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Form 990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation 20-0512724 KAMPE FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (970) 623-4290 P.O. BOX 873 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PAONIA, CO 81428-0873 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ▶\$ 2,464,483. (Part I, column (d) must be on cash basis) Part | Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for chantable purposes expenses per books income income (cash basis only) 110,404 N/A Contributions, gifts, grants, etc., received Check In the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 9. 9 STATEMENT 3 51,252. 51,252. STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) 90,310. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 540,106. 90,310 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) STATEMENT 57. 11 Other income 252,032. 141,628. 12 Total. Add lines 1 through 11 9,550 955. 8,595. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Administrative Expenses 16a Legal fees 4,782. 478. 4,304. STMT 4 **b** Accounting fees 26,743. 26,743. STMT c Other professional fees 17 Interest RECEIVEDSTMIT 4,996. 1,695. 0. 18 Takes 196. Depreciation and depletion
Occupancy MAY 19 2016 196. 19 825. 83. 742. 21 Travel conferences, and meetings perating and Printing and publications 22 16,309. 18,439. 2,096. 23 24 Total operating and administrative 65,531 32,246. 29,950. expenses. Add lines 13 through 23 98,513. 98,513. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 164,044 32,246 128,463. Add lines 24 and 25 Subtract line 26 from line 12: 87,988. 3 Excess of revenue over expenses and disbursements 109,382. b Net investment income (if negative, enter -0-) N/A

LHA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter -0-)

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1 1,737, 2 87, 3 4 1,825,	1,825,345. 1,825,345. 1,825,345.		Assets or Fund Ba - Part II, column (a), line 3 year's return)	Retained earnings, accumulated income, endow Total net assets or fund balances Total liabilities and net assets/fund balances Analysis of Changes in Net all net assets or fund balances at beginning of year assets or fund balances at beginning of year argue with end-of-year figure reported on prior argument from Part I, line 27a er increases not included in line 2 (itemize)	Retained earning Total net assets Total liabilities Total liabilities Total liabilities Total liabilities Total net assets or fun must agree with end- nter amount from Pa ther increases not in dd lines 1, 2, and 3

2-story brick w	cribe the ki arehouse,	nd(s) of property sold (e g or common stock, 200 sh	, real estate, s MLC Co)		P-	ow acquired Purchase Donation	10) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a h SEE ATTACHED	Cmar	rements		· ·	-		+		<u> </u>
b SEE ATTACHED) SIA.	I EMEN I S			-				
d				-					
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(e) Gross sales price	(f) l	Depreciation allowed (or allowable)	107	t or other basis xpense of sale			ı	(h) Gain or (los (e) plus (f) minus	
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e 540,106.	 			449,79	16.		-		90,310.
e 540,106. Complete only for assets show		column (b) and owned by	the foundation		-		(I) G	ains (Col (h) ga	
(i) FMV as of 12/31/69	T	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)			còl (k	t), but not less the osses (from col	an -0-) or
a									
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<u>и</u> В									90,310.
		∫ If gain, also ente	r in Part I, line	7	1				
2 Capital gain net income or (net o	apital loss)- ın Part I, line	7	<i>}</i>	2			90,310.
3 Net short-term capital gain or (lo			nd (6)		٦				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		C)			 	3		N/.	A
Part V Qualification	Under S	ection 4940(e) for	- Dodugod	T NI			•		
For optional use by domestic priva	te foundati						inco	me	
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	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	18 - see	ınstrı	ictioi	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			_ 1	~ ~
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1		2,1	88.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				_
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		2,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	· · · · ·	2,1	88.
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a 2,800.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		2,8	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		6	12.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 612 • Refunded ▶	11			0.
Pá	art VII-A Statements Regarding Activities				
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	I		Yes	
	any political campaign?		1a		<u>X</u>
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or			
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		10		X
ι	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 ▶ \$				
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
Ī	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
42	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
			5		X
•	If "Yes," attach the statement required by General Instruction T.	•			
6					
·	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la 	aw.			
	remain in the governing instrument?		6	х	
7			7	Х	
•	bill the restricted fraction in account acting time seeing the year. If you, complete rate, con top, and rate in		· · · · ·		
R.	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
0	CA				
1	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
9		1ar	OD.	<u> </u>	
9	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	iai	g		х
10	Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses		10		X
ıU	DIG any persons account substantial contributors during the tax year. If Yes, attach a schedule listing their names and addresses		1 10		

Form **990-PF** (2015)

