizations meeting here and attach comput	
Н	Chec	k type of organization: X Section 501(c)(3) exempt pri	vate foundation		E If private	foundation status was te	
	Section	on 4947(a)(1) nonexempt charitable trust	able private foun	dation	section 50	07(b)(1)(A), check here	▶∐
ī	Fair m	narket value of all assets at J Accounting method:	X Cash □	Accrual	1		
		f year (from Part II, col. (c), Other (specify)	ш эээн Ш			idation is in a 60-month tion 507(b)(1)(B), check	
	line 1	6) ▶ \$ 958,349 (Part I, column (d) must be	e on cash basis.)		<u> </u>		
P	art I	·	(a) Revenue and	A	4 !	4-1 4-1	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	(a) Ne	t investment ncome	(c) Adjusted net income	for chantable purposes
		equal the amounts in column (a) (see instructions).)	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,000,00	00			· · · · · · · · · · · · · · · · · · ·
	2	Check ▶☐ if the foundation is not required to attach Sch. B					
	3 4	Interest on savings and temporary cash investments	10.5	20	40 500		
	4 5a	Dividends and interest from securities	10,50	<u> </u>	10,502	_	· · · · · · · · · · · · · · · · · · ·
	b	Net rental income or (loss)		+			
40	6a	Net gain or (loss) from sale of assets not on line 10	-12,6	12			
ž	b	Gross sales price for all assets on line 6a 448,212	,•				,
Revenue	7	Capital gain net income (from Part IV, line 2)	-				
Re	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	- - · · · · · · · ·				
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11 12	Other income (attach schedule)	007.0		40.500		
		Compensation of officers, directors, trustees, etc.	997,89	301	10,502	0	
es	13 14	Other employee salaries and wages		+			<u> </u>
S	15	Pension plans, employee benefits		-			
ίpe	16a	Legal fees (attach satedle) EIVED					
ũ	b	Accounting fees (attach schedule) . Q					
ĕ	С	Other professional fees (attach schedule)	4,52	22	4,522		
rat	17	Interest . (2) . AUG . 2. 2. 2014. (3)					
ist	18	Taxes (attach schedule) (see instructions of				<u>-</u> .	
Ë	19	Depreciation (attach schedule) and depletion					
臣	20	Occupancy		+			
¥	21	Travel, conferences, and meetings	-	-			
anc	22 23	Printing and publications Other expenses (attach schedule)		19	19		
Operating and Administrative Expens	24	Total operating and administrative expenses.		'			
atir		Add lines 13 through 23	4,54	11	4,541	o	0
ē	25	Contributions, gifts, grants paid	35,00				35,000
Q	26	Total expenses and disbursements. Add lines 24 and 25	39,54		4,541	0	35,000
	27	Subtract line 26 from line 12:					-
	a	Excess of revenue over expenses and disbursements	958,34	19			
	b	Net investment income (if negative, enter -0-)			5,961		
	С	Adjusted net income (if negative, enter -0-) .				0	

For Paperwork Reduction Act Notice, see instructions.

