Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2015

Department of the Treasury

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

		and service F Information about Form 330-FF and its Se					to Funite Inspection)
	me of for		1/2015	, and	ending	8/31/2016 r identification number		
					A Employe	ridentinication number		
No	mber and	& NANCY CAMPBELL FOUNDATION d street (or P O box number if mail is not delivered to street address)	Poor	n/suite		22 2022274		
		,	T COM	D'Suite	R Telephoni	23-3033274 e number (see instruction	ine)	
	or town	(1501, NJ2-130-03-31 State	ZIP code		La releption	e number (see mandene	113)	
	NNINC		08534-15	01		609-274-683	4	
		intry name Foreign province/state/county	Foreign post		0 11			$\overline{}$
1 01	eigii cou	mity hame Poleigh province/state/county	i oleigii posi	ai wue	C ir exempi	ion application is pendir	ng, cneck nere	Ъ
G	Chack	call that apply Initial return Initial return			D 4 Forms	n organizations, check i		
٠	CHECK	= militar return	of a former public	charity	·	-		ш
		☐ Final return ☐ Amended re				n organizations meeting		
	<u> </u>	Address change Name change			1	here and attach comput foundation status was to		
Н		type of organization 🔲 Section 501(c)(3) exempt pr				10undation status was to 07(b)(1)(A), check here	erminated under	- [
ᆜ		on 4947(a)(1) nonexempt charitable trust 🔲 Other tax				(2)(.)()()		
Į	Fair m	narket value of all assets at J Accounting method	🛛 Cash 🔲 A	Accrual	F if the four	ndation is in a 60-month	termination	
	end of	f year (from Part II, col (c), Other (specify)				tion 507(b)(1)(B), check		· 🗌
	line 1	6) > \$ 1,480,444 (Part I, column (d) must be	e on cash basis)					
P	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disburseme	
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	,	t investment ncome	(c) Adjusted net	for chantable	9
		equal the amounts in column (a) (see instructions))	books	"	come	income	purposes (cash basis on	iv)
	1	Contributions, gifts, grants, etc , received (attach schedule)	80,000	10 Table	<i>3</i>		2.00	
	2	Check ►☐ if the foundation is not required to attach Sch B	3/3/03/2009			661 866 EC	65.00	
	3	Interest on savings and temporary cash investments	7 200	236.5.22			33.000.000	330
	4	Dividends and interest from securities	27,696		27,298		24.05	
	5a	Gross rents	27,000					100
	b	Net rental income or (loss)		180000			93.5.23.20.20	
_	6a	Net gain or (loss) from sale of assets not on line 10		100 Sam of "3550;	34 85		100 mg 100 mg 1	733
Revenue	b	Gross sales price for all assets on line 6a 402,887	Minerally, or the product of the self-dense and the self-		45.83			355
en	7	Capital gain net income (from Part IV, line 2)		78(982-1 \ 8000)			0.027.027.02	
ě	8	Net short-term capital gain .	10 mm 2 mm	47.000		D \$\$\$\$\$ 475 \$ 445 \$4 \$4 \$5		296
œ	9	Income modifications			Contraction of the contraction o			
	10a	Gross sales less returns and allowances		PSATE (SA)	2002a			9865 9865
	b			CHILD	3. (4. (4. (4. (4. (4. (4. (4. (4. (4. (4		2.02	3.72.4
	1	Less Cost of goods sold	7.2-1996 No. 1994 883-1119			19 30 04 "4 1,2 213 "Mark" V		
	11	Gross profit or (loss) (attach schedule)		* 7000 Var. >	PONICHA WACEST	 	5. 10. 2.6.200 1. 300	30.0
	12	Other income (attach schedule)	194,502	 -	114 104	 	100	*34
		Total. Add lines 1 through RECEIVED	20.000		114,104	 	20,0	200
S	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	20,000	├			20,0	000
35	14	Pension plans employee benefits 2017		 		 	 -	
ē	15	Total plants, striping 25 bottom		 				—
Expenses	16a	Legal fees (attach schedule)	1 500	 		 	1.5	500
	"	Accounting fees (attach schedule) Other professional fees (attach schedule)	1,500		44 202	 		
€	, C		18,806		11,283			522
ā	17	Interest .	0.045					
S	18	Taxes (attach schedule) (see instructions)	2,215	 	84	 		E SERV
듣	19	Depreciation (attach schedule) and depletion				 	8 1937 (ST 1980) 19 t	
듄	20	Occupancy		 		ļ	 	
⋖	21	Travel, conferences, and meetings		<u> </u>		 		
Operating and Administrative	22	Printing and publications	ļ	 		 	ļ	—
ja	23	Other expenses (attach schedule)	91	 	91			
<u>i</u>	24	Total operating and administrative expenses.		}			}	
at		Add lines 13 through 23 .	42,612		<u>11,458</u>	0	29,0	
ĕ	25	Contributions, gifts, grants paid	123,000	10 X 10			123,0	000
Ő	26	Total expenses and disbursements. Add lines 24 and 25	165,612	<u></u>	11,458	0	152,0)22
	27	Subtract line 26 from line 12			1 3 4 4 5			18.1
	а	Excess of revenue over expenses and disbursements	28,890	F. 1878				
	b	Net investment income (if negative, enter -0-)			102,646			3//
	С	Adjusted net income (if negative, enter -0-)				0	7 () A	