•	 1990-PF (2015) KAMPE FAMILY FOUNDATION	20-0512	72 <i>1</i> 1	•	Page 5
_		20-0312	123		Page 5
P	art VII-A Statements Regarding Activities (continued)	-	r	V	NI.
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				v
	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?			v
	If "Yes," attach statement (see instructions)		12	37	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	Ĺ
	Website address WWW.KAMPEFOUNDATION.ORG	. (070)			
14	The books are in care of ► ANASTACIA GALL Telephone no	► <u>(970)</u>		$\frac{-42}{200}$	
	Located at ► P.O. BOX 873, PAONIA, CO	ZIP+4 ▶ <u>81</u>	428	<u>-08</u>	/3
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1 - 1	3.7	- / 3 ►	· L
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,			Yes	
	securities, or other financial account in a foreign country?		16	Ĺ.,	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
_	foreign country		L		<u> </u>
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Ţ	1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	a During the year did the foundation (either directly or indirectly):	(TE)			
		'es 🗓 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	(**)			
		'es X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	'es L No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		'es X No			
	(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				
	• • • • • • • • • • • • • • • • • • • •	'es X No			
I	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. '	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	▶ [1		
1	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2015?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5))				
;	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginni				
		es X No	ļ		
	If "Yes," list the years ▶				
I	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 attack		ļ		
	statement - see instructions)	N/A	2b		ļ
1	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	<u> </u>				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		res X No	1		
1	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons a				1
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	3b		<u> </u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b	ŀ	X

Form 990-PF (2015) KAMPE FAMILY FOUNDATION			20-05127	24 Page 6.
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to		· · · · · · · · ·		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), (or to carry on, directly or indire	ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	;?	T Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	in Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A s	ib
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		√A 🔲 Υe	s No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	sb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?	·	N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	<i>'</i>	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(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, other allowances
ANASTACIA KAMPE	PRESIDENT	,		
P.O. BOX 873				
PAONIA, CO 81428-0873	10.00	9,550.	0.	0.
DIANE KAMPE	SECRETARY			
P.O. BOX 3453]			
HALF MOON BAY, CA 94019-3453	5.00	0.	0.	0.
AMANDA LUJAN	TREASURER			
P.O. BOX 3453				
HALF MOON BAY, CA 94019-3453	5.00	0.	0.	0.
GEORGE KAMPE	TRUSTEE			
P.O. BOX 98				
VERDI, NV 89439-0098	5.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	(-) Function
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		-		
	-			
	-			
Total number of other employees paid over \$50,000	1	<u> </u>	•	0
reservation of other employees paid offer \$400,000				<u> </u>

Form **990-PF** (2015)

All other program-related investments. See instructions

Total. Add lines 1 through 3

Page 8

	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see Instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		0 405 006
	Average monthly fair market value of securities	1a	2,485,806.
	Average of monthly cash balances	1b	74,722.
C	Fair market value of all other assets	10	472.
đ	Total (add lines 1a, b, and c)	1d	2,561,000.
9	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		_
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d .	3	2,561,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,415.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,522,585.
6_	Minimum investment return. Enter 5% of line 5	6	126,129.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	126,129.
2a	Tax on investment income for 2015 from Part VI, line 5		
b			
	Add lines 2a and 2b	2c	2,188.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	123,941.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	123,941.
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	123,941.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		100 460
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	128,463.
þ	Program-related investments - total from Part IX-B	1b	<u> </u>
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		
	Suitability test (prior IRS approval required)	_3a	·····
þ	Cash distribution test (attach the required schedule)	3b	100 100
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	128,463.
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	128,463.

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4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				123,941.
2 Undistributed income, if any, as of the end of 2015		. +4	····	123/3110
a Enter amount for 2014 only	1		0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2015		0.		_
a From 2010				
b From 2011	1			
c From 2012				
d From 2013				
e From 2014 8,365.				
f Total of lines 3a through e	8,365.			
4 Qualifying distributions for 2015 from				
Part XII, line 4 ▶\$ 128, 463.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				123,941.
e Remaining amount distributed out of corpus	4,522.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,887.			
b Prior years' undistributed income. Subtract				***************************************
line 4b from line 2b		0.		
c Enter the amount of prior years'		-		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		·····
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
1 Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2016			., ., ., ., ., ., ., ., ., ., ., ., ., .	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2010				WE TO THE TOTAL TO THE TAX THE
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.		117779-17		
Subtract lines 7 and 8 from line 6a	12,887.			
10 Analysis of line 9	22,007.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014 8, 365.				
e Excess from 2015 4,522.				