D.	art II	Dalamas Chasta	Attached schedules and amounts in the description column	Beginning of year		End o	f year
-		Balance Sheets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash—non-interest	-bearing				
	2		rary cash investments		958	3,349	958,349
	3	Accounts receivable	•	,		$\neg \neg$	
		Less: allowance for	doubtful accounts				
	4		_		,	7	<u> </u>
		Less: allowance for	doubtful accounts				
	5	Grants receivable					
	6	Receivables due fro	m officers, directors, trustees, and other				
			(attach schedule) (see instructions)				
	7		eceivable (attach schedule)	,			
		Less: allowance for dou			,	`	-
S.	8		or use				
set	9		and deferred charges				
Assets	10a		state government obligations (attach schedule)				
1	b		prate stock (attach schedule)				
	c	•	prate bonds (attach schedule)				
	11	•	dings, and equipment: basis				
	' '			•			
	12	•	redation (attach schedule) jage loans				
	13		(attach schedule)	· · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equ					
	17			,		-	-
	15	Other assets (descr					
	16		ibe ▶) completed by all filers—see the				
	10		ee page 1, item I)	О	958	3,349	958,349
	17		nd accrued expenses	<u> </u>		,,,,,,,	000,010
	18	· · ·					•
es	19	• •					•
Liabilities	20		irectors, trustees, and other disqualified persons				
g	21		er notes payable (attach schedule)				
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞	22	Other liabilities (des					-
	23		cribe inles 17 through 22)	0			•
_	23	Foundations that f	allow SEAS 447 shock hom	<u> </u>			
S		and complete lines	ollow SFAS 117, check here > X				
alances	24	Unrestricted			059	3,349	, .
를	2 4 25		ed		330	,,,,,,,	· <u>-</u>
ä	25 26	•					
힏	40	Permanently restrict					
or Fund B		and complete lines	lo not follow SFAS 117, check here 27 through 31				
Ĭ	27	•	orincipal, or current funds				
	27	•	• •				
Net Assets	28	•	replus, or land, bldg., and equipment fund				-
Ą	29 30	<u>- '</u>	cumulated income, endowment, or other funds fund balances (see instructions)	0	QSS	3,349	
et,	31		I net assets/fund balances (see	ļ -	350	,, ,,,	
Ž	"'		· · · · · · · · · · · · · · · · · · ·	٥	058	3,349	
D.	121111	Analysis of Ch	anges in Net Assets or Fund Balances		1	, ,,,,,,	
	art III			line 30 (must acres	with		
1			alances at beginning of year—Part II, column (a)			,	0
_			d on prior year's return)			1	958,349
2			line 27a			2	956,349
3			led in line 2 (itemize)			3	050.240
4	_		tion O (thereing)			4	958,349
5	Decre	eases not included in	line 2 (itemize) lances at end of year (line 4 minus line 5)—Part	tll column (h) line ?		5 6	050 240
6	iotal	net assets or fund ba	nances at end of year (line 4 minus line 5)—Pan	<u>,</u> column (b), li <u>ne s</u>		٥	958,349

Form 990-PF (2013) Steven and Susan Campbell Family Foundation 46-6441091 Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold -Purchase 2-story bnck warehouse; or common stock, 200 shs. MLC Co) (mo., day, yr) (mo., day, yr.) D-Donation ISHARES SYMBOL CRJ 1/8/2013 12/27/2013 b **VANGUARD SYMBOL BIV** Р 1/8/2013 8/26/2013 VANGUARD SYMBOL BSV Ρ 1/8/2013 C 12/27/2013 **VANGUARD SYMBOL BND** Р d 1/8/2013 12/18/2013 VANGUARD SYMBOL VPU Р 1/8/2013 12/27/2013 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 112,859 116,447 -3,588 a b 108,950 116,552 -7,602 C 43,060 43,636 -576 d 135,189 140,717 -5,528 47,413 43,472 е 3,941 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col (i) (i) F.M.V as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any -3,588 -7,602 b -576 C d -5,528 3,941 е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 -12,612 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 -13,353 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. ☐ Yes ☐ No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year, see the instructions before making any entries. (d) (a) (b) Base period years Distribution ratio Net value of nonchantable-use assets Adjusted qualifying distributions (col. (b) divided by col (c)) Calendar year (or tax year beginning in) 0.000000 2012 0.000000 2011 0.000000 2010 0.000000 2009 0.000000 2008 2 0.000000 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 number of years the foundation has been in existence if less than 5 years 3 0.000000 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. 4 5 5 Multiply line 4 by line 3 . . . Enter 1% of net investment income (1% of Part I, line 27b) . 6 0

Add lines 5 and 6

Part VI instructions.

