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Form **990-PF**

EXTENDED TO AUGUST 15, 2016

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

Depar	tment of the Treasury	 ▶	Do not enter	social secu	rity numbers o	n this form as	it may be m	ade public.	Onf	20 10
		or tax year beginning		m 990-PF	and its separate	instructions and e		DEC 31		Open to Public Inspection
	ne of foundation	or tax your boginning		20,	2013			A Employer	•	
		ID MARTHA G	CAMPB	ELL				in Employer		
		NDATION IN		-				47-4	159064	
Num	ber and street (or P O	box number if mail is not de	elivered to street	address)			Room/suite	8 Telephone	number	
5	10 SPOONE	ILL WAY						240-	367-72	99
	or town, state or pr	ovince, country, and ZI	P or foreign p	ostal code				C If exemption	application is p	ending, check here
	heck all that apply:	X Initial retur	 n	tr	iitial return of a f	ormer public (harity	D 1. Foreign	organizations	check here
		Final return			mended return		•	-	•	
		X Address ch	ange	N	ame change			2. Foreign of check her	ganizations me e and attach co	eting the 85% test, mputation
H C	heck type of organi		n 501(c)(3) ex	empt priva	te foundation			E If private fo	oundation sta	tus was terminated
	Section 4947(a)(l) nonexempt charitable	trust 🗀	Other taxal	ole private found	ation				(A), check here
I Fa	ır market value of al	l assets at end of year	J Account	•		Acci	rual	F If the found	dation is in a f	60-month termination
	om Part II, col (c)			ther (specif				under sect	on 507(b)(1)	(B), check here 🕨 📖
		700,782.		mn (d) mu	ist be on cash	basis)				1 40
Pa	Tt I Analysis of F	Revenue and Expenses ounts in columns (b), (c), ar al the amounts in column (a	d (d) may not		evenue and ses per books		ivestment ome	(c) Adjus		(d) Disbursements for charitable purposes
$\overline{}$				·	73,235.	1 110		11100		(cash basis only)
		gifts, grants, etc., rece		<u> </u>	113,433.		<u>.</u>	 		
	2 Check	if the foundation is not required t gs and temporary s	o attach Sch B	 		ļ		-		
		š interest from securities	<u>.</u>		7,169.		7,169.			STATEMENT 2
	5a Gross rents	microst nom socurtio.	,		.,203.		,,200			
	b Net rental incom	e or (loss)						 		
	6a Net gain or (loss)	from sale of assets not on	line 10		40,890.					STATEMENT 1
Revenue	b Gross sales price assets on line 6a	o for all 832	,101.							
ě	7 Capital gain net	ncome (from Part IV, line 2)				19	1,279.			
	8 Net short-term	ı capıtal gaın						ļ		
	9 Income modif							<u> </u>		
	108 and allowances							 		
	b Less Cost of go c Gross profit of							 		
	11 Other income	(1033)								
		es 1 through 11		7	21,294.	19	8,448.		0.	
		f officers, directors, trustee	s, etc		0.		0.		0.	0
	14 Other employe	e salaries and wages								
ا ي	•	, employee benefits								
Se	16a Legal fees									
ē	b Accounting fe							ļ		
Û	c Other professi	onal fees	ဖ							
Administrative Expenses	17 Interest	AUG 1 6 2016	Q.			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
str	19 Depregiation a		53					1		
듩	20 Occupancy					 				
Adi	21 Travel confer	OGDUN U						 		
and	22 Printing and p									
<u>B</u>	23 Other expense		'МТ 3		1,713.		1,082.		0.	6,307
Operating		ig and administrative							_	
g		d lines 13 through 23			1,713.	ļ	1,082.	·	0.	6,307
-	25 Contributions,				0.	ļ				0
		es and disbursements			1 712		1 092		0.	6 207
\dashv	Add lines 24 a 27 Subtract line 2			 	1,713.	 	1,082.		<u> </u>	6,307
		(O IFOM) IINE 12.	rcomente	7	19,581.					
ŀ		ie over expenses and disbu nt income (if negative, en		<i>'</i>		19	7,366.	 		
		ncome (if negative, enter						1	0.	