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 DIANE KAMPE 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 NONE SEE STATEMENT 14 a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SEE STATEMENT 13 b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors 523601 11-24-15 Form **990-PF** (2015)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ABUNDANT GRACE COASTSIDE WORKER N/A PUBLIC CHARITY OPERATING SUPPORT 160 KELLY AVENUE 7,000. HALF MOON BAY, CA 94019 ALLIANCE DEFENSE OF FREEDOM N/A PUBLIC CHARITY OPERATING SUPPORT 15100 N 90TH STREET SCOTTSDALE, AZ 85260 150. AMERICAN BIBLE SOCIETY N/A PUBLIC CHARITY OPERATING SUPPORT 1865 BROADWAY NEW YORK, NY 10023 150. PUBLIC CHARITY OPERATING SUPPORT AMERICAN DIABETES ASSOCIATION N/A 1701 N. BEAUREGAURD STREET ALEXANDRIA, VA 22311 150. AMERICAN HEART ASSOCIATION N/A PUBLIC CHARITY OPERATING SUPPORT 1710 GILBRETH ROAD BURLINGAME, CA 94010 250. SEE CONTINUATION SHEET(S) **▶** 3a 98,513. Total b Approved for future payment NONE Total ٥. Form 990-PF (2015)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	711100111	Tanotion moorno
a					
b					···
c			+-+		
			 	· · · · · · · · · · · · · · · · · · ·	
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	9.	
4 Dividends and interest from securities			14	51,252.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			18	57.	
8 Gain or (loss) from sales of assets other					
than inventory			18	90,310.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	· · · · · · · · · · · · · · · · · · ·				
b					
C	-				
d			ļ .		
e				141 600	
12 Subtotal Add columns (b), (d), and (e)		0.		141,628.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	141,628.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	(emp	t Purposes	
Line No. Explain below how each activity for which incon			contrib	uted importantly to the accom	iplishment of
▼ the foundation's exempt purposes (other than b	y providing fu	inds for such purposes)			
					· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·	
· · ·					
					
				· · · · · · · · · · · · · · · · · · ·	
	·				" " " " " " " " " " " " " " " " " " "
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				· · · · · · · · · · · · · · · · · · ·	
					-
		 -			

01111990		·	FAMILLI I			···		20-031			ige 13
Part >	(VII	Information Re Exempt Organ	-	sfers To a	and T	ransactions a	ind Relations	hips With Nonch	aritable	e	
1 Did	the orga	anization directly or indir	rectly engage in any (of the followin	g with	any other organizatio	on described in sect	on 501(c) of		Yes	No
		ther than section 501(c)									
a Trar	isfers fr	om the reporting founda	ation to a noncharitat	ble exempt orq	ganızatı	on of					
(1)	Cash					•			1a(1)		X
(2)	Other a	ssets							1a(2)		X
b Othe	er transa	actions									
(1)	Sales o	of assets to a noncharital	ble exempt organizat	tion					1b(1)		X
(2)	Purcha	ses of assets from a nor	ncharitable exempt o	rganization					16(2)		X
(3)	Rental	of facilities, equipment,	or other assets						1b(3)		Х
(4)	Reimbi	ursement arrangements							1b(4)		Х
(5)	Loans	or loan guarantees							1b(5)		Х
		nance of services or me	mbership or fundrais	sing solicitatio	ns				1b(6)		Х
c Sha	ring of 1	facilities, equipment, ma	iling lists, other asset	ts, or paid em	ployees	3 .			10		X
d If th	e answe	er to any of the above is	"Yes," complete the f	following sche	dule C	olumn (b) should alv	ways show the fair n	narket value of the goods	, other as:	sets,	
or s	ervices	given by the reporting fo	oundation If the four	ndation receive	ed less	than fair market valu	ie in any transaction	or sharing arrangement,	show in		
colu	ımn (d)	the value of the goods,	other assets, or servi	ices received							
(a) ⊔ne no	· (I	b) Amount involved	(c) Name of	noncharitable	exem	ot organization	(d) Description	of transfers, transactions, an	d shanng a	rangeme	nts
				N/A							
								·			
		- 									
2a Isti	ne found	dation directly or indirec	tly affiliated with, or r	related to, one	or mo	re tax-exempt organi	zations described				
ın s	ection 5	iO1(c) of the Code (othe	r than section 501(c))(3)) or in sect	ion 52	7?			Yes	X] No
		mplete the following sch		,							
		(a) Name of org			(b) T	ype of organization		(c) Description of relation	iship	·	
		N/A				•		<u>. </u>	-		
		penalties of perjury, I declare lef, it is true, correct, and cor			-		•	han any knowledge	May the IRS	discuss	this
Sign	and bei	lei, it is tide, correct, and cor	inplete, Declaration of pre	eparer tourer ura	ii taxpay		nation of which prepare		eturn with the hown below	ne prepar r (see ins	er :tr)?
Here						Flylu	PRESI	DENT	X Yes	; [□No
	Signa	iture of officer or trustee		,		Date	Title				
	1	Print/Type preparer's na	ame	Preparer's s	ıgnatur	e	Date	Check if PTIN	1		
_								self- employed			
Paid						LMAS CPA	05/10/16		00075		
Prepa		Firm's name ► HIL	MAS & ASS	OCIATE	s,	LLC	<u></u>	Firm's EIN ► 84-	15659	22	
Use (Only										
	Ī	Firm's address ► 13									· <u></u>
		LO	UISVILLE,	CO 80	027	-2329		Phone no (303	604	<u>-21</u>	91

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	KAMPE FAMILY FOUNDATION	20-0512724
Organization type (che	eck one).	
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	١
	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	
Note. Only a section 5 General Rule	ttion is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
_	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions in any one contributor. Complete Parts I and II. See instructions for determining a cont	
Special Rules		
sections 509(any one conti	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 cributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the 90-EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year, total co	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive intributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, on of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribu is checked, e purpose. Do i	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive utions exclusively for religious, charitable, etc., purposes, but no such contributions to enter here the total contributions that were received during the year for an exclusively root complete any of the parts unless the General Rule applies to this organization be aritable, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc.,
but it must answer 'N	ition that is not covered by the General Rule and/or the Special Rules does not file Scholo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or a meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

KAMPE FAMILY FOUNDATION

20-0512724

Part | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIANE KAMPE P.O. BOX 3453 HALF MOON BAY, CA 94019-3453	\$10,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DIANE KAMPE P.O. BOX 3453 HALF MOON BAY, CA 94019-3453	\$99,904.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part If for noncash contributions.)

