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Form 990-PF Department of the Treasury

EXTENDED TO NOVEMBER 15, 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. 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 Name of foundation A Employer identification number JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATTON 99-0203078 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1001 KAMOKILA BLVD. CAMPBELL BLDG. 200 808-674-6674 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here KAPOLEI, HI 96707 G Check all that apply: Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation 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 (from Part II, col (c), line 16) L Other (specify) under section 507(b)(1)(B), check here 21,162,714. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 929,841 N/A Contributions, gifts, grants, etc., received 1 Check If the foundation is not required to attach Sch B 2 Interest on savings and temporary cash investments 293 293. STATEMENT 548,744. 548,744 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 1,036,008. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 4,683,125. 1,037,898 Capital gain net income (from Part IV, line 2) いのグンショロ 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 Closs 11 Other income RE 1,220 <661 STATEMENT 586,274 516,106 0. 13 S 15 Pension plans⊭emi 16a Legal fees 18,115 b Accounting fees STMT 4 0. 18,115. STMT 5 165,997 165,997. c Other professional fees 0. 49,134 49,134. 0. 17 Interest STMT 6 8,300. 8,300. 18 Taxes 0. 19 ਹੋਦpreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 48,577 48,577 0. 23 Other expenses STMT 7 24 Total operating and administrative 290,123 272,008 18,115. expenses. Add lines 13 through 23 726,226 726,226. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 1,016,349 744,341. Add lines 24 and 25 272,008 27 Subtract line 26 from line 12: 1,499,757. a Excess of revenue over expenses and disbursements 1,314,266 b Net investment income (if negative, enter -0-) N/A

Form **990-PF** (2015

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

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

Fo	m 99	00-PF (2015) FOUNDATION		99-	0203078 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
<u>-</u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	271 004	604 004	COA 00A
		Savings and temporary cash investments	271,904.	684,804.	684,804.
	3	Accounts receivable >			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	1	Grants receivable			<u>.</u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		· · · · · · · · · · · · · · · · · · ·	
	7	Other notes and loans receivable			
		Less, allowance for doubtful accounts ▶			-
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			·
	b	Investments - corporate stock STMT 9	23,373.	10,120.	10,120.
	C	Investments - corporate bonds		·	
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	21,254,389.	20,397,823.	20,397,823.
	14	Land, buildings, and equipment: basis	,	•	•
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 11)	1,575.	69,967.	69,967.
	1	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	21,551,241.	21,162,714.	21,162,714.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21				
⋍	22	Other liabilities (describe >			
	23	Total 'iabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			
ő	24	Unrestricted	21,518,880.	21,131,062.	
lan	25	Temporarily restricted	32,361.	31,652.	
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
ts o	27	Capital stock, trust principal, or current funds			
sse	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds			
Se	30	Total net assets or fund balances	21,551,241.	21,162,714.	
		Tabell ability of the state of	21 551 241	21 162 714	
_		Total liabilities and net assets/fund balances	21,551,241.	21,162,714.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1_	21,551,241.
2	Ente	amount from Part I, line 27a		2	1,499,757.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	23,050,998.
5	Decr	eases not included in line 2 (itemize)	SEE STA	ATEMENT 8 5	1,888,284.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	21,162,714.
					Form 990-PF (2015)

523511 11-24-15

Form 990-PF (2015)