For Paperwork Reduction Act Notice, see instructions.

Page 2

1 Cash—non-interest-bearing 2 3 3 3 3 3 3 3 Accurate years and the property cash investments 2 3 3 4 3 3 3 3 Accurate receivable 1 2 3 3 4 3 3 3 3 Accurate receivable 1 2 3 3 4 3 3 3 4 2 3 3 3 3 4 2 3 3 3 3 4 2 3 3 3 3	D	set II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts ► 4 Piedges receivable 5 Grants receivable 6 Receivable of Grants receivable 7 Other rocks and loss receivable 8 Receivables of Grants receivable 8 Receivables of Receivable of Receivables			should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Less allowance for doubtful accounts ► Pledges receivable Less allowance for doubtful accounts Less accomulated depresador, etables schedule) Less accomulated depresador, etables schedule Less accomulated depresador (etables schedule) Less accomula		Ì	Cash—non-interest-bearing .	2	3	3
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	5					
	_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), line	e 30 6	

Form 9	90-PF (2015) ROBERT	& NANCY CAMPBELL FOUNDAT	ION			23-3033274	Page 3
Part	V Capital Gains and	Losses for Tax on Investmen	t Income				
		he kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)		
1a	See Attached Statement						
b							
С							
<u>d</u>							
<u>e</u>				<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) dus (f) minus (g)	
<u>a</u>							
<u>b</u>					-		
<u>c</u>							
<u>d</u> e							
	Complete only for assets st	nowing gain in column (h) and owned by	the foundation	0 00 12/31/60			
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (i), if any	col (k), bu	(Col (h) gain minu ut not less than -0-) es (from col (h))	
a		do 61 120 1160		(), ii (ii)			
b							
С							
d							
<u>е</u>					-, -,		
2	Capital gain net income o		o enter in Pa nter -0- in Pai		2		86,806
3		n or (loss) as defined in sections 123 , line 8, column (c) (see instructions	. , . ,	I			· -
	Part I, line 8	, mie e, column (e) (eee metraetiene	, 11 (1000), 61		3		O
Part		ler Section 4940(e) for Reduce	d Tax on N	et Investment			
If sect	ion 4940(d)(2) applies, lea	•	•		·	□ v ₂ ,	. W Na
	s," the foundation does not	section 4942 tax on the distributable qualify under section 4940(e) Do n	ot complete t	his part	·		No
1_		ount in each column for each year, s	ee the instru	ctions before mak	ting any entrie	s	
	(a) Base period years	(b)]	(c)		(d) Distribution ratio	
Cale	endar year (or tax year beginning in	Adjusted qualifying distributions	Net value o	of nonchantable-use as	ssets (col	(b) divided by col	
	2014	152,22		1,555			097863
	2013	115,57		1,482			077985
	2012	182,62		1,406			129849
	2011	64,02		1,292			049523
	2010	53,34	19[1,258	,6/5		042385
2	Total of line 1, column (d)				1 2 1	_) <u>.3</u> 97605
2 3		for the 5-year base period—divide the	ne total on lin	e 2 by 5 or by the	2 -		1.397003
3		dation has been in existence if less t		e z by 5, or by th	3		079521
4	Enter the net value of non	charitable-use assets for 2015 from	Part X, line 5	5	4	1	,427,390
5	Multiply line 4 by line 3				5	·	113,507
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6		1,026
7	Add lines 5 and 6				7		114,533
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 ter than line 7, check the box in Par	t VI, line 1b, a	and complete tha	8 t part using a	1% tax rate Se	152,022 ee the

ROBERT & NANCY CAMPBELL FOUNDATION

Form 990-PF (2015)