0 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Form 990-PF (2013)

0

7

	otever and odsarr campbell i annily i odridation					0011	100 !		age -
Part '				inst	ructio	ons)			
1a	1,1,5	nd enter "N/A"		1		ŀ		-	
	Date of ruling or determination letter (attach copy of letter if nec		uctions)		-				:
ь	Domestic foundations that meet the section 4940(e) requirements in Part V	V, check		1	1	<u> </u>		119	ļ .—
	here ▶ ☐ and enter 1% of Part I, line 27b								
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organ	izations enter 4	% of	J					
	Part I, line 12, col. (b).							_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	s only. Others ent	er -0-) .	-	2	ļ		0	
3	Add lines 1 and 2			-	3			119	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	-	ter-0-) .		4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or le	ess, enter -0-		-	5			119	
6	Credits/Payments:	اما	1						
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a		-	-				
b	Exempt foreign organizations—tax withheld at source	6b 6c							-
C	Tax paid with application for extension of time to file (Form 8868)	6d					•		
d 7	Backup withholding erroneously withheld		1		,				
7	Total credits and payments. Add lines 6a through 6d				7			0	
8 9	Enter any penalty for underpayment of estimated tax. Check here if		πacneσ		<u>8</u> 9			110	
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owe Overpayment. If line 7 is more than the total of lines 5 and 8, enter the am				10			119 0	
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax		efunded		11				
	VII-A Statements Regarding Activities		07411404				-		
1a	During the tax year, did the foundation attempt to influence any national, si	tate or local leg	islation or	did i	t			Yes	No
•••						ŀ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for					Ī			
-	Instructions for the definition)?				_	. 1	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the active	ities and copies	of any ma	ateria	ls	`			,
	published or distributed by the foundation in connection with the activities.		,		-				
С	Did the foundation file Form 1120-POL for this year?					.	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) im		e year:			Ī			
	(1) On the foundation. > \$ (2) On foundation man								
е	Enter the reimbursement (if any) paid by the foundation during the year for			impo	sed				
	on foundation managers. \$								
2	Has the foundation engaged in any activities that have not previously been	reported to the	IRS?			. [2		_x
	If "Yes," attach a detailed description of the activities.					İ			
3	Has the foundation made any changes, not previously reported to the IRS,								•
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a	conformed copy	of the ch	ange	s	. [3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or mo	re during the ye	ar? .			. [4a		Х
b						.	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction	during the year	?			. }	5		Х
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4	4945) satisfied e	either:			- [
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the state legislation that effectively amends the governing instrument so the state legislation that effectively amends the governing instrument so the state legislation that effectively amends the governing instrument so the state legislation that effectively amends the governing instrument so the governing instru	inat no mandato	ry airecu	วทร น	ıaı	- 1			v
_	conflict with the state law remain in the governing instrument?		 (a) and Da			.	<u>6</u> 7	Х	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co			n XV			,		
8a	Enter the states to which the foundation reports or with which it is registered	ea (see msuucu	ו (פוזכ			- 1			
	KS		Λ 4 6	 Con-	rol	·			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form					1	0 h	,	
	(or designate) of each state as required by General Instruction G? If "No,"				 ३१	ŀ	8b_	_X_	
9	Is the foundation claiming status as a private operating foundation within to 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013								
				714)	: "		9		Х
10	"Yes," complete Part XIV	 /es " attach a sc	. . hedule lis	 tina t	 heir	`			- ^ -
W	names and addresses			9		[10	x	
	namos ana addrocoso					اــــــــــــــــــــــــــــــــــــــ		, DE	