744,341.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

	orm 990-PF (2015) FOUNDATION			0203078		Page 4
Pa	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(e), or 4	948 -	- see instr	uctio	ns)
1a	1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.)]	ļ		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruct	ions)	'			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 19		1];	26,2	85.
	of Part I, line-27b					
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, co	ol. (b).				
	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	}		0.
3	3 Add lines 1 and 2		3		26,2	85.
4	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
5			5		26,2	85.
6						
а	a 2015 estimated tax payments and 2014 overpayment credited to 2015	18,321.				
	b Exempt foreign organizations - tax withheld at source		1			
	c Tax paid with application for extension of time to file (Form 8868)	9,250.	1	ļ		
	d Backup withholding erroneously withheld 6d		1			
	7 Total credits and payments. Add lines 6a through 6d		7		2 <mark>7,</mark> 5	71
8			8	 		18.
9		_	9	 		.10.
			-	 	1 1	68.
10		Refunded	10		<u> </u>	0.
	1 Enter the amount of line 10 to be: Credited to 2016 estimated tax Part VII-A Statements Regarding Activities	• Retunded		<u> </u>		<u> </u>
					Yes	No
ıa	1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partic	ipate or intervene	, III	-		+
	any political campaign?	(1 <u>a</u>		X
D	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions			<u> 1b</u>		 ^ _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	aterials publish	ed or		1	
	distributed by the foundation in connection with the activities				Į.	
	c Did the foundation file Form 1120-POL for this year?			<u>1c</u>	+-	<u> </u>
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_			1	1
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$	0.	-			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or	n foundation				
	managers. ► \$ 0 .				1	-
2	2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	of incorporation,	or		1	Ì
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			_3_	—	<u>X</u>
4a	4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		
b	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	
5	5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	 By language in the governing instrument, or 			1	1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that cor	iflict with the state	e law		İ	
	remain in the governing instrument?			_6	_X	
7	7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col.	(c), and Part X\	/	7	X	<u>L</u>
]		1
8a	8a Enter the states to which the foundation reports or with which it is registered (see instructions) 🕨					
	HI					
b	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	\mathbf{x}	
9		4942(j)(5) for cal	endar		1	
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10		nd addresses		10		X
				Form 99		

	n 990-PF (2015) FOUNDATION 99-020	J3078	;	Page 5
Pa	art 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTP://WWW.CAMPBELLFAMILYFOUNDATION.ORG/			
14	The books are in care of ► KEOLA LLOYD Telephone no. ► 808 –			
	Located at ► 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 ZIP+4 ►	<u> 36707</u>	'	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			ل_ا
	and enter the amount of tax-exempt interest received or accrued during the year	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	l	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ŀ		ĺ
_	foreign country			L
<u> </u>	art 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.	ļ	Yes	No
18	a During the year did the foundation (either directly or indirectly):		}	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	İ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	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?		1	<u> </u>
	(5) Transfer any income or assets to a disqualified person (or make any of either available			İ
	for the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	ĺ
	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.)	}	1	
Į	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		- T
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 <u>b</u>	 	X
_	Organizations relying on a current notice regarding disaster assistance check here	۱	1	
·	b Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			х
9	before the first day of the tax year beginning in 2015? Taxes on follows to distribute people (center) 4043/ (deep not apply for years the foundation was a private operating foundation.	1c		
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			
٠	before 2015? Lax year 2016, and the roundation have any undistributed meeting (meeting and de,) are xiny for tax year(s) beginning Yes X No	.		
	If "Yes," list the years •			
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		}
•	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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3 <i>a</i>	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	,	İ	
b	o If "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,			
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 Form 990-PF (2015) Page 6 FOUNDATION 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, 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/A5b 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 Yes expenditure responsibility for the grant? N/AIf "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 X 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? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b 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 (b) Title, and average hours per week devoted to position (e) Expense account, other (c) Compensation (If not paid, (a) Name and address allowances enter -0-) compensation 0 0 0. SEE STATEMENT 12 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 (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances compensation NONE

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

orm 990-PF (2015) FOUNDATION)203078 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CAMBRIDGE ASSOCIATES LLC	INVESTMENT	
100 SUMMER STREET, BOSTON, MA 02110-2112	MANAGEMENT	72,473.
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 state	istical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		•

Form **990-PF** (2015)

Total. Add lines 1 through 3

- 1	Amounts paid (moldaling administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	744,341.
b	Program-related investments - total from Part IX-B	_1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	744,341.
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	744,341.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

4940(e) reduction of tax in those years.