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	1S)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	A system	45				
b							
-	here ► X and enter 1% of Part I, line 27b	1,020					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)	<u></u>					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		ol				
3	Add lines 1 and 2	1,02	6				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)]				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	1,02	6				
6	Credits/Payments						
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 1,315						
b	Exempt foreign organizations—tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c						
d	Backup withholding erroneously withheld 6d 6d						
7	Total credits and payments Add lines 6a through 6d	1,31	5				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<u>-</u>				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2016 estimated tax		_				
$\overline{}$	Enter the amount of line 10 to be Credited to 2016 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities	28	91				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes	s No				
14	participate or intervene in any political campaign?	1a	X				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	"	+^				
	Instructions for the definition)?						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
С	DIA COLOR DE ARRONDICO						
d							
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .	2	<u> </u>				
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b N/A	_				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X				
c	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	46					
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?						
7	conflict with the state law remain in the governing instrument? 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 XV 7						
, 8а							
Ju	PA,NJ						
b							
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		1999				
~	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If		لينتن بيديورس				
	"Yes," complete Part XIV	9	Х				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10	<u> </u>				

23-3033274

Page 4

Form 9	90-PF (2015) ROBERT & NANCY CAMPBELL FOUNDATION	23-3033274	F	∘age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	. 11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		1	
	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	Х	<u> </u>
	Website address ► N/A			
14	The books are in care of ► UST-MLT, A DIVISION OF BANK OF AMERICA, N. Telephone no ► 60			
	Located at ► 1300 MERRILL LYNCH DRIVE PENNINGTON NJ ZIP+4 ► 08	3534-1501		<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	1		▶ □
	and enter the amount of tax-exempt interest received or accrued during the year . ▶ 15		-	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other author		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	Ser Silverson	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If	3	46-3	
Δ-	"Yes," enter the name of the foreign country		3.0	<u>.</u>
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u></u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)	_		111
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Si		
		No No		
		X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes	No		
	(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)? . Yes	X No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
		X No	43.5	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	,,		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here .	▶□ 💹	3.53	4. 47 3 7 1 6 1
С	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		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	\$3 % *		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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?	X No 🔝		
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	Contract Con		
	at any time during the year?	X No	**	
b	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	666000 xx27x		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the laps	20 65000 5 2	82	
	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)	3b	N/A	والمتناسبة المناه
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		W.L	GAN.
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	ia-ancilli:	Х

	90-PF (2015) ROBERT & NANCY CAMPBEL					_			033274	Page 6
	VII-B Statements Regarding Activities f			720 Ma	ay Be Req	uired	<i>(continue</i>	d)		
5a	During the year did the foundation pay or incur ar (1) Carry on propaganda, or otherwise attempt to	ıy amoı ınfluen	unt to ice legislation	(section	on 4945(e))	?	Yes	X No	,	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?						X No	,		
	(3) Provide a grant to an individual for travel, stud	ly, or of	ther similar pi	ırposes	s?		Yes	X No	,	
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	a charıt	able, etc , org	ganızat	ion describe	ed ın	Yes	X No	,	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No							,		
b							5b	N/A		
С	Organizations relying on a current notice regarding of the answer is "Yes" to question 5a(4), does the because it mainted expenditure responsibility for the following the state of the sta	founda for the o	ition claim ex grant?	emptioi		ax	☐ Yes	► [] •	
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fundamental personal benefit contract?				o pay prem	iums	Yes	⊠ No	,	
b	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	s, direc	tly or indirect	ly, on a	personal b	enefit (contract?	•	6b	X
b	At any time during the tax year, was the foundation a partif "Yes," did the foundation receive any proceeds	or have	e any net inco	me att	ributable to				7b	N/A
Par	Information About Officers, Directors and Contractors	ors, Tr	ustees, Fo	undati	ion Manag	gers, F	lighly Pa	id Em	ploye	es,
1	List all officers, directors, trustees, foundation	mana	ners and the	ir com	nensation	/saa ii	etruction	ne)		
	(a) Name and address	(b) Titl	e, and average irs per week ted to position	(c) Co (If	ompensation not paid, nter -0-)	(d) empl	Contribution oyee benefit ferred compe	s to plans		nse account,
	RT H CAMPBELL RANGE AVENUE CORONADO , CA 92118		IDENT 2 00		0					
HEAT	HER CAMPBELL BURCHER	SECR	ETARY							
	DLYROOD AVENUE OAKVILLE Canada		1 00		10,000					
	UGLAS CAMPBELL	TREA	SURER							
<u>175 D</u>	AVENUE CORONADO, CA		1 00		10,000					
2	Compensation of five highest-paid employees "NONE."	(other	than those	include	ed on line '	1—see	_	•		enter ————
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per w devoted to po	eek _	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit deferred	(e) Expe	nse account, illowances
NONE										
Total	number of other employees paid over \$50,000				•			>		0
								F	orm 990	-PF (2015)