Employer identification number

AMPE	FAMILY FOUNDATION	20	-0512724
art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	800 SHS APPLE INC		
		\$ 99,904.	02/11/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_{\$}	

Employer identification number

	FAMILY FOUNDATION		20-0512724
Part III	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follows, chantable, etc., contributions of \$1,000 or	In section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations riess for the year (Enterthis info once.)
(-) NI -	Use duplicate copies of Part III if additional	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	t 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, ar	(e) Transfer of gif	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, ar	(e) Transfer of gif	it Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee

20-0512724

Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold - Purchase (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co D - Donation 04/30/1511/03/15 SHS CAMERON INTL CORP 610 P 1a 80 SHS DOVER CORP P 03/16/15|11/11/15 b SOUTHWESTERN ENERGY COMPANY P 08/14/1403/03/15 710 SHS C P 02/01/1303/03/15 515 AMERICAN EXPRESS CO SHS d D VARIOUS 03/16/15 800 SHS APPLE INC 495 BAXTER INTL INC P 12/06/11|06/05/15 SHS 03/24/14/11/11/15 250 SHS DOVER CORP P P 06/13/13|03/03/15 620 SHS EATON CORP PLC P |11/02/12|01/27/15 615 SHS MEDTRONIC INC 220 P VARIOUS 01/14/15 SHS NOBLE ENERGY INC P 10/04/1301/28/15 870 SHS ROGERS COMM INC P 08/16/13|11/11/15 50 SHS SNAP-ON INC 130 SHS COSTCO WHOLESALE CORP P |01/18/08|12/17/15 m 1,435 P VARIOUS 06/16/15 SHS EMC CORP Π 01/22/1006/16/15 180 SHS GENERAL MILLS INC 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 42,809. 34,288. 8,521. а 5,062. 5,709. <647.> b 27,320. <9,702.> 17,618. С 30,946. 10,961. 41,907. d 99,345. 99,904 <559.> е 32,271.25,600. 6,671. f 20,245. 15,820. <4,425.> g 43,678. 38,724 4,954. 47,324.25,908. 21,416. 1 9,796.9,149. <647.> 31,151. 37,358. <6,207.> k 8,516. 4,867. 3,649. 20,970. 8,511. 12,459. m 38,707. 26,547 12,160. n 9,884. 6,426 3,458. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any 8,521. a <647.> b <9,702.> C 10,961. d <559.> е 6,671. f <4,425.> q 4,954. h 21,416. <647.> <6,207.> k 3,649. 12,459. m 12,160. n 3,458. 0 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$ 2 Capital gain net income or (net capital loss) 2 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) If (loss), enter "-0-" in Part I, line 8

90,310.

N/A

			FINUATIO	N FOF	₹ 990-1			IV
KAMPE FAMILY FOUR			0512724	F	PAGE	2	OF.	2
Part IV Capital Gains and Los	ses for Tax on Investment Income	· · · · · · · · · · · · · · · · · · ·		_				
(a) List and 2-story bri	describe the kind(s) of property sol ick warehouse, or common stock, 2	ld, e g , real estate, 00 shs MLC Co	(b) Ho P - D -	ow acquired Purchase Donation	(c) Date acq (mo , day,	ured yr)	(d) Date s (mo , day,	old yr)
1a 30 SHS GOO	GLE INC			P	11/17/	080	01/14/	/15
b 90 SHS JOHN	NSON & JOHNSON			P	05/26/	060	06/16	$\sqrt{15}$
c 420 SHS NOB	LE ENERGY INC			P	VARIO			
d 535 SHS QUA				P	VARIOU	JS [11/11/	/15
e CAPITAL GAINS	DIVIDENDS							
f					_			
g		·····						
h					_			
		····						
k								
<u> </u>					ļ	\rightarrow		
<u>m</u>						\rightarrow		
n						\rightarrow		
0								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h (e)	ı) Gaın or (los plus (f) mınus	s) ; (g)		
a 15,109.		4,588	8.				10,52	21.
b 8,800.		5,45!	5.				3,34	15.
c 17,466.		11,90	8.				5,55	58.
d 28,248.		25,690	6.				2,55	<u>52.</u>
e 6,272.							6,2	72.
f								
9								
h								
<u> </u>			<u></u>					
J	77.00							
k								
<u> </u>								
m								
n								
0 1	(h) and a mad h	h - fd-h 40/04/00						
Complete only for assets snowin	ig gain in column (h) and owned by				sses (from co of col (h) gai		col (k)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Cai	but	not less than "	'-0- ")		
a							10,52	<u>21.</u>
b							3,34	15.
С							5,5	
d							2,5	
e							6,2	<u>/2.</u>
f								
g		-						
h								
<u> </u>								
J								
<u>k</u>								
1								
m	<u> </u>							
<u>n</u>			-					
0	<u> </u>	<u></u>	- 				 ,	