Form 990-PF (2015)

Page 9

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				1,040,060.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011 374,915.		į		
c From 2012				
d From 2013 97,162.				
e From 2014 103,057.				
f Total of lines 3a through e	575,134.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 744,341.				
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				744,341.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	295,719.			295,719.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	279,415.			
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.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must				
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				
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	279,415.			
10 Analysis of line 9:				
a Excess from 2011 79,196.				
b Excess from 2012				
c Excess from 2013 97, 162.				
d Excess from 2014 103,057.	ļ			
e Excess from 2015			<u> </u>	
				Form 990-PF (2015)

Form 990-PF (2015) FOUNDAT					103078 Page 10
Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling o		· · · · · · · · · · · · · · · ·			
foundation, and the ruling is effective fo			▶	14040(3/0) -: 1	0.40(-)(5)
b Check box to indicate whether the found		ng toundation described T	Prior 3 years	4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2014	(6) 2013	(4) 20 12	(0) 10127
investment return from Part X for					
each year listed				 	
b 85% of line 2a					<u> </u>
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					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
()					
(2) Value of assets qualifying under section 4942(1)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				 	
Part XV Supplementary Info			it the foundatio	n nad \$5,000 or m	iore in assets
at any time during		ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed it			ntributions received by tr	ne toundation before the ch	ose of any tax
SEE STATEMENT 13					
b List any managers of the foundation who other entity) of which the foundation has			n (or an equally large por	tion of the ownership of a	partnership or
NONE	3				
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., F	Programs:		
				not accept unsolicited rec	juests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	iber or e-mail address of	the person to whom app	olications should be addr	essed:	
SEE STATEMENT 14					
b The form in which applications should	oe submitted and informa	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographic	cal areas, charitable field	s, kınds of ınstitutions, o	r other factors:	

Form 990-PF (2015) FOUNDATION

Part XV Supplementary Information (

99-0203078 Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
a Paid during the year				
BOYS & GIRLS CLUB OF HAWAII	N/A	PC	POSITIVE YOUTH	
1523 KALAKAUA AVENUE, SUITE 202			DEVELOPMENT FOR TEENS	
HONOLULU, HI 96826			AT THE WAI'ANAE	
		<u> </u>	CLUBHOUSE	50,000,
HALE KIPA, INC.	N/A	PC	RETURN OF GRANT FOR	
615 PIIKOI STREET, SUITE 203			FOSTER CARE - PILOT	
HONOLULU, HI 96814			PROJECT	<21,974,
KAPOLEI HIGH SCHOOL	N/A	PUBLIC SCHOOL	ROBOTICS PROGRAM	
91-5007 KAPOLEI PKWY				
KAPOLEI, HI 96707				8,000.
LANIKUHONUA CULTURAL INSTITUTE	N/A	PF	9TH ANNUAL HULA	
92-1101 ALT'INUI DRIVE			FESTIVAL	
KAPOLEI, HI 96707				21,000,
LANIKUHONUA CULTURAL INSTITUTE	N/A	PC	KUPUNA PROGRAM 2015 -	
1001 KAMOKILA BOULEVARD, SUITE 200			2016	
KAPOLEI HI 96707	NOTATIA OT CALE			<u>15.000.</u>
Tota! SEE CO b Approved for future payment	NTINUATION SHE	ET(S)	▶ 3a	726 226.
HAWAII ARTS ALLIANCE	N/A	PC	PROGRAM SUPPORT FOR	
1040 RICHARDS STREET #301			HAWAII TURNAROUND ARTS	
HONOLULU, HI 96813				100,000.
POLYNESIAN VOYAGING SOCIETY	N/A	PC	SUPPORT FOR WORLDWIDE	
10 SAND ISLAND PARKWAY			VOYAGE FOR THE HOKULEA	200 222
HONOLULU, HI 96819			AND HIKIANALIA CANOES	200,000,
OUEEN'S MEDICAL CENTER	N/A	PC	RENOVATION TO OPEN THE	
1301 PUNCHBOWL STREET	μ/Δ	1	OUEEN'S MEDICAL	
			1"	500 000
HONOLULU HI 96813	_l		CENTER- WEST O'AHU	600,000,

Unrelated business income

(e)

Excluded by section 512, 513, or 514

Form 990-PF (2015)

Enter gross amounts unless otherwise indicated.