	Steven and Susan Campbell i	annay i o	andadon.					40-04		Page 0
Par	t VII-B Statements Regarding Activities	s for W	hich Form	4720	May Be Ro	equire	d (contin	ued)		
5a	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt to			section	4945(e))?		Yes	X No		-
	(2) Influence the outcome of any specific public directly or indirectly, any voter registration dri(3) Provide a grant to an individual for travel, stu	ve?					☐ Yes	X No	1 '	
	(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940	a charita	ible, etc., orga	nizatio	n described	l in	☐ Yes	X No		
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to determine the prevention of the prevention of cruelty to determine the prevention of the prevention	charitabl	e, scientific, li	terary, o	or education	nal	☐ Yes	X No	-	
b	If any answer is "Yes" to 5a(1)–(5), did any of the						ب	<u> </u>		
•	Regulations section 53.4945 or in a current notice	e regardi	ing disaster as	ssistand	æ (see inst	ructions			5b	N/A
С	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility	foundati	on daim exen	nption f	rom the tax		· Yes	► L No		-
	If "Yes," attach the statement required by Regula	tions sec	tion 53.4945-	-5(d).						
6a	Did the foundation, during the year, receive any on a personal benefit contract?		ectly or indire		• •	ms · ·	☐ Yes	X No		
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	s, directi	y or indirectly,	on a p	ersonal ber	nefit cor	tract? .		6b	. X
7a b	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds						Yes	X No	7b	N/A
	VIII Information About Officers, Direct							aid Em		
	and Contractors		,		• • • • • • • • • • • • • • • • • • • •	, , -			,	,
1	List all officers, directors, trustees, foundatio	manag	ers and their	compe	ensation (s	ee inst	ructions).			
	(a) Name and address	hou	le, and average urs per week ted to position	(If i	mpensation not paid,	emple	Contribution: oyee benefit	plans		nse account, allowances
			ted to position	er	iter -0-)	and dei	erred compe	nsation		
steve	n Campbell	Presid		er	iter -0-)	and dei	епед сотре	nsation		
	n Campbell W 88 Street Leawood, KS 66206			er	oter -0-)	and dei	erred compe	nsation		
410		Presid	lent	er		and dei	erred compe	nsation		
410 Susar	W 88 Street Leawood, KS 66206	Presid	lent 1.00	er		ano dei	erred compe	nsation		
410 Susar	W 88 Street Leawood, KS 66206 n Campbell	Presid	lent 1.00 resident	er	0	and dei	erred compe	nsation		
410 Susar	W 88 Street Leawood, KS 66206 n Campbell	Presid	lent 1.00 resident	er	0	and dei	erred compe	nsation		
410 Susar	W 88 Street Leawood, KS 66206 n Campbell	Vice P	lent 1.00 President 1.00		0					
3410 Susar 3410 S	W 88 Street Leawood, KS 66206 n Campbell W 88 Street Leawood, KS 66206 Compensation of five highest-paid employees	Vice P	lent 1.00 President 1.00	Cluded verage	0	see in:		s). If not tions to benefit deferred	ne, ent	
3410 Susar 3410 S	W 88 Street Leawood, KS 66206 n Campbell W 88 Street Leawood, KS 66206 Compensation of five highest-paid employees "NONE."	Vice P	resident 1.00 resident 1.00 han those inc	Cluded verage	0 0 on line 1—	see in:	tructions (d) Contribi	s). If not tions to benefit deferred	ne, ent	er ense account,
3410 Susar 3410 Susar 3410 Susar 2	W 88 Street Leawood, KS 66206 n Campbell W 88 Street Leawood, KS 66206 Compensation of five highest-paid employees "NONE."	Vice P	resident 1.00 resident 1.00 han those inc	Cluded verage	0 0 on line 1—	see in:	tructions (d) Contribi	s). If not tions to benefit deferred	ne, ent	er ense account,
3410 Susar 3410 Susar 3410 Susar 2	W 88 Street Leawood, KS 66206 n Campbell W 88 Street Leawood, KS 66206 Compensation of five highest-paid employees "NONE."	Vice P	resident 1.00 resident 1.00 han those inc	Cluded verage	0 0 on line 1—	see in:	tructions (d) Contribi	s). If not tions to benefit deferred	ne, ent	er ense account,
2	W 88 Street Leawood, KS 66206 n Campbell W 88 Street Leawood, KS 66206 Compensation of five highest-paid employees "NONE."	Vice P	resident 1.00 resident 1.00 han those inc	Cluded verage	0 0 on line 1—	see in:	tructions (d) Contribi	s). If not tions to benefit deferred	ne, ent	er ense account,