Form 990-PF (2015) ROBERT & NANCY CAMPBELL FOUNDATION 23-3	3033274 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	mployees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	"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	
Total number of others receiving over \$50,000 for professional services	<u>' </u>
Part IX-A Summary of Direct Charitable Activities	
Let the foundation's four largest direct charactella activities during the tay year. Include relevant statistical information such as the number of	1
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	-
	-
2	
3	
4	
	-
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	-
	-
2	-
•	•
	•
All other program-related investments. See instructions	
3 NONE	
	-
Total. Add lines 1 through 3	0
	5 000 DE (2045)

Form 99	90-PF (2015) ROBERT & NANCY CAMPBELL FOUNDATION	23-3033274	Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundations,	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities .	1a	1,368,327
b	Average of monthly cash balances	1b	80,800
c	Fair market value of all other assets (see instructions)	1c	00,000
d	Total (add lines 1a, b, and c)	1d	1,449,127
e	Reduction claimed for blockage or other factors reported on lines 1a and	1	11110112
•	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,449,127
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		1,110,121
•	instructions)	4	21,737
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,427,390
6	Minimum investment return. Enter 5% of line 5	6	71,370
Part			71,070
- are	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	71,370
2a	Tax on investment income for 2015 from Part VI, line 5	6	
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1,026
3	Distributable amount before adjustments Subtract line 2c from line 1	3	70,344
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	70,344
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	70,344
Part	XII Qualifying Distributions (see instructions)		_
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	152,022
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	Tia.	
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	152,022
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	1,026
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	150,996
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the foun	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 9	90-PF (2015) ROBERT & NANCY C	AMPBELL FOUN	DATION		23-303	3274 Page 10
Part	XIV Private Operating Foundation	ons (see instruct	tions and Part VI	I-A, question 9)		N/A
1a	If the foundation has received a ruling			ate operating		
	foundation, and the ruling is effective for			•		
	Check box to indicate whether the foundation		ting foundation descri	ribed in section	4942(j)(3	9) or 4942(J)(5)
Za	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	***				0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					•
b	"Endowment" alternative test—enter 2/3					0
	of minimum investment return shown in					0
	Part X, line 6 for each year listed					0
С	"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)					0
	(2) Support from general public			-		
	and 5 or more exempt					
	organizations as provided in section 4942(¡)(3)(B)(iii)					0
	(3) Largest amount of support from					<u> </u>
	an exempt organization					0
	(4) Gross investment income					0
Part		(Complete this	s part only if the	foundation had	d \$5.000 or more	
	any time during the year—s					
1	Information Regarding Foundation N		-			
а	List any managers of the foundation wh	no have contribute	d more than 2% of	f the total contribut	ions received by th	e foundation
	before the close of any tax year (but on	ly if they have cor	ntributed more than	n \$5,000) (See se	ction 507(d)(2))	
ROBE	RT AND NANCY CAMPB					
b	List any managers of the foundation wh	no own 10% or mo	ore of the stock of a	a corporation (or ai	n equally large port	on of the
	ownership of a partnership or other ent	ity) of which the fo	oundation has a 10	% or greater intere	est.	
NONE						
2	Information Regarding Contribution,					
	Check here ► 🗓 if the foundation on	ly makes contribu	tions to preselecte	d charitable organ	izations and does r	not accept
	unsolicited requests for funds If the fou		fts, grants, etc (se	e instructions) to ii	ndividuals or organ	ızatıons
	under other conditions, complete items			 		
а	The name, address, and telephone nur	nber or e-mail add	Iress of the person	to whom applicati	ons should be add	ressed [.]
-	The form of the control of the		.6	1 . 1. 15		
þ	The form in which applications should be	e submitted and i	ntormation and ma	aterials they should	ı ınclude	
	Any submission deadlines					
Ċ	Any submission deadlines					
Н	Any restrictions or limitations on awards	s such as by geog	rraphical areas ich	aritable fields, kind	ds of institutions or	other
-	factors	-,	,p.,,,ou, u,ouo, on		,,,	

Form 990-PF (2015) **ROBERT & NANCY CAMPBELL FOUNDATION** 23-3033274 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or status of Amount contribution Name and address (home or business) recipient Paid during the year See Attached Statement 3a 123,000 **Total** b Approved for future payment NONE Total 3b

Enter gross amounts unless otherwise indicated

g Fees and contracts from government agencies

Interest on savings and temporary cash investments

6 Net rental income or (loss) from personal property

8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory

2 Membership dues and assessments

12 Subtotal Add columns (b), (d), and (e)

Not Applicable

13 Total. Add line 12, columns (b), (d), and (e)

a Debt-financed property b Not debt-financed property

7 Other investment income .

11 Other revenue a

Line No.