LHA For Paperwork Reduction Act Notice, see Instructions

47-4159064

Page 2

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	`Cash - non-interest-bearing			
	2	Savings and temporary cash investments		17,753.	17,753.
	3	Accounts receivable			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts		•	/
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			,
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	l ·	Investments - land, buildings, and equipment basis			· · · · · · · · · · · · · · · · · · ·
	l ' '			-	'
	12	Less accumulated depreciation Investments - mortgage loans		<u> </u>	
	13	Investments - other STMT 4	0.	696,152.	677,353.
	14	Land, buildings, and equipment basis		030,1321	07773334
	'*				
	15	tess accumulated depreciation Other assets (describe ► ORGANIZATION COST)	0.	5,676.	5,676.
	15	·	0.	3,070•	3,070.
	10	Total assets (to be completed by all filers - see the	0.	719,581.	700,782.
	17	Instructions. Also, see page 1, item I)		719,501.	700,702.
	I	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			1
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			'
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)		·	
		Tabel Habilities (add been 17 through 00)	о.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·	0.	
		and complete lines 24 through 26 and lines 30 and 31			1
ės	24	Unrestricted			
	25	Temporarily restricted			
ala		•			,
or Fund Balanc	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ę	1	·			
þ	27	and complete lines 27 through 31.	0.	0.	
ets	l	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets	28		0.	719,581.	!
et A	29	Retained earnings, accumulated income, endowment, or other funds	0.	719,581.	
ž	30	Total net assets or fund balances	0.	719,301.	
	١,,	Total Habilian and and and and balance	о.	710 501	,
_	31			719,581.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
$\overline{1}$	Totá	l net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	0.
2		r amount from Part I, line 27a		2	719,581.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	719,581.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	719,581.

	and Losses for Tax on I		Income				1-413	3004	raye
					(b) How acquired P - Purchase D - Donation		acquired day, yr.)	(d) Date (mo., day	
1a CHARLES SCHWAB-		. <u> </u>	ĸ	1	Donation	VARI		VARIO	US
b CAPITAL GAINS DIVIDENDS						 			
C							_		
d							_		
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	(g)	
a 831,413.			640,82	2.				190,	
ь 688.		<u> </u>							688
С		<u> </u>							
d	· · · · · · · · · · · · · · · · · · ·		 						
Complete only for spects showing	a soun in column (h) and award hi	the foundation	on 10/01/60	_	_	<i></i>	2 1 4 3		
Complete only for assets snowing	gain in column (h) and owned by				(Col. (h) gain not less tha		
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col.	(h))	
a								190,	
b				_					688
C				_					
d				_					
<u>e</u>	_			- 	<u> </u>	•			
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} \text{If gain, also enter-} \\ \text{If (loss), enter-} \end{cases} $			}	2			191,	279
Net short-term capital gain or (loss	s) as defined in sections 1222(5) a	ınd (6):		$\langle \cdot $					
If gain, also enter in Part I, line 8, o	column (c).			\downarrow			37 / 3		
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e) fo	r Dodugoo	Tay on Not	ا ل	3	200mo	N/A		
	<u>: : : -</u>					ICOME		N/A	
For optional use by domestic private	toundations subject to the section	4940(a) tax on	net investment in	icome.)			IV/A	
f section 4940(d)(2) applies, leave th	is part blank.								
Vas the foundation liable for the secti	on 4942 tay on the distributable a	mount of any ve	ar in the hace noi	rınd2				Yes [□ No
f "Yes," the foundation does not quali			-	iou,					
Enter the appropriate amount in e				ntries.					
(a)	(b)			(c)			Dieteri	(d)	
Base periód years Calendar year (or tax year beginnin	المراشين أغيلم يرما لممقمي بالمراق	stributions	Net value of no		table-use asse	ts	(col. (b) di	oùtión ratio /ided by col. (d	c))
2014	,		· · · · · · · · · · · · · · · · ·			, i			
2013									
2012					•		_		
2011									
2010									
								•	
2 Total of line 1, column (d)						2			
Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5,	or by the number	of yea	rs				
the foundation has been in existen	ce if less than 5 years					3			
Enter the net value of noncharitable	e-use assets for 2015 from Part X	, line 5				4	<u> </u>		
Multiply line 4 by line 3						5	<u> </u>		
Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			
7 Add lines 5 and 6	•					7			
8 Enter qualifying distributions from	Part XII, line 4					8	<u> </u>		
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	g a 1%	tax rate.				
523521 11.24-15								Form 990-P	E /2016