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

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	E.19
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		·· ···· ······
		-
		
Tota	number of others receiving over \$50,000 for professional services	
Pa	rt IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of	
	anizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	HOUSE OF HOPE, 7044 ANTIOCH, OVERLAND PARK KS 66215	<u> </u>
	CASH DONATION \$10,000	
2	UNITED METHODIST CHURCH OF THE RESURRECTION, 13720 ROE AVE OVERLAND PARK KS 66224	
	CASH DONATION \$25,000	
3		
		····
4		
Do	* IV D. Cummon, of Drogger Belefold Investments (see instructions)	 _
	rt IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	saled the two largest programmenated investments make by the foundation during the tax year on three 7 and 2.	741.0411
•		
2		_
-		
All	other program-related investments. See instructions.	
3		
Tota	I. Add lines 1 through 3	(

FUIII 9:	Steven and Susan Campbell Family Foundation	40-044 1091	Page O
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	n foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T	
1		i	
_	purposes:	4-	20.400
a	Average monthly fair market value of securities	1a	38,196
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	38,196
e	Reduction claimed for blockage or other factors reported on lines 1a and] ,	
	1c (attach detailed explanation)	(∵ +	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	38,196
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	573
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	37,623
6	Minimum investment return. Enter 5% of line 5	6	1,881
Part			
	foundations and certain foreign organizations check here and do not complete this part.)	· · · · · · · · · · · · · · · · · · ·	
1	Minimum investment return from Part X, line 6	1	1,881
2a	Tax on investment income for 2013 from Part VI, line 5]. •	
b	Income tax for 2013. (This does not include the tax from Part VI)	1.	
C	Add lines 2a and 2b	2c	119
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,762
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	_1,762
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	1,762
Part	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	35,000
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	4,522
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	39,522
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	39,522
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the foundatio	n
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII Undistributed Income (see instructions	5)			
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
	line 7				1,762
2	Undistributed income, if any, as of the end of 2013:				
а	Enter amount for 2012 only			0	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2013.				
а	From 2008				
b	From 2009	-	-	•	
С	From 2010				
d	From 2011				
е	From 2012				
f	Total of lines 3a through e	o			
4	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$39,522				
а	Applied to 2012, but not more than line 2a				·
b	Applied to undistributed income of prior years		-		
	(Election required—see instructions)				<u> </u>
C	Treated as distributions out of corpus (Election				
	required—see instructions)				L
d	Applied to 2013 distributable amount				1,762
е	Remaining amount distributed out of corpus	37,760			
5	Excess distributions carryover applied to 2013 .				
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	37,760			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
е	Undistributed income for 2012. Subtract line			'	
	4a from line 2a Taxable amount—see			,	
	instructions			0	
f	Undistributed income for 2013 Subtract lines		-		
	4d and 5 from line 1 This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions)			·	ļ
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	37,760		<u> </u>	
10	Analysis of line 9.				
а	Excess from 2009				
b	Excess from 2010				
C	Excess from 2011				
ď	Excess from 2012				
<u>e</u>	Excess from 2013			L	000.55
					Form 990-PF (2013)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	ne tear or Approve	ea for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year House of Hope		NC	To carry out their work as a shelter for women	10,000
7044 Antioch Overland Park, KS 66215			lor women	
The United Methodist Church of the Resurrection		NC	To continue the work of the church	25,000
13720 Roe Ave)	20,000
Leawood, KS 66224				
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			}	
	<u> </u>	<u></u>		
	<u> </u>		▶ 3a	35,000
b Approved for future payment	}	}		
			ľ	
			[
		 -		
			j	
	}]	}	
		1		
		}		
		{		
Total	<u> </u>	l		
(114)				