Analysis of Income-Producing Activities Part XVI-A

1 Program service reve	enue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	<u> </u>	 				
4						
_		1				
f						
	ts from government agencies					
2 Membership dues an						
3 Interest on savings a investments	no temporary cash			14	293.	
4 Dividends and interes	st from securities	 		14	548,744.	
5 Net rental income or					3107,114	
a Debt-financed pro						
b Not debt-financed	d property					
6 Net rental income or	(loss) from personal					
property						
7 Other investment inc				14	1,220.	
8 Gain or (loss) from s	ales of assets other				1 025 000	
than inventory	According to the second	 		18	1,036,008.	
9 Net income or (loss)	from special events from sales of inventory					
Other revenue:	nioni sales of inventory	 				
						
		1				
e						
2 Subtotal. Add column			<u>_</u>).	1,586,265.	0.
	olumns (b), (d), and (e)				13	1,586,265.
	3 instructions to verify calculations.)					
Part XVI-B	Relationship of Activities	to the Accom	plishment of	Exempt I	Purposes	
	below how each activity for which inco dation's exempt purposes (other than				ed importantly to the accomp	lishment of
3621 11-24-15			14			Form 990-PF (2015

	0-PF (20	15) FOUND	ATION	CAMPBELL FAMILY		03078	Page 13
Part	XVII			rs To and Transactions an	d Relationships With Nonch	naritable	
1 Dic	the orga	Exempt Organ		e following with any other organization	described in section 501(c) of	Y	es No
				ection 527, relating to political organization			
			ation to a noncharitable ex				
	Cash			, •		1a(1)	X
(2)	Other a	ssets				1a(2)	X
b Oth	ner transa	ctions:					
			ble exempt organization			1b(1)	X
			ncharitable exempt organ	ızatıon		1b(2)	X
		of facilities, equipment,				1b(3)	X
		rsement arrangements				1b(4)	X
		or loan guarantees	mborchin or fundraiging	collectations		1b(5)	X
			embership or fundraising s uling lists, other assets, or			1b(6)	X
	=		•		ays show the fair market value of the good		
					in any transaction or sharing arrangemen		',
			other assets, or services i			•	
(a) Line n	10 (t) Amount involved	(c) Name of none	charitable exempt organization	(d) Description of transfers, transactions, a	nd sharing arrang	gements
				N/A			
	_		ļ				
			 				
			 				
							
							
	_						
			<u> </u>				
				d to, one or more tax-exempt organiza	tions described		[1]
		• •	r than section 501(c)(3))	or in section 527?		Yes	X No
D 11	yes, con	plete the following sch (a) Name of org		(b) Type of organization	(c) Description of relation	nehin	
		N/A	janization	(b) Type of organization	(c) Description of relation	лыр	
		IN/A					
						 _	
							
Sign	Under pe	nalties of perjuty, I declare f, K is true, correct, and cor	that I have examined this retuinded. Declaration of prepare:	rn, including accompanying schedules and st r (other than taxpayer) is based on all informat	tion of which preserve has any knowledge	May the IRS disc return with the pi	cuss this

Sign and be	penalties of perjuty, I deflare that I have examined telef, it is true, correct, and configlety Declaration of lature of officer of trustee	this return, including accompanying schedule preparer (other than taxpayer) is based on all https://doi.org/10.1007/10.0007/10	Information of which prepared GRAN I	rer has any knowledge S MGR/ASST	May the IRS discuss this return with the preparer shown below (see instr)? X Yes N
	Print/Type preparer's name	Preparer's signature	Date	Check If F self- employed	PTIN
Paid	GUY S. NISHIHIRA	Rossin	- 11/10/16		P00167026
Preparer Use Only	Firm's name ► KKDLY LLC			Firm's EIN ▶ 99	-0292355
	Firm's address ► 745 FORT S	T STE 2100	····		
	HONOLULU,	HI 96813		Phone no. 808	-521-3962
		· · · · · · · · · · · · · · · · · · ·			C 000 DE (00

Form **990-PF** (2015)