Dividends and interest from securities

5 Net rental income or (loss) from real estate

1 Program service revenue

ROBERT & NANCY CAMPBELL FOUNDATION

23-3033274 Page **12** Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (d) (c) function income Amount Business code Amount Exclusion code (See instructions) 27,696 86.806 114,502 (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

orm 99	90-PF	(2015) ROBERT	T & NANCY CAMPB	ELL FOUND	ATK	ON					23-30	33274	Pa	ge 13
Part	XVI		n Regarding Trans ganizations	sfers To ar	nd T	ransa	action	s and Re	lationship	s Wi	th Noncha	ritable		
1	ın se		directly or indirectly one Code (other than s										Yes	No
а		nsfers from the re Cash	porting foundation to	a noncharit	able	exem	npt orga	nization o	f			1a(1)	2.	X
		Other assets						•				1a(1)		×
b		er transactions	•					•		•		76.35		
			a noncharitable exe	empt organiz	atıor	n						1b(1)	3	Χ
			ets from a noncharita				on					1b(2)		Х
	(3) (Rental of facilities	s, equipment, or othe	r assets								1b(3)		Х
	(4)	Reimbursement a	arrangements				•		•			1b(4)		X
		Loans or loan gua										1b(5)		X
			ervices or membersh									1b(6)		X
C			equipment, mailing lis						والمرام المارية		. 46 - 6 - 40	<u>1c</u>		X
d 	valu	e of the goods, oth	the above is "Yes," cor er assets, or services on or sharing arrangeme	given by the re	eport	ting fou	ındatıon	. If the foun	dation receiv	ed les	s than fair ma	rket		
(a) Lin	e no	(b) Amount involved		chantable exemp	ot org	anızatıo	n	(d) Desc	ription of trans	fers, tra	nsactions, and s	haring arra	ngeme	nts
			Not Applicable											
			 				_		-					
			 						-					
	$\neg \dashv$		 											
			 					<u> </u>						
						_								
		"	 								,			
			 											
			 											
			 											
•		·- -	 											
	desc	cribed in section 5	ectly or indirectly affili 501(c) of the Code (c e following schedule	ated with, or other than se	rela ctioi	ated to n 501(, one or c)(3)) o	r more tax	exempt org	ganiza	itions] Yes [X N	—— o
	· ·	(a) Name of organ		(b)	Туре	e of orga	anızatıon			(c) De	escription of rela	tionship		
	Unde	or nemaltine of nemura 1 des	clare that I have examined this re	atum including acco		wan cebe	dulan and r	tatements and	to the best of my		na at it looked bas or			
Sign			tion of preparer (other than taxpa							Morrica		RS discuss t	bus satur	
lere	1 (Walest H	(andrew		9	17	Tru	stee			with the j	oreparer shov	vn belov	<u>-</u> 1
1016	Sig	gnature of officer of tru	iste	Dat	५ 4		Title				(see inst	ructions)?	∐Yes	No
Paid	1.	Pnnt/Type preparer	's name	Preparer's s	ignat	ure			Date		Check X if	PTIN		
	**	LAWRENCE F	MCGUIRE	20					1/5/20	17	self-employed	P01233	<u> 8953</u>	
repa		Firm's name	PricewaterhouseCo	opers, LLP						Firm's		008324		
Jse C	/titV	1	COO Crant Chrant D		45	240				l	440	255 6000	`	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization		Employer identification number					
ROBERT & NANCY CAMPBEL	ROBERT & NANCY CAMPBELL FOUNDATION						
Organization type (check one)	Organization type (check one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundary	tion					
	501(c)(3) taxable private foundation						
, -	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and	i a Special Rule See					
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution roperty) from any one contributor. Complete Parts I and II. See instructions						
Special Rules							
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 at received from any one contributor, during the year, total contributions amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line of the greater of (1)					
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revear, total contributions of more than \$1,000 exclusively for religious, clourposes, or for the prevention of cruelty to children or animals. Comple	haritable, scientific,					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributior, 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.							
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file t answer "No" on Part IV, line 2, of its Form 990, or check the box on line ertify that it does not meet the filing requirements of Schedule B (Form	e H of its Form 990-EZ or on its					