	er gross amo	unts unless otherwise indicated.	Unrelated bus	iness income	Excluded by secti	on 512, 513, or 514	
	-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	-	rvice revenue:	 		 		,
	a		 		 _		
							
	d			·			
			 				
	·		 				
	a Foot or	nd contracts from government agencies	 		 		
2	_		 				
2	·-	o dues and assessments			 - 		
3 4		avings and temporary cash investments			14		10.502
5		ncome or (loss) from real estate:	 		14		10,502
J		anced property	 +				· · · · · · · · · · · · · · · · · · ·
		t-financed property			 		
6		ncome or (loss) from personal property					······
7		tment income	 				· · · · · · · · · · · · · · · · · · ·
8) from sales of assets other than inventory			18		-12,612
9	•	or (loss) from special events					12,012
10		or (loss) from sales of inventory	 				· · · · · · · · · · · · · · · · · · ·
11		nue: a					
••							
	e		 				
12		dd columns (b), (d), and (e)	-	0		0	-2,110
		ine 12, columns (b), (d), and (e)				13	-2,110
(See	e worksheet i	n line 13 instructions to verify calculations	s)				
Pa	rt XVI-B	Relationship of Activities to the A	ccomplishme	nt of Exempt	Purposes		
	e No. Ex ▼ ac	plain below how each activity for which incon complishment of the foundation's exempt pur	ne is reported in col poses (other than b	umn (e) of Part > y providing fund:	(VI-A contributed s for such purpose	importantly to the es). (See instruction	ons.)
		nds earned on investment to increase av					
	8 loss o	n sale of investments necessary for char	titable distribution	s			
	1						
					······································		

Form 990-PF (2013) Steven and Susan Campbell Family Foundation 46-6441091 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No Yes in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (2) Other assets . . . 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization

Sign Here	correct, and complete Declaration of personal Countries of Signature of officer or trustee			May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	 Date	Chack # PTIN

| Check | if | refreshed | P00095169 Paid Mary L Shuman 5/15/2014 Mary L Shuman Preparer Firm's name

J C Grason 27-1395158 Firm's EIN 🕨 Use Only 10975 Grandview Dr. Overland Park, KS 66210 (816) 317-1414 Phone no Form 990-PF (2013)

Schedule B

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

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2013

Department of the Treasury
Internal Revenue Service

Name of the organization

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Steven and Susan Campbe	l Family Foundation 46-6441091	
Organization type (check	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, -	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See	
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor Complete Parts I and II.	
Special Rules		
sections 509(a)(1)	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and	
the year, total conti	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during butions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or es, or the prevention of cruetty to children or animals. Complete Parts I, II, and III.	
the year, contribution total to more than second year for an exclusion applies to this organized	n(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ns for use exclusively for religious, charitable, etc., purposes, but these contributions did not 1,000. If this box is checked, enter here the total contributions that were received during the ely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule nization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more	
990-EZ, or 990-PF), but it r	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, oust 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 its to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

	(Form 990, 990-EZ, or 990-PF) (2013) organization		Page :
	d Susan Campbell Family Foundation		46-6441091
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space i	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Steven Campbell 3410 W 88th Street Leawood KS 66206 Foreign State or Province. Foreign Country:	\$500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Susan Campbell 3410 W 88th Street Leawood KS 66206 Foreign State or Province Foreign Country:	\$ 500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4 Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	i ingilio, dudicoo, aliu Ale 🕆 4		ויטשטעושוויט ויי פקני

Foreign State or Province:

Foreign Country

(Complete Part II for noncash contributions.)