DAVID O AND MARTHA G CAMPBELL

Form 990-PF (2015) FAMILY FOUNDATION INC			159064		Page 4
Part VI Excise Tax Based on Investment Income (Section 494	40(a), 4940(b), 4940(e), or	4948 - 9	see instr	uctio	ns)
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 ne	ecessary-see instructions)			_	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		3,9	<u>47.</u>
of Part I, line 27b	ł				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, col. (b). リ			_	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2			0.
3 Add lines 1 and 2		3		3,9	47.
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		3,9	47.
6 Credits/Payments:					
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a				
b Exempt foreign organizations - tax withheld at source	6b	7			
c Tax paid with application for extension of time to file (Form 8868)	6c 4,516				
d Backup withholding erroneously withheld	6d	1			
7 Total credits and payments. Add lines 6a through 6d	<u>- 1</u>	7		4,5	16.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8			69.
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		5	00.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	500. Refunded	11			0.
Part VII-A Statements Regarding Activities	3 0 0 1 Relanded	1			
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or interven	e in		Yes	No
any political campaign?	olation or all reparticipate of interven	•	1a	+	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the definitio	n)?	1b	 	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	·			╁──	
distributed by the foundation in connection with the activities.	nd copies of any materials publish	160 01			
c Did the foundation file Form 1120-POL for this year?			10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	le vear		10	 	<u> </u>
(1) On the foundation. > \$ 0 • (2) On foundation manager	_		į		1
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	, , , , , , , , , , , , , , , , , , ,	-			
managers > \$ 0.	ulture tax imposed on loundation				
2 Has the foundation engaged in any activities that have not previously been reported to the	IDC2		2	-	X
If "Yes," attach a detailed description of the activities.	inor		-	+-	 ^
•	unatrument articles of incomparation				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		UI			- <u>.</u> .
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3	1	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye	dir	NT/	A 4b	╁—	<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?	2	N/		 	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	•		5	-	<u> </u>
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (either:				
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with the sta	e iaw		ــــــ	
remain in the governing instrument?			6	X	├
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col (c), and Part X	V	7	Х	
On Fater the above to which the first black and the second of the second	> 🔈				
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►	· <u> </u>			'
MD					'
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	X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of s		endar			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	· · · · · · · · · · · · · · · · · · ·		_ 9		X
10 Did any persons become substantial contributors during the tax year? # "Yes," attach a sched	dule listing their names and addresses	TMT	5 10	X	<u> </u>

FAMILY FOUNDATION INC

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	7 7	200	
14	The books are in care of THE FOUNDATION Telephone no. > 240-36		499	
	Located at ► 510 SPOONBILL WAY, SARASOTA, FL ZIP+4 ►34	230		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	ХT	/A	ــــا
40	and enter the amount of tax-exempt interest received or accrued during the year 15		Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	16	162	X
	securities, or other financial account in a foreign country?	- 	_	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			,
Б	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	During the year did the foundation (either directly or indirectly):			
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			ļ
	a disqualified person?			,
	(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?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			ļ ,
	If the foundation agreed to make a grant to or to employ the official for a period after			,
	termination of government service, if terminating within 90 days.)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		_	į .
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(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) beginning			
	before 2015?	1		
	If "Yes," list the years \(\bigsim_\) is the years \(\bigsim_\) and the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect).			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	1	
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
•			٠ ا	
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
٠.	during the year? Yes X No			
	of "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	ĺ	1	
	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		Х
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	<u></u>	X
	Fo	rm 99)-PF	(2015)