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2015)		Page 2
Name of or ROBERT 8	ganization & NANCY CAMPBELL FOUNDATION		Employer identification number 23-3033274
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT CAMPBELL CHARITABLE LEAD TRUST P O BOX 1501 PENNINGTON NJ 08534-1501 Foreign State or Province Foreign Country	\$80,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of or	gànization 3 NANCY CAMPBELL FOUNDATION		Employer identification number 23-3033274
Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additiona	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	-orm 990, 990-E2, or 990-PF) (2015)			Page 4
Name of or				Employer identification number
	& NANCY CAMPBELL FOUNDATION		4	2313033274
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the			
	the following line entry For organizations	completing Do	y one contributor. Con	evolucione charitable etc
	contributions of \$1 000 or less for the ves	r (Enter this	information once. See in	estructions) > \$
	Use duplicate copies of Part III if additiona			isitidetions) > 5
(a) No.				1
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	ļ			L
		(e) I	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationsl	nip of transferor to transferee
	For Prov Country		L	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(1)			(4, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		(e) T	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	<u>Relationsl</u>	nip of transferor to transferee
	For Prov Country			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) r urpose or girt			(u) bescription of now girt is field
		(e) T	ransfer of gift	
	ł <u> </u>			
	Transferee's name, address, and a	ZIP + 4	Relationsh	nip of transferor to transferee
	For Prov Country		*	
(a) No. from	(h) Burnage of sift	/0	\ Lloo of aift	(d) Description of how sift is held
Part I	(b) Purpose of gift) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	<u>(IP + 4</u>	Relationsh	nip of transferor to transferee
	For Draw Country			

ROBERT & NANCY CAMPBELL FO				23-303		
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Cont	ributions Paid	During th	e Year
Recipient(s) paid during the year			-			-
Name PACIFIC ANIMAL WELFARE SOCIETY						
Street	 -	<u> </u>				
828 GUADALUPE AVENUE		04-4-	Tin Ondo	F 0	A	
City			Zip Code	Foreign Coun	try	
CORONADO Relationship	Foundation Status	CA	92118			
NONE	PC					
Purpose of grant/contribution	<u></u>				Amount	
GENERAL OPERATING					<u> </u>	1,000
Name LEUKEMIA & LYMPHOMA SOCIETY						
Street		-		<u> </u>		 -
1311 MAMARONECK AVENUE						
City		State	Zip Code	Foreign Coun	try	
WHITE PLAINS		NY	10605			
Relationship	Foundation Status					
NONE	PC				IA	
Purpose of grant/contribution GENERAL OPERATING					Amount	1,000
Name						
PRISON ENTREPRENEURSHIP PROC	SRAM					
Street						
P O BOX 926274			T			
City		State TX	Zip Code 77092	Foreign Coun	try	
HOUSTON Relationship	Foundation Status	17	111092			
NONE	PC					
Purpose of grant/contribution GENERAL OPERATING					Amount	1,000
Name PRINCETON UNIVERSITY						
Street						
P O BOZ 5357						
City		State	Zip Code	Foreign Coun	try	
PRINCETON		NJ	08540			
Relationship	Foundation Status					
NONE	PC				14	
Purpose of grant/contribution					Amount	1 000
GENERAL OPERATING						1,000
Name						
FRESH START SURGICAL GIFTS						
Street	•					
2011 PALOMAR AIRPORT RD STE 20	0	State	Zip Code	Foreign Coun		
City CARLSBAD		CA	92011-1432	l oreign coun	ici y	
Relationship	Foundation Status		102011-1402			
NONE	PC					
Purpose of grant/contribution	<u></u>			-	Amount	
GENERAL OPERATING					<u> </u>	13,000
Name SOROPTOMIST FOUNDATION INC						
Street		-			-	
P O BOX 1081						
City		State	1 -	Foreign Coun	itry	
CORONADO		CA	92178			
Relationship	Foundation Status					
NONE	PC				lamaret.	
Purpose of grant/contribution					Amount	3,000