 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$

2 Capital gain net income or (net capital loss)

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) If (loss), enter "-0-" in Part I, line 8

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		*		
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		
AMERICAN LATVIAN ASSOCIATION	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
400 HURLEY AVENUE				
ROCKVILLE, MD 20850				1,000.
BLUE SAGE CENTER FOR THE ARTS	N/A	PUBLIC CHARITY	PROGRAM SUPPORT -	
223 GRAND AVENUE			PAINT PAONIA	
PAONIA, CO 81428		-		600.
BONNIE J ADDARIO LUNG CANCER	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
FOUNDATION				
1100 INDUSTRIAL ROAD #1				0 500
SAN CARLOS, CA 94070				2,500.
CABRILLO EDUCATION FUND	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
P.O. BOX 354 HALF MOON BAY, CA 94019				1,000.
MADE MOON BAT, CR 34013		-		1,000.
CENTER FOR MUSIC FOR PEOPLE WITH	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
DISABILITIES				
415 CENTRAL AVENUE MISSOULA, MT 59801				1,000.
CHAS-ARMSTRONG SCHOOL FOR DYSLEXIA 1405 SALONO DRIVE	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
BELMONT, CA 94002				1,000.
COACMCINE ANUM DAY HEALMH CENMED	1/3	DUDI TO CUADITAL	OPERATING SUPPORT	
COASTSIDE ADULT DAY HEALTH CENTER 645 CORREAS ST	N/A	FOBLIC CHARITI	OPERATING SUPPORT	
HALF MOON BAY, CA 94019				1,250.
COASTSIDE CHILDRENS PROGRAMS	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
1590 SOUTH CABRILLO HIGHWAY	1.7			
HALF MOON BAY, CA 94019				2,000.
DELTA COUNTY LIBRARY DISTRICT	N/A	PUBLIC CHARITY	PROGRAM SUPPORT -	
149 E. MAIN ST			YOUTH READING PROGRAM	
HOTCHKISS, CO 81419				100.
DISABLED AMERICAN VETERANS	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
3725 ALEXANDRIA PIKE				
COLD SPRINGS, KY 41076		<u> </u>		340.
Total from continuation sheets		 	<u></u>	90,813.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY OPERATING SUPPORT DUCKS UNLIMITED N/A ONE WATERFOWL WAY 2,000. MEMPHIS, TN 38120 EMO FAMILIES FIRST N/A PUBLIC CHARITY OPERATING SUPPORT 251 LLEWELLYN AVENUE 500. CAMPBELL, CA 95008 FRIENDS OF MONTESSORI N/A PUBLIC CHARITY PROGRAM SUPPORT 2840 BOUDINOT AVENUE 500. CINCINATI, OH 45238 PUBLIC CHARITY PROGRAM SUPPORT - SKIS N/A GRAND MESA NORDIC COUNCIL FOR KIDS PROGRAM P.O. BOX 266 7,500. CORY, CO 81414 HALF MOON BAY LITTLE LEAGUE N/A PUBLIC CHARITY OPERATING SUPPORT P.O. BOX 589 3,000. HALF MOON BAY, CA 94019 HOTCHKISS HIGH SCHOOL N/A PUBLIC CHARITY PROGRAM SUPPORT -DESTINATION 438 BULLDOG STREET IMAGINATION 1,000. HOTCHKISS, CO 81419 PUBLIC CHARITY OPERATING SUPPORT JOB TRAIN N/A 1500 MISSION STREET 2,000. SAN FRANCISCO, CA 94103 PUBLIC CHARITY OPERATING SUPPORT JOYCE MEYERS MINISTRY N/A 700 GRACE PARKWAY 150. FENTON, MO 63026 PUBLIC CHARITY OPERTAING SUPPORT KVNF PUBLIC RADIO N/A P.O. BOX 1350 2,000. PAONIA, CO 81428 MARCH OF DIMES N/A PUBLIC CHARITY OPERATING SUPPORT 1275 MAMARONECK AVENUE 150. PLAINS, NY 10605 Total from continuation sheets