47-4159064 Form 990-PF (2015) FAMILY FOUNDATION INC Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, , t Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes L If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on 🗌 Yes 🗶 No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense count, other allowances (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address DAVID O CAMPBELL DIRECTOR/PRESIDENT 510 SPOONBILL WAY 0 0. SARASOTA, FL 34236 0.00 0 DIRECTOR/SECY/TREAS MARTHA G CAMPBELL 510 SPOONBILL WAY 0.00 0. SARASOTA, FL 34236 0. 0 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (b) Title, and average hours per week devoted to position (e) Expense account, other (c) Compensation (a) Name and address of each employee paid more than \$50,000 allowances NONE

Form 990-PF (2015)

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

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Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant str number of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
1 N/A		
		•
		0.
2		
3	· · · · · · · · · · · · · · · · · · ·	·
4		-
Part IV-R Common of December Deleted Investment		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A	on mics rand 2.	Amount
2		· · · · · · · · · · · · · · · · · · ·
All others are also also as a second of the		
All other program-related investments. See instructions.		
<u> </u>		
Total. Add lines 1 through 3	>	0.

FAMILY FOUNDATION INC

LF	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	387,498.
b		1b	4,985.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	392,483
е	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	392,483.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,887
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	386,596
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	11,651
F	Part 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	11,651.
2a	Tax on investment income for 2015 from Part VI, line 5 2a 3,947.		
b			
C	Add lines 2a and 2b	2c	3,947
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,704.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,704.
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	7,704
<u>F</u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	6 207
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	6,307
	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:	0.	
	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3a	<u> </u>
			6,307
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0,307
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	٥
e	Income. Enter 1% of Part I, line 27b	5 6	0. 6,307.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	juannes for ti	HE SECTION

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.	Ooipus	ι σαι ο μιινι το 2014	2014	2010
line 7				7,704.
2 Undistributed income, if any, as of the end of 2015				7,704.
a Enter amount for 2014 only			0.	
b Total for prior years:				
y rounter prior years.		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
bFrom 2011				
c From 2012				
dFrom 2013				
eFrom 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 6,307.				
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				6,307.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(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;				
8 Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
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			1	
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.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				1,397.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	-			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
dExcess from 2014				
e Excess from 2015				
	···		· · · · · · · · · · · · · · · · · · ·	F 000 DE (0045)

523581 11-24-15

DAVID O AND MARTHA G CAMPBELL

Form 990-PF (2015) FAMILY FOUNDATION INC

47-4159064

Page 10

Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A					
1 a If the foundation has received a ruling of	determination letter that	t it is a private operating		-					
foundation, and the ruling is effective for 2015, enter the date of the ruling									
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years						
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total				
investment return from Part X for									
each year listed									
b 85% of line 2a									
c Qualifying distributions from Part XII,	-								
line 4 for each year listed									
d Amounts included in line 2c not									
used directly for active conduct of									
exempt activities									
e Qualifying distributions made directly									
for active conduct of exempt activities.									
Subtract line 2d from line 2c									
3 Complete 3a, b, or c for the					<u> </u>				
alternative test relied upon: a "Assets" alternative test - enter:									
(1) Value of all assets									
` '									
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)									
b "Endowment" alternative test - enter	-								
2/3 of minimum investment return									
shown in Part X, line 6 for each year listed									
c "Support" alternative test - enter:	• • •								
(1) Total support other than gross		į							
investment income (interest,		[
dividends, rents, payments on									
securities loans (section 512(a)(5)), or royalties)									
(2) Support from general public					 				
and 5 or more exempt									
organizations as provided in									
section 4942(j)(3)(B)(iii) (3) Largest amount of support from			•						
an exempt organization									
(4) Gross investment income									
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or m	ore in assets				
at any time during t			ii tiic ioanaation	παα φο,σοσ στ πτ	510 111 033013				
1 Information Regarding Foundatio	•			 .					
a List any managers of the foundation who		than 2% of the total conti	chutions received by the	foundation before the clo	se of any tax				
year (but only if they have contributed in			ibations received by the	TOURIGUEON BOTOTO WIS STO	so or any aix				
SEE STATEMENT 6									
b List any managers of the foundation who	o own 10% or more of th	e stock of a cornoration (or an equally large portion	on of the ownership of a p	artnership or				
other entity) of which the foundation has			s. an equality large portio	5. and 5 minorollip of a p	an another profit				
NONE									
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pr	ograms.						
Check here ► X if the foundation o				of accept unsolicited regi	iests for funds. If				
the foundation makes gifts, grants, etc.									
a The name, address, and telephone num	her or e-mail address of	the person to whom apply	cations should be addres	sed.					
		Porton to mioni appir							
b The form in which applications should b	e submitted and informa	tion and materials they sh	only include.						
5 The form in Which approaches checked	o odomittod and imornia	don and materials they of	iodia iliolado.						
c Any submission deadlines:									
,									
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or o	other factors:					
•		,	,						