ROBERT & NANCY CAMPBELL FO				23 <u>-303</u>	_	2 of 3
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	e Year
Recipient(s) paid during the year						
• • • • • • • • • • • • • • • • • • • •						
Name						
ROTARY INTERNATIONAL Street			<u></u>			
P O BOX 180487		State	7in Codo	Foreign Coun	tn:	
CORONADO			Zip Code 92178	Foreign Coun	ury	
CORONADO	Farm dation Ctatus	CA	92178			
Relationship	Foundation Status					
NONE	PC				TA	
Purpose of grant/contribution					Amount	0.000
GENERAL OPERATING						2,000
Name						
SOUTHERN CALIFORNIA LABRADOR	RETRIEVER RESC	UE				
Street						
PO BOX 4859						
City		State	Zip Code	Foreign Coun	trv	
IRVINE		CA	92616	1. 0.0.9	,	
Relationship	Foundation Status		102010			_
NONE	PC					
Purpose of grant/contribution	IFC	-			Amount	
· ·					Amount	0.000
GENERAL OPERATING	***************************************					2,000
Name						
GENTLE BENS GIANT BREED RESCU	JE					
Street						·
P O BOX 533						
City		State	Zip Code	Foreign Coun	tru	
•		PA		roleigh coun	u y	
ZELIENOPLE	Farm dation Ctatus	PA	16063_			
Relationship	Foundation Status					
NONE	PC				Ta	
Purpose of grant/contribution					Amount	
GENERAL OPERATING					_ <u></u>	10,000
Name						
CORONADO SCHOOLS FOUNDATION	1					
Street					_	
201 6TH STREET						
City		State	Zip Code	Foreign Coun	try	
			92118	i oreign coun	iu y	
CORONADO	Farm dation Ctatus		192110			
Relationship	Foundation Status					
NONE	PC				TA .	
Purpose of grant/contribution					Amount	
GENERAL OPERATING				.		9,000
Name						
RADY CHILDRENS HOSPITAL AND HI	EALTH CENTER					
Street	LACITOLITEIN					
3020 CHILDRENS WAY MC 5005						
		Ctata	Zip Code	Foreign Coun		
City				roreign coun	ıuy	
SAN DIEGO	TE	CA	92123			
Relationship	Foundation Status					
NONE	PC_				T	
Purpose of grant/contribution					Amount	
GENERAL OPERATING					<u> </u>	4,000
Name						
	ı					
CORONADO HOSPITAL FOUNDATION	<u> </u>					
Street						
8695 SPECTRUM CENTER BLVD			I			
City			Zip Code	Foreign Coun	try	
SAN DIEGO		CA	92123			
Relationship	Foundation Status					
NONE						
	PC					
Purpose of grant/contribution	PC				Amount	60,000

ROBERT & NANCY CAMPBELL F				23-303		3 of 3
Continuation of Part XV, Li	<u>ne 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	d During th	ne <u>Y</u> ear
Recipient(s) paid during the year						
Name						
THE LIVING DESERT						
Street		_				
47900 PORTOLA AVENUE						
City			Zip Code	Foreign Cour	ntry	
PALM DESERT	T= A	CA	92260	J		
Relationship	Foundation Status					
NONE Purpose of grant/contribution	PC		 		Amount	
GENERAL OPERATING					Amount	1,000
	·					1,000
Name	FION					
CORONADO HISTORICAL ASSOCIATION Street	HON					
1100 ORANGE AVENUE						
City		State	Zip Code	Foreign Cour	ntry	
CORONADO		CA	92118	i orongin ooui.	,	
Relationship	Foundation Status		102.10			
NONE	PC					
Purpose of grant/contribution			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Amount	
GENERAL OPERATING						3,500
Name						
LANGE FOUNDATION						
Street						
2178 ROSCOMARE RD						
City		State	Zip Code	Foreign Cour	ntry	
LOS ANGELES		CA	90025		•	
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING				·		2,000
Name						
MARINE CORPS SCHOLARSHIP FOL	JNDATION					
Street					· <u>-</u>	
909 N WASHINGTON STREET, SUIT	E 400					
City			Zip Code	Foreign Cour	ntry	
ALEXANDRIA		VA	22314			
Relationship	Foundation Status					
NONE	PC				14	
Purpose of grant/contribution GENERAL OPERATING					Amount	9 500
GENERAL OPERATING						8,500
Name						
ROAR FOUNDATION						
Street						
6867 SOLEDAD CANYON RD		1 2				
City			Zip Code	Foreign Cour	ntry	
ACTON	Foundation Status	CA	93510			
Relationship NONE	PC					
Purpose of grant/contribution	IFC				Amount	
GENERAL OPERATING					Amount	1,000
GENERALOFERATINO	 					1,000
Name						
Street						
City		C4-4-	7in Code	Forcian Carr		
City		State	Zip Code	Foreign Cour	ııry	
Relationship	Foundation Status	<u> </u>				
reladonsnih	ji ounuation status					
Purpose of grant/contribution				-	Amount	