Capital Gains and Lo	sses for lax on investment income				
(a) List and	d describe the kind(s) of property solorick warehouse; or common stock, 20	d, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
· · · · · · · · · · · · · · · · · · ·		OLATILITY FUND LP	D - Donation	VARIOUS	VARIOUS
	THGATE VENTURE G			VARIOUS	VARIOUS
	NSTON INTERNATIO			VARIOUS	VARIOUS
	NSTON INTERNATIO			VARIOUS	VARIOUS
e CAPITAL GAINS		2021			
f					
g					
h					
1					
<u> </u>					<u> </u>
k					-
1				 	
<u>m</u>				 	
<u>n</u>				 	
0	(f) Depreciation allowed	(g) Cost or other basis) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)	
a					257,751.
b					<86,331.>
C C		-			<16,983.>
d					951.
e 198,358.					198,358.
f			· ·		
g					
h					
1					
}		 		 _	
<u>k</u> 1	 				
<u>'</u> m	 	 			
n	 				
0					
Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (from col. (h))) -
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (j), if any	Gains (excess but	of col. (h) gain ov not less than "-0-")	er col. (k),
a					257,751.
b					<86,331.x
C					<16,983.
d					951.
<u>e</u>					198,358.
f					
9					
<u>h</u>	 	 			
1	 				
k					
]	 				
<u>'</u> m	 				
n					
0					
· — — — — — — — — — — — — — — — — — — —	. If noin also onto	r in Part I line 7			
2 Capital gain net income or (net c	capital loss) { if (loss), enter "-	r in Part I, line 7 0-" in Part I, line 7	2	1	<u>,037,898.</u>
	oss) as defined in sections 1222(5) ai	nd (6):			
If gain, also enter in Part I, line 8		P (NT / 7	
If (loss), enier "-0-" in Part I, line	0	/	3	N/A	

JAMES & ABIGAIL CAMPBELL FAMILY
FOUNDATION
Part XV | Supplementary Information

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
READING IS FUNDAMENTAL, HONOLULU, INC. P.O. BOX 61826 HONOLULU, HI 96839	N/A	₽C	LITERACY PROGRAM IN THE 2015-2016 SCHOOL YEAR	13,000
TEACH FOR AMERICA - HAWAII 500 ALA MCANA BOULEVARD SUITE 3-400 HONOLULU, HI 96813	N/A	PC	PROGRAM SUPPORT TO RECRUIT, SELECT, TRAIN AND SUPPORT NEW AND EXISTING CORPS MEMBERS FOR 2015-2016 SCHOOL	50,000
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE STREET, BACHMAN HALL #105 HONOLULU, HI 96822	N/A	₽C	SUPPORT FOR THE 2015-2016 JACFF ANNUAL SCHOLARSHIP IN TEACHER EDUCATION	30,000
POLYNESIAT TOYAGIAG FOCIETY , 10 SAND 15 TND PARKWAY , HONOLULU, HI 96819	N/A	PC -	SUPPORT FOR WORLDWIDE VOYAGE FOR THE HOKULEA AND HIKIANALIA CANOES	100,000
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	N/A	₽C	RENCVATION TO OPEN THE QUEEN'S MEDICAL CENTER- WEST O'AHU	200,000
WAIANAE COAST COMPREHENSIVE HEALTH CENTER 86-260 FARRINGTON HIGHWAY WAIANAE, HI 96792	N/A	PC	NEW EMERGENCY DEPT. BUILDING	100,000
ALOHA HARVEST 3599 WAIALAE AVENUE #23 HONOLULU, HI 96816	N/A	₽C	SUPPORT THE LEEWARD COMMUNITY BUILDING PROJECT	30,000
HAWAII ARTS ALLIANCE 1040 RICHAFDS STREET #301 HONOLULU, HJ 96813	N/A	₽C	PROGRAM SUPPORT FOR HAWAII TURNAROUND ARTS	50,000
HAWAII CHILDREN'S FOUNDATION 650 IWILEI ROAD #400 HONOLULU, HI 96817	N/A	₽C	DEVELOP THE MEDIA ACADEMY, MUSIC ACADEMY AND DECIDE ON SUCCESS AT KAPOLEI INTERMEDIATE SCHOOL	25,000
ULU A'E LEARNING CENTER P.O. BOX 700646 KAPOLEI, HI 96709	N/A	PC	SUPPORT FOR THEIR FIRST YEAR OF AFTER SCHOOL PROGRAM	20,000

JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 FOUNDATION Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amou**f**t status of Name and address (home or business) recipient N/A 10TH ANNUAL HULA LANIKUHCNUA CULTURAL INSTITUTE PF 92-1101 ALI'INUI DRIVE FESTIVAL KAPOLEI, HI 96707 20,000. ÞС MIDDLE SCHOOL HAWAIIAN LANIKUHONUA CULTURAL INSTITUTE N/A 92-1101 ALI'INUI DRIVE CULTURAL PROGRAM KAPOLEI HI 96707 3,200, READ TO ME INTERNATIONAL N/A PC PROGRAM SUPPORT 126 QUEEN STREET #303 HONOLULU, HI 96813 13,000.

Total from continuation sheets

99-0203078 FOUNDATION Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) WAIANAE COAST COMPREHENSIVE HEALTH N/A ₽C NEW EMERGENCY DEPT. BUILDING CENTER 86-260 FARRINGTON HIGHWAY 100,000. WAIANAE, HI 96792

Total from continuation sheets

100 000.

JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 FOUNDATION Part XV Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - TEACH FOR AMERICA - HAWAII PROGRAM SUPPORT TO RECRUIT, SELECT, TRAIN AND SUPPORT NEW AND EXISTING CORPS MEMBERS FOR 2015-2016 SCHOOL YEAR

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

Name of the organization

Organization type (check one)

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION_

Employer identification number

99-0203078

Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and Ii See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" or: Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALICE K. ROBINSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALICE K. SHINGLE C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$326,612.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BEATRICE C MCKINNEY REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CYNTHIA C. FOSTER REVOCABLE LIVING TRUST AGREEMENT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 20,702.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CYNTHIA K. SORENSON REVOCBALE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 26,244.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EDWARD K. KAWANANAKOA JR. REV. LIV. TRUST DTD 2-26-01 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 FAPOLEI, HI 96707	\$ 8,819.	Person X Payroll

Employer identification number

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
7	FLANDERS-STAUB 2007 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$40,718.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	REVOCABLE TRUST OF GAYLORD HART WILCOX C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200	\$ <u>13,000.</u>	Person X Payroll
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JAMES W. GROWNEY TRUST DTD 12-14-90 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$3,329.	Person X Payroli
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 10	Name, address, and ZIP + 4 JONATHAN R. SUTHERLAND AND MARY C. SUTHERLAND REV. LIV. TRUS C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$ 20,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KAPIOLANI K. MARIGNOLI TRUST AGREEMENT DTD 9-28-89 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE 200 KAPOLEI, HI 96707	\$86,454.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KING 2008 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$36,307.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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
13	PRICILLA WITT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	QUENTIN K. KAWANANAKOA TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$7, <u>479</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	PAMALA D KELLER FAMILY TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$9,992.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
16	Name, address, and ZIP + 4 RONALD L HOOLULU OLSON REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$30,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No17	Name, address, and ZIP + 4 SUZANNE M. AVINA REVOCABLE LIVING TRUST DTD 3-2-2000 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 **CAPOLEI, HI 96707	\$ 44,102.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$27,675.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GUILD 2007 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$21,427.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	JAMES C SHINGLE ADMINISTRATIVE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>113,388</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (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)

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

Employer identification number

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
<u>15</u>	25 SHARES OF ALRTIA; 40 SHARES OF DANAHER; 25 SHARES OF DISNEY; 10 SHARES OF VISA		
(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
		 \$	

Name of organization

Employer identification number

JAMES & ABIGATL CAMPBELL FAMILY

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ECIMID 7	\ m =	T/ONT	

9	9	_	n	2	n	3	n	7	8
_	_		v	~	v	_	\mathbf{v}	•	v

t	Exclusively religious, charitable, etc., cont he year from any one contributor. Complete (ompleting Pert III, enter the total of exclusively religiou Jse duplicate copies of Part III if addition	olumns (a) through (e) and the follow s, charitable, etc , contributions of \$1,000 or I	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ring line entry. For organizations less for the year (Enter this info once)
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	,	(e) Transfer of gift	:
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3) No			
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t e e e e e e e e e e e e e e e e e e e
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
	Transferee's name, address, a		Relationship of transferor to transferee