DAVID O AND MARTHA G CAMPBELL FAMILY FOUNDATION INC 47-4159064 Form 990-PF (2015) Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year NONE ▶ 3a 0. **b** Approved for future payment NONE

Form **990-PF** (2015)

0.

▶ 3b

Total

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

Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b)	(C) Exclu-	(4)	(e)
1 Program service revenue:	i code i	Business Amount		(d) Amount	Related or exempt function income
_	0000		code	7 inount	Tanoaon moonic
a			+		
<u> </u>	-				
d	- -				
			 		
f		<u></u>			
g Fees and contracts from government agencies	_		+		
2 Membership dues and assessments		-	1 1		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	7,169.	
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		-			
8 Gain or (loss) from sales of assets other					
than inventory			18	40,890.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b		_			
c					
d	_				
e	_	·			
12 Subtotal Add columns (b), (d), and (e)		0		48,059.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	48,059.
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	s to the Accor	nplishment of I	Exempt F	Purposes	
Line No. Explain below how each activity for which in		· · · · · · · · · · · · · · · · · · ·	<u> </u>		

▼	the foundation's exempt purposes (other than by providing funds for such purposes).

FAMILY FOUNDATION INC

Part X\	/II Information Re Exempt Organ		To and Transactions a	nd Relationships With Nonc		<u>, ago 10</u>
1 Did th			ollowing with any other organization	n described in section 501(c) of	Ye	s No
	•		tion 527, relating to political organi			1
	fers from the reporting found					
		ation to a nonchantable exci	inprorgamization of		1a(1)	X
(1) (1a(2)	X
• •	ther assets				10(2)	
	transactions				1.41	- U
	ales of assets to a noncharita	• •			1b(1)	X
(2) F	urchases of assets from a no	ncharitable exempt organiza	ation		1b(2)	X
(3) F	lental of facilities, equipment,	or other assets			1b(3)	X
(4) F	leimbursement arrangements	ı			1b(4)	X
(5) L	oans or loan guarantees				1b(5)	<u>X</u>
(6) F	erformance of services or me	embership or fundraising so	licitations		1b(6)	X
c Shari	ng of facilities, equipment, ma	illing lists, other assets, or p	aid employees		10	X
d If the	answer to any of the above is	"Yes," complete the following	ig schedule. Column (b) should alw	ays show the fair market value of the good	ds, other assets,	
or se	vices given by the reporting f	oundation. If the foundation	received less than fair market value	e in any transaction or sharing arrangemer	nt, show in	
colun	nn (d) the value of the goods,	other assets, or services rec	ceived			
(a) Line no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Description of transfers, transactions,	and sharing arrange	ments
		N	/A			
	- -					
				-		
	·		****			
				+		
				 		