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	e copies of Part II if additional spa	ce is needed.
(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
		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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of on Steven and	ganization I Susan Campbell Family Foundation		Employer identification number 46-6441091
Part III	Exclusively religious, charitable, etc., individuational more than \$1,000 for the year. Complete of For organizations completing Part III, enter the tot	olumns (a) through (e) and the	01(c)(7), (8), or (10) organizations following line entry
	contributions of \$1,000 or less for the year. (Enter Use duplicate copies of Part III if additional space		structions.) > \$ (
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of sife	
	Transferrate name address and 710 t 4	(e) Transfer of gift	ahin of tennessees to tennessees
	Transferee's name, address, and ZIP + 4	Relation	ship 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	ship of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	For. Prov. Country (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	•	ship of transferor to transferee
- X NI	For. Prov. Country		·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Temperar of airs	
	Transferon's name address and 712 + 4	(e) Transfer of gift	ship of transferor to transferee
	Transferee's name, address, and ZIP + 4	Relation	amp or denoted to denote the
	For Proy Country		

(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

OMR No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service

Information about Form 8868 and its instructions is at www.irs.gov/form8868. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. Steven and Susan Campbell Family Foundation print 46-6441091 Number, street, and room or suite no. If a PO, box, see instructions. Social security number (SSN) File by the due date for 10975 Grandview Drive Bldg 27, Room 190 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions Overland Park, KS 66210 Enter the Return code for the return that this application is for (file a separate application for each return) 04 **Application** Application Return Return Is For Code is For Code 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ Form 990-BL Form 1041-A 02 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ▶ DICKENS LAW Fax No. ► (913) 317-1416 Telephone No. ▶ 913-317-1414 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15/2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final return 2 Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any За 60 nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 0 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

0

EFTPS (Electronic Federal Tax Payment System). See instructions.

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

	`	-12,612	0				Net Gain	orLoss	-3.588	-7,602	.578	-5.528	3,941
Net Gain	or Loss							Adjustments					
Other	Spenses	460,824	0					Depreciation					
Cost, Other	Basis and Expenses			Expense	of Sale and	Cost of	-evordmj	ments					
		448,212	0				Valuation	Method					
Gross	Sales						Cost or	Other Basis	116,447	116,552	43,636	140,717	43,472
Totals		Capital Gains/Losses	Other sales				Gross Sales	Price	112,859	108,950	43,060	135,189	47,413
		ত্ৰ			_		Date	Sold	12/27/2013	8/26/2013	12/27/2013	12/18/2013	12/27/2013
							Acquisition	Method	Ь	a	d.	۵	Ь
						•	Date	Acquired	1/8/2013	1/8/2013	1/8/2013	1/8/2013	1/8/2013
					Check "X" #	Purchaser	S	Business					
								Purchaser					
	Amount	741						CUSIP#	464288638	921937819	921937827	921937835	92204A876
	,	Long Term CG Distributions	Short Term CG Distributions					Description	ISHARES SYMBOL CRJ	VANGUARD SYMBOL BIV	VANGUARD SYMBOL BSV	VANGUARD SYMBOL BND	VANGUARD SYMBOL VPU
						Check "X"	toindude	in Part IV	X	×	×	×	×
				1						~	ات	4	ۍ.

Part I, Line 16c (990-PF) - Other Professional Fees

		4,522	4,522	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Brokerage fee	4,522	4,522		

	Current Acknowledgement Detail		Status History	Ţ
SSN: 466441091 SSN: 466441091 DCN: 4319132014135njs61dm Status: Accepted Jurisdiction: Federal Type: 8868 Pg 1 Sub Type: Extension Service Center: Unknown	Acceptance Code: Accepted Debt Code: PIN Indicator: Payment Ack: Birth Date Validity: Number of Errors: 0 Error Rejected Codes:	Ack Status Date: 5/15/2014 Expected Refund:: 0 EC Indicator: State-Only Code: State Packet:	Created Transmitted to EFC Accepted	5/15/2014 5/15/2014 5/15/2014

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