ORM 990-PF INTERES	ET ON SAVIN	GS AND	TEMPORA	ARY CASH	INVESTMENTS	STATEMENT 1
30URCE			(A) EVENUE R BOOK:		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK OF HAWAII			25	93.	293.	
COTAL TO PART I, LI	NE 3		29	93.	293.	
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	(A) REVENUE PER BOOK		
AQR STYLE PREMIA FUND BANK OF HAWAII	72,015. 74.		0.	72,0 <u>1</u> 7		15. 74.
DODGE & COX INCOME FUNDS	7,029.		298.	6,73	1. 6,7	31.
DODGE & COX STOCK FUNDS FROM K-1 - 1607	47,886.	36	,197.	11,68	9. 11,6	89.
CAPITAL INTL EQUITY FUND FROM K-1 -	34,293.		0.	34,29	34,2	93.
ANALYTIC U.S. LOW VOLATILITY FUND FROM K-1 - FORESTER PARTNERS	76,180.		0.	76,18	0. 76,1	80.
II, L.P. FROM K-1 - JOHNSTON	36,137.		0.	36,13	7. 36,1	37.
INTERNATIONAL FROM K-1 -	11,083.		0.	11,08	3. 11,0	83.
NORTHGATE VENTURE GROWTH	12.		0.	1	2.	12.
IVA INTERNATIONAL FUND JOHCM EMERGING	97,343.	56	5,861.	40,48	2. 40,4	82.
MARKETS OPPS FUND, INST. JOHN HANCOCK	51,717.	44	456.	7,26	1. 7,2	61.
GLOBAL ABSOLUTE RETURN	102,736.		0.	102,73	6. 102,7	36.
PIMCO COMMODITY REAL RETURN PIMCO TOTAL RETURN	10,280.		0.	10,28	0. 10,2	80.
FUND	104,013.	53	3,905.	50,10	٤. 50,1	08.

FORM 990-PF

STATEMENT

PIMCO .				
UNCONSTRAINED BOND				
FUND	15,814.	0.	15,814.	15,814.
VANGUARD EMERGING				
MARKETS STOCK				
INDEX ADM	14,460.	0.	14,460.	14,460.
VANGUARD ENERGY				
FUNDS 0551	27,825.	0.	27,825.	27,825.
VANGUARD GROWTH	11 000	•	11 000	11 000
INDEX FUND VANGUARD INT TERM	11,022.	0.	11,022.	11,022.
TREASURY 535	20,903.	6,641.	14,262.	14,262.
VANGUARD PRECIOUS	20,505.	0,041.	14,202.	14,202.
METALS & MIN	6,280.	0.	6,280.	6,280.
				
TO PART I, LINE 4	747,102.	198,358.	548,744.	548,744.

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FROM K-1 - ORDINARY INCOME	0.	<105.>	
FROM K-1 - NET RENTAL REAL ESTATE INCOME FROM K-1 - OTHER PORTFOLIO INCOME FROM K-1 - SEC. 988 GAIN FROM K-1 - FOREIGN TAXES PAID FROM K-1 - OTHER INCOME OTHER INCOME FROM PARTNERSHIPS OTHER INCOME FROM PARTNERSHIPS OTHER NET RENTAL INCOME	0. 0. 0. 0. 1,220. 0.	<3,793.> <5,457.> <31,564.> 1,220. <1,220.>	
FROM K-1 - OTHER PORTFOLIO DEDUCTIONS	0.	<2.>	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,220.	<661.>	•

OTHER INCOME

FORM 99C-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
AUDIT & TAX FEE	18,115.	0.		18,115.		
TO FORM 990-PF, PG 1, LN 16B	18,115.	0.		18,115.		
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	FATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
INVESTMENT ADVISORY FEES	165,997.	165,997.		0.		
TO FORM 990-PF, PG 1, LN 16C	165,997.	165,997.	· · · · · · · · · · · · · · · · · · ·	0.		
FORM 990-PF	TAXES		STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
EXCISE TAX	8,300.	8,300.		0.		
TO FORM 990-PF, PG 1, LN 18	8,300.	8,300.		0.		
FORM 990-PF	F OTHER EXPENSES		S	TATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
GENERAL & ADMINISTRATIVE	48,577.	48,577.		0.		
TO FORM 990-PF, PG 1, LN 23	48,577.	48,577.		0.		