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the		· · · · · · · · · · · · · · · · · · ·		
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	Contribution	
TIKE GIANNINI FUTURE FARMERS OF	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
AMERICA SCHOLARSHIP FUND	.,			
P.O. BOX 430				
MOSS BEACH, CA 94038				3,000
MOUNTAIN HARVEST FESTIVAL	N/A	PUBLIC CHARITY	PROGRAM SUPPORT -	
P.O. BOX 1771			YOUTH FARMER	
PAONIA, CO 81428			SCHOLARSHIP PROGRAM	500
NATIONAL PARKS CONSERVATION	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
ASSOCIATION				
777 6TH STREET NW SUITE 700				
WASHINGTON, DC 20001				1,000
RED CREEK VOLUNTEER FIRE AND RESCUE	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
2579 CANYON HEIGHTS ROAD				
PUEBLO, CO 81005				2,000
SAGE GARDENERS	N/A	PUBLIC CHARITY	PROGRAM SUPPORT -	
1112 SOUTH WILSON AVENUE	[,,		SENIOR CITIZEN GARDEN	
BOZEMAN, MT 59715			PROGRAM	1,000
SALVATION ARMY	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
P.O. BOX 1428				
ALEXANDRIA, VA 22313				5,000
SAMARITAN HOUSE	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
4031 PACIFIC AVENUE				
SAN MATEO, CA 94403				340
SAN FRANCISCO AID FOR ANIMALS	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
P.O. BOX 320365				
SAN FRANCISCO, CA 94132				340
SEA CREST SCHOOL	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
901 ARNOLD WAY				
HALF MOON BAY, CA 94019				8,000
SHRINERS HOSPITAL	N/A	PUBLIC CHARITY	OPERATING SUPPORT	
P.O. BOX 31356				
TAMPA, FL 33631 Total from continuation sheets	<u> </u>		<u> </u>	1,000

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY OPERATING SUPPORT SMILE TRAIN N/A 41 MADISON AVENUE, 28TH FLOOR NEW YORK, NY 10010 340. SONRISA'S FREE DENTAL CLINIC N/A PUBLIC CHARITY OPERATING SUPPORT 210 SAN MATEO ROAD SUITE 104 340. HALF MOON BAY, CA 94019 SPCA N/A PUBLIC CHARITY OPERATING SUPPORT 201 ALABAMA STREET 500. SAN FRANCISCO, CA 94103 PUBLIC CHARITY OPERATING SUPPORT ST. JOSEPH'S INDIAN SCHOOL N/A P.O. BOX 300 1,000. CHAMBERLAIN, SD 57325 PUBLIC CHARITY PROGRAM SUPPORT -N/A THE LEARNING COUNCIL 1207 2490 LAVNE CHARTER SCHOOL INITIATIVE; COMMUNITY HOTCHKISS, CO 81419 EDUCATION 20,000. N/A PUBLIC CHARITY PROGRAM SUPPORT -TOWN OF HOTCHKISS P.O BOX 369 ENVIRONMENTAL EDUCATION; SECRET HOTCHRISS, CO 81419 SANTA PROGRAM 363. PUBLIC CHARITY OPERATING SUPPORT USO N/A DEPARTMENT WS, P.O. BOX 96860 WASHINGTON, DC 20090 1,000. PUBLIC CHARITY PROGRAM SUPPORT -VIDA VERDE NATURE EDUCATION N/A 3540 LA HONDA ROAD **ENVIRONMENTAL** 7,000. SAN GREGORIO, CA 94074 EDUCATION PUBLIC CHARITY OPERATING SUPPORT WISCONSIN EVANGELICAL LUTHERAN SYNOD N/A 2323 N. MAYFAIR ROAD, SUITE 400 7,500. WAUWATOSA, WI 53226 YOUTH GARDEN PROJECT N/A PUBLIC CHARITY OPERATING SUPPORT 530 S 400 E MOAB UT 84532 1,000. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVIN	GS AND TE	MPORA	ARY C	ASH IN	VESTMENTS	STATE	MENT	1
SOURCE		REV	A) ENUE BOOKS			(B) VESTMENT COME	ADJ	C) USTED INCOM	Ξ
MSSB HOLDINGS LLC				9.		9.			-
TOTAL TO PART I, LI	NE 3			9.		9.			
FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM	SECUR	ITIES	STATE	MENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		REV.	A) ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTI ET INCO	
MSSB HOLDINGS LLC	57,518. 6.	-	72.	5	1,246.	•	6. 6.		_
TO PART I, LINE 4	57,524.	6,2	72.	5	1,252.	51,25	2.		
FORM 990-PF		OTHER	INCON	1E			STATE	MENT	3
DESCRIPTION			REV	(A) JENUE BOOK		(B) ET INVEST- ENT INCOME	AI	(C) JUSTEI INCON	
OTHER INVESTMENT IN	ICOME				57.	57	•		
TOTAL TO FORM 990-F	PF, PART I,	LINE 11 =			57.	57	•		
FORM 990-PF		ACCOUNT	ING I	FEES			STATE	MENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INV: NT IN		(C) ADJUSTED NET INCOM		(D) HARITAI PURPOSI	
ACCOUNTING FEES		4,782	•		478.			4,30	04.
TO FORM 990-PF, PG	1, LN 16B	4,782			478.			4,30	04.