					-	
		 	· · · · ·		-	
	<u> </u>	<u> </u>	 			
	•	•	to, one or more tax-exempt organiz	ations described		X No
	tion 501(c) of the Code (othe		In section 5277		Yes L	▲ 1/0
b If "Ye	s," complete the following sch		(4) +	(-) D		
	(a) Name of org	janization	(b) Type of organization	(c) Description of relati	onsnip	
	N/A					
					<u></u>	
						
١,	Inder penalties of perjug, I declare	that I have examined this return,	including accompanying schedules and state than taxoaven is based on all informations.	statements, and to the best of my knowledge ation of which preparer has any knowledge	May the IRS discu	ss this
Sign			, g = 1 \ .		return with the pre shown below (see	instr)7
Here	1 A Mul	U CGAN	1/8/1/16	PRESIDENT	X Yes	No
	Signature of officer or trustee		Date	Title		
	Print/Type preparer's n	ame / Prepa	rer's signature	Date Check If PT	rin	
	CHARLES F.	HELME ///	1001 - 101	7/09/10 self- employed		
Paid	III, CPA	(<i>U</i>	is following Cla		20011845	
Prepar		MPSON GREENS	POŇ	Firm's EIN ► 54-	-1029635	·
Use O						
	Firm's address ► 40	35 RIDGE TOP	RD, SUITE 700			
		AIRFAX, VA 22		Phone no (703	3)385-88	88

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.lrs.gov/form990 .

OMB No 1545-0047

2015

Name of the organization

DAVID O AND MARTHA G CAMPBELL FAMILY FOUNDATION INC

Employer identification number

47-4159064

Or garnz	ation type (check of	i c).			
Filers of	:	Secti	on:		
Form 990	0 or 990-EZ		501(c)() (enter number) organization	
			4947(a)(1) r	nonexempt charitable trust not treated as a private foundation	
			527 politica	al organization	
Form 996	D-PF	X	501(c)(3) ex	sempt private foundation	
			4947(a)(1) r	nonexempt charitable trust treated as a private foundation	
			501(c)(3) ta	xable private foundation	
	nly a section 501(c)(7		•	eneral Rule or a Special Rule. nization can check boxes for both the General Rule and a Special Rule.	See instructions.
				90-EZ, or 990-PF that received, during the year, contributions totaling \$5 omplete Parts I and II. See instructions for determining a contributor's t	
Special l	Rules				
	sections 509(a)(1) a	nd 170 r, durin	0(b)(1)(A)(vi), ig the year, 1	ion 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or total contributions of the greater of (1) \$5,000 or (2) 2% of the amount clarts I and II.	16b, and that received from
	year, total contribut	ions o	f more than	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an \$1,000 exclusively for religious, charitable, scientific, literary, or education animals. Complete Parts I, II, and III	-
	year, contributions of six checked, enter he purpose. Do not con	e <i>xclus.</i> ere the mplete	ively for relige total contri e any of the	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an gious, charitable, etc., purposes, but no such contributions totaled more butions that were received during the year for an exclusively religious, c parts unless the General Rule applies to this organization because it rest totaling \$5,000 or more during the year	than \$1,000. If this box haritable, etc.,
but it m u	ıst answer "No" on I	Part IV	, line 2, of its	by the General Rule and/or the Special Rules does not file Schedule B (Files Form 990; or check the box on line H of its Form 990-EZ or on its Form ents 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
DAVID O AND MARTHA G CAMPBELL
FAMILY FOUNDATION INC

Employer Identification number

47-4159064

Part I 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	DAVID O CAMPBELL 510 SPOONBILL WAY SARASOTA, FL 34236	\$ 537,344.	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
2	MARTHA G CAMPBELL 510 SPOONBILL WAY SARASOTA, FL 34236	\$ 129,584.	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
3	DAVID O CAMPBELL 510 SPOONBILL WAY SARASOTA, FL 34236	\$6,307.	Person X Payroll
(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)