FORM 990-PF OTHER DECREASES IN	NET	ASSETS OR F	FUND BALANCES	STATEMENT	8
DESCRIPTION	AMOUNT				
UNREALIZED GAIN(LOSS) ON INVESTME UNREALIZED GAIN(LOSS) ON MARKETAE	1,887,575. 709.				
TOTAL TO FORM 990-PF, PART III, L	INE 5			1,888,28	84.
FORM 990-PF C	ORPOR	ATE STOCK		STATEMENT	9
DESCRIPTION			BOOK VALUE	FAIR MARKET	r
CORPORATE EQUITY SECURITIES	10,120.	10,12	20.		
TOTAL TO FORM 990-PF, PART II, LINE 10B			10,120.	10,120	
FORM 990-PF OT	HER I	NVESTMENTS		STATEMENT	10
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
MUTUAL FUIDS FMV INVESTMENTS IN LIMITED PARTNERSHIPS FMV			12,031,517. 8,366,306.	12,031,517.	
TOTAL TO FORM 990-PF, PART II, LI	NE 13		20,397,823.	20,397,8	23.
FORM 990-PF	OTHE	R ASSETS		STATEMENT	11
DESCRIPTION		INNING OF OOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE	T
CONTRIBUTIONS RECEIVABLES OTHER ASSETS	950. 625.		10,000.	10,00	00.
RECEIVABLE FROM SALE OF INVESTMENT		0.	59,342.	59,3	42.
TO FORM 990-PF, PART II, LINE 15	1,575.		69,967.	69,9	67.

TRU	JSTEES	AND FOUNDATION	MANAGERS			
NAME AND ADDRESS		TITLE AN AVRG HRS/	ND COMPE			
TIMOTHY J. BRAUER		ASSISTANT	SECRETARY			
C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	1.00		0.	0.	0.
LANDON H.W. CHUN		ASSISTANT TREASURER		•		
C/O 1001 KAMOKILA BLVD. J CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	1.00		0.	0.	0.
RUSSELL M. CHINEN		ASSISTANT	TREASURER			
C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	1.00		0.	0.	0.
WENDY B. CRABB		PRESIDENT	DIRECTOR			
C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707		1.00		0.	0.	0.
ALICE K. SHINGLE			IDENT/DIRECT	OR		
C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707		1.00		0.	0.	0.
ALICE F. GUILD		SECRETARY	/DIRECTOR			
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707		1.00		0.	0.	0.
JONATHAN E. STAUB		TREASURER	/DIRECTOR			
C/O 1001 KAMOKILA BLVD. JAME CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	1.00		0.	0.	0.
KAPI'OLANI K. MARIGNOLI		DIRECTOR				
C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	1.00		0.	0.	0.
MARION PHILPOTTS-MILLER		DIRECTOR				
C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707		1.00		0.	0.	0.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 12

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATI		99-0203078		
JULIETT K. SHEEHAN C/O 1001 KAMOKILA BLVD. JAMES	DIRECTOR			
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	1.00	0.	0.	0.
RICHARD J. DAHL C/O 1001 KAMOKILA BLVD. JAMES	DIRECTOR			
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	1.00	0.	0.	0.
D. KEOLA LLOYD C/O 1001 KAMOKILA BLVD. JAMES	GRANTS MANAGER/A	ASST. SECRE		
CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
	RT XV - LINE 1A FOUNDATION MANAGERS	5	STATEMENT	13

NAME OF MANAGER

WENDY B. CRABB

ALICE K. SHINGLE ALICE F. GUILD

JONATHAN E. STAUB

KAPI'OLANI K. MARIGNOLI

99-0203078

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

808-674-3167

FORM AND CONTENT OF APPLICATIONS

GUIDLINES ARE POSTED ONLINE AT WWW.CAMPBELLFAMILYFOUNDATION.ORG.

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

GUIDELINES ARE POSTED ONLINE AT WWW.CAMPBELLFOUNDATION.ORG.