FORM 990-PF C	THER PROFES	SIONAL FEES	S:	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	26,743.	26,743.		0.
TO FORM 990-PF, PG 1, LN 16C =	26,743.	26,743.		0.
FORM 990-PF	TAX	ES	S	гатемент 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	1,695.	1,695.		0.
2014 FORM 990-PF BALANCE DUE	491.	0.		0.
2015 FORM 990-PF TAX DEPOSITS	2,800.	0.		0.
2014 CA FORM 199 BALANCE DUE	10.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	4,996.	1,695.		0.
FORM 990-PF	OTHER E	XPENSES	S	ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING DUES AND MEMBERSHIPS INSURANCE - D&O LIABILITY POSTAGE AND SHIPPING PROGRAM EXPENSES PENALTIES FEES AND LICENSES INTERNET AND WEBSITE BANK SERVICE CHARGES	7,500. 850. 2,102. 26. 6,749. 34. 20. 124.	750. 85. 210. 3. 0. 0. 2. 12. 35.		6,750. 765. 1,892. 23. 6,749. 0. 18. 112. 0.
INVESTMENT EXPENSES	999.	999.		0.

STATEMENT

8

FORM 990-PF

FORM 330-FF		
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
625 SHS ACCENTURE PLC	27,347.	65,312.
805 SHS APPLE INC	58,790.	
750 SHS CAPITAL ONE FINANCIAL C		
235 SHS COSTCO WHOLESALE CORP	16,341.	
640 SHS DANAHER CORPORATION	21,818.	
670 SHS GENERAL MILLS INC	24,222.	
420 SHS HOME DEPOT INC	13,322.	
1,760 SHS ISHARES MSCI EAFE ETF	99,832.	
150 SHS ISHARES RUSSELL MIDCAP		
1,220 SHS ISHARES S&P MIDCAP 400		
790 SHS ISHARES S&P SMALLCAP 60		
446 SHS JOHNSON & JOHNSON	29,519.	
935 SHS JPMORGAN CHASE & CO	38,503.	
1,330 SHS MICROSOFT CORP	35,653.	•
450 SHS NOVARTIS AG ADR	30,949.	
495 SHS PNC FINANCIAL SVCS GROU	· · · · · · · · · · · · · · · · · · ·	
460 SHS PRUDENTIAL FINANCIAL IN	· · · · · · · · · · · · · · · · · · ·	
1,165 SHS SPECTRA ENERGY CORP	33,011.	
1,130 SHS STATOIL ASA ADR	32,450.	
450 SHS STRYKER CORP	25,186.	
580 SHS TJX COS INC	10,544.	
420 SHS UNITED PARCEL SERVICE I		
530 SHS WALT DISNEY CO HLDG CO	18,328.	
630 SHS COLGATE PALMOLIVE CO	29,349.	
270 SHS CUMMINS INC	26,439.	
485 SHS EXPRESS SCRIPTS HLDG CO		=
1,430 SHS INTEL CORP	43,100.	
260 SHS KIMBERLY CLARK CORP	22,432.	- -
615 SHS MEDTRONIC PLC	47,324.	
600 SHS V F CORPORATION	24,279.	
120 SHS BLACKROCK INC	31,237.	
450 SHS EOG RESOURCES INC	31,400.	
280 SHS PRAXAIR INC	33,238.	-
930 SHS ROCHE HOLDINGS ADR	31,606.	
290 SHS SNAP-ON INC	28,231.	
2,120 SHS VANGUARD FTSE EMERGING		
390 SHS GILEAD SCIENCE	39,239	
570 SHS TIME WARNER INC	38,818.	
580 SHS VISA INC	37,410.	
110 SHS ALPHABET INC	47,944.	
1,080 SHS CITIZENS FINANCIAL GROU		
390 SHS CVS HEALTH CORP	37,524	
870 SHS CVS HEALTH CORP	30,775	
320 SHS ILLINOIS TOOL WORKS INC		
660 SHS MERCK & CO INC	37,806	
790 SHS NEWELL RUBBERMAID INC	32,224	
450 SHS NXP SEMICONDUCTORS	42,707	_
430 SUB MAY SENICOMPOCIONS	42,707	57,913.

CORPORATE STOCK

KAMPE FAMILY FOUNDATION			20-0512724
980 SHS US BANCORP 780 SHS VERIZON COMMUNICATIONS		43,753. 38,061.	41,817. 36,052.
TOTAL TO FORM 990-PF, PART II, LINE	: 10B	1,709,378.	2,348,810.
FORM 990-PF OTHE	R INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
4,661 SHS DOMINI INTL SOCIAL EQUITY 2,776 SHS MATTHEWS PACIFIC TIGER FD		44,895. 54,628.	33,883. 65,346.
TOTAL TO FORM 990-PF, PART II, LINE	13	99,523.	99,229.
FORM 990-PF DEPRECIATION OF ASSET	S NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT COMPUTER EQUIPMENT OFFICE FURNITURE SHADE STRUCTURE APPLIANCES	2,364. 355. 912. 1,502. 409.	2,364. 324. 770. 1,267. 345.	0. 31. 142. 235. 64.
TOTAL TO FM 990-PF, PART II, LN 14	5,542.	5,070.	472.
FORM 990-PF SUMMARY OF DIRECT ACTIVITY ONE THE KIDS ON FARMS PROJECT - THE MISTO CONNECT CHILDREN WITH LOCAL FARM UNDERSTANDING OF WHERE FOOD COMES F	SSION OF THIS P IS TO CREATE A PROM. WE PROVI	ROJECT IS BETTER DE	STATEMENT 11
OPPORTUNITIES FOR PLACE-BASED EDUCATOR BUILDING HEALTHIER COMMUNITIES. WORKED WITH APPROXIMATELY 200 STUDE OPERATIONS.	IN 2015, THE	FOUNDATION	
			EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1			4,084.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