Name of organization

Employer identification number

DAVID O AND MARTHA G CAMPBELL FAMILY FOUNDATION INC

47-4159064

Part II	Noncash Property (see instructions). Use duplicate copies of 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
l l	BLICLY TRADED STOCK		
		537,344.	09/15/15
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 PUB	BLICLY TRADED STOCK		
		\$ 129,584.	09/15/15
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	90, 990-EZ, or 990-PF) (

lame of organ				Employer identification number
	`AND MARTHA G CAMPBEL FOUNDATION INC	L		47-4159064
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described	in section 501(c)(7), (8), o	r (10) that total more than \$1,000 for
	the year from any one contributor Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follogous charatable etc. contributions of \$1,000 or	WING line entry. For organization	ns •\ ►\$
	Use duplicate copies of Part III if addition		teres in the year (Enter this line one	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
_				
-		(a) Transfer of aif		
		(e) Transfer of gif	ı	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
				-
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
_				
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
_				
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
<u> </u>				
-				
		(e) Transfer of gif	t	
	Transferente name address es	nd 7ID + 4	Polationahin of the	notoror to transfere
	Transferee's name, address, a	IU AIF + 4	neiationship of tra	nsferor to transferee
-				
22454 10 26 15			Schadula	B (Form 990, 990-F7, or 990-PF) (201)

FORM 990-PF	GAIN OR	(LOSS) F	ROM S	ALE OF	ASSE	TS		STA	ATEMENT	1
(A) DESCRIPTION OF PROP	ERTY			;	MANN ACQUI		DA ACQU	TE IRED	DATE S	OLD
CHARLES SCHWAB- PUB	LICLY TRAD	ED STOCK		_			VARI	ous	VARIO	US
(B)		C)		D)		(E)			(F)	
GROSS SALES PRIC		UE AT OF ACQ.		NSE OF ALE	D	EPRE	С.	GAI	N OR LOS	S
831,4	13.	791,211.		0	•		0.		40,2	02.
CAPITAL GAINS DIVID	ENDS FROM	PART IV							6	88.
TOTAL TO FORM 990-P	F, PART I,	LINE 6A					•		40,8	90.
							;			
FORM 990-PF	DIVIDEND	S AND INT	EREST	FROM	SECUR	ITIE	S	STA	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A REVE PER B	NUE		(B) INVE I INC		(C) ADJUST NET INC	
DIVIDEND -CHARLES SCHWAB	7,857	•	688.	7	,169.		7,1	69.	7,1	69.
TO PART I, LINE 4	7,857	•	688.	7	,169.	·	7,1	69.	7,1	69.
FORM 990-PF		OTHER	EXPE	NSES				STA	ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INVE		AD	(C) JUSTE INCO		(D) CHARITA PURPOS	
INVESTMENT MANAGEME ORGANIZATIONAL EXPERAMORTIZATION		1,08	0.	1,	082.			0.	6,3	0. 07. 0.
TO FORM 990-PF, PG	1, LN 23	1,71	3.	1,	082.				6,3	07.
	=							=		-

FORM 990-PF OTHER	INVESTMENTS		STATEMENT	4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE' VALUE	r
MUTUAL FUNDS, ETFS, REITS	COST	696,152.	677,3	53.
TOTAL TO FORM 990-PF, PART II, LINE	13	696,152.	677,3	53.
	NTIAL CONTRIE	BUTORS	STATEMENT	5
DAVID O CAMPBELL	510 SPOONBILI SARASOTA, FL			
MARTHA G CAMPBELL	510 SPOONBILI SARASOTA, FL			
	- LINE 1A	ים פ	STATEMENT	6

NAME OF MANAGER

DAVID O CAMPBELL MARTHA G CAMPBELL

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

42 6,307. 0. 6,307. 0.	Description		Date Acquired	Method	Lıfe	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	1ORGANIZATION COST 070115248 60M * TOTAL 990-PF PG 1 DEPR & AMORT	070115248		5 OM		42	6,307.		0	6,307.	0	0	631
										i			;
	÷	÷						<u>,</u>		, ,			
										:			1
				4	i	,	ì	,		1	. !		
		i	. 1		1						:	·	
1				1			1						
							,		,				