ACTIVITY TWO

THE FAMILIES ON THE FARM PROJECT - THE MISSION OF THIS PROJECT IS TO WORK WITH FAMILIES TO EDUCATE THEM ON FARM VEGETABLE PRODUCTION AND NUTRITION. EACH FAMILY IS SENT HOME WITH FRESH VEGETABLES TWICE A MONTH. IN 2015, THE FOUNDATION WORKED WITH APPROXIMATELY 40 ENGLISH-AS-SECOND-LANGUAGE SPEAKERS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

2,665.

FORM 990-PF

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

STATEMENT

13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KAMPE FAMILY FOUNDATION P.O. BOX 873 PAONIA, CO 81428-0873

WEBSITE: WWW.KAMPEFOUNDATION.ORG

TELEPHONE NUMBER

(970) 623-4290

FORM AND CONTENT OF APPLICATIONS

THE KAMPE FOUNDATION REQUIRES ALL ORGANIZATIONS INTERESTED IN FUNDING TO SUBMIT A LETTER OF INQUIRY OF TWO TO THREE PAGES MAXIMUM, PROVIDING THE FOLLOWING INFORMATION:

- 1.) A STATEMENT OF YOUR ORGANIZATIONAL GOALS, MISSION AND HISTORY OF YOUR ACCOMPLISHMENTS.
- 2.) THE RELATIONSHIP OF THE REQUEST TO YOUR MISSION.
- 3.) THE PURPOSE OF YOUR REQUEST, OR NEED FOR THE PROPOSED PROJECT AND/OR FUNDING.
- 4.) ANTICIPATED OUTCOME OF THE PROJECT IF FUNDED.
- 5.) A PLAN FOR PROJECT EVALUATION.

YOUR LETTER OF INQUIRY WILL BE REVIEWED BY THE FOUNDATION BOARD, AND

ANY SUBMISSION DEADLINES

NO SUBMISSION DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE KAMPE FAMILY FOUNDATION PROVIDES PROGRAMS AND FUNDING TO NONPROFIT ORGANIZATIONS IN THE FIELDS OF COMMUNITY DEVELOPMENT, SOCIAL JUSTICE, AND ENVIRONMENTAL ISSUES. TO BE ELIGIBLE FOR CONSIDERATION, APPLICANTS MUST ILLUSTRATE FINANCIAL NEED, BE ACTIVELY INVOLVED IN A KAMPE FOUNDATION PROGRAM AREA, AND BE GEOGRAPHICALLY LOCATED IN THE WESTERN STATES OF CALIFORNIA, OREGON, WASHINGTON, IDAHO, MONTANA, UTAH, NEVADA, COLORADO OR WYOMING.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14 PART XV, LINES 2A - 2D (CONTINUATION)

FORM AND CONTENT OF APPLICATIONS

APPLICANTS WILL BE NOTIFIED REGARDING OUR INTEREST WITHIN EIGHT WEEKS OF THE LOI SUBMISSION. PLEASE SEE OUR WEBSITE AT WWW.KAMPEFOUNDATON.ORG.

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2015

FORM 9	FORM 990-PF PAGE 1					5	990-PF				<u> </u>				٠,
Asset No	Description	Date Acquired	Method	Life	No E>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	•
	COMPUTER EQUIPMENT	08/29/07	2000B	5.00	н х п 7	2,364.				2,364.	2,364.		ó	2,364.	
~	COMPUTER BOUITMENT	02/04/12 200DB	200DB	5.00	HXII.7	355			178.	177.	126.		20.	146.	
М	OFFICE FURNITURE	04/10/12 200DB		7.00	HY17	912.			456.	456.	257.	***	57.	314.	,
4	SHADE STRUCTURE	04/10/12 200DB 7.00	20003		нжн7	1,502.		**********	751.	751.	422,		72 [†] (5 [†]	516	
'n	APPLIANCES	04/15/12 200DB	200DB	7.00	HY17	409.	•••		205.	204.	115.		25.	140.	
	* Total 990-pp pg 1 depr					5,542.			1,590.	3,952	3,284.		196.	3,480.	
528111 04-01-15						(D) - Asset disposed	peso		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	Ization Deduci	tion, GO Zone	1 ' m