								_	Sales	_	Depreciation and Adjustments	nd Adjustments	or Loss	or Loss
	3,242	(in the					ບຶ	Capital Gains/Losses	5	402,887		316,081		86,806
	2							Other sales						
		Check "X" to include		Purchaser is a	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	Expense of Sale and Cost of			Net Gain
	_	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
TT	4	×				9/13/2011	1/29/2016	10,431	11,696					-1,265
t	084670702	××			•	10/24/2005	5/2/2015	30 911	18 25R	!			,	1
4 ISHARES TRUST SHS ISHAR!	-	×			:	6/9/2015	9/10/2015	3.766	4.356	*************************	i I	ı		069-
5 ISHARES TRANSPORTATION		×				6/13/2013	11/12/2015	7,309	5.636				0	1,673
Ė	L	×				6/13/2013	2/12/2016	15.715						
Т	_					1/11/2010	2/12/2016	30 005	27,886			;		2,11
8 ISHARES RUSSELL MIDCAP	<u>.</u>	(×				1/10/2005	9/10/2015	8.031	3.848		:	:		4.183
Т	L	×				1/10/2005	2/12/2016	14.059	7,613				0	6.44
10 IISHARES CORE S&P MID-CA	Ļ	×				12/17/2004	2/12/2016	8 028	4 173				0	3.853
		×				9/5/2008	11/12/2015		3 302		:			
-	_	×			1	9/5/2008	2/12/2016	5 948	1980		I	!	!	3.968
13 ISHARES NASDAO BIOTECH	L	×				1/27/2010	2/12/2016	11 878	800					7 850
	L	† ,				4/07/2040	20000000	2777	1 175					70.0
	1	,				0102/12/10	0/23/2010	C#1.4	6/17					2,970
15 JOHN TO COMPANY ASS	000/07604	?</td <td>1</td> <td></td> <td>:</td> <td>9/3/2008</td> <td>0/23/2010</td> <td>4</td> <td></td> <td>i</td> <td>1</td> <td></td> <td></td> <td></td>	1		:	9/3/2008	0/23/2010	4		i	1			
	40478/2/7	\ \ \ \			+	3/20/2013	2/12/2016	RA'C	L07'9					017-
	464287572	×				12/27/2013	8/23/2018	4,899	5,014					CI L-
\neg	464287598	×				12/17/2004	2/12/2016	6,044	4,475				0	1,56
SHARES RUSSEL	464287598	×	1	_		12/17/2004	8/23/2016	10,670	6,581	1		1		4,089
\neg	464287614	×				1/10/2005	9/10/2015	6,207	3,144				0	3,063
Т	464287614	×				1/10/2005	2/12/2016	10,006	5,411				0	4,595
	464287614	×				1/10/2005	8/23/2016	10,976	5,024				0	5,952
-1	464287614	×				1/10/2005	8/25/2016	19,841	9,179					709,01
24 ISHARES US CONSUMER	40428/812	\				4002// [/21	2/2/2016	10,044	5,1,4					0/0/4
	404700030					01/2/2/0	2/12/2016	///01	10,933					001-
_	46428638	\ \ \ \ \				3/20/2013	9102/21/2	27,555	22,218					000
27 ISHAKES U.S. MEDICAL	46428810	×				8/24/2010	5102/21/11	9,062	3,580					0,00
28 SPOR GOLD IRUST	78463V107	× >	,	1		17/10/2005	9/4/2015	20	**************************************	,	1	1	,	
_	10100001	,				00000000	277776	7	2 6					
34 SPUR GOLD IRUSI	76453V107	× >				1110/2008	10/5/2015	4 6	7 7					
7	101 05000	\				CONZINI /	CI 07/C/01		,					
32 SPUR GOLD IROSI	704637107	< >	ı	i		12/18/2008	11/4/2015	4, 6	n 'e					•
	7010011101	ζ;				1/10/2005	11/4/2015	707	0					
	7010501	\				8002/81/71	12/3/2015	4 0	200					
- T-	1	× ;				1/10/2005	12/3/2015	61	20 0					100
~		<:	1	,	•	nLnz/c/c	9102/21/2	con'c	860,4		1 1	:	•	5
		×¹:	1	1	•	12/10/2012	11/12/2015	926'1	505,	ì		: :	> (55 E
		×				1/13/2014	11/12/2015	CCE G	/,683					97)-
39 WISDOMTREE TRUST JAPAN		×				3/27/2015	2/12/2016	9,281	12,998				0	-3,717
		×		ı		8/28/2015	2/12/2016	6,714	9,052		, I	:		-2,338
7	_		1		_	6/9/2015	2/12/2016	3,357	4,983					979"1-
- 1		×				3/27/2015	2/12/2016	5,537	7,750				3	-2,213
ΤТ.		×				6/9/2015	2/12/2016	3,955	5,860				0	-1,905
-		×	I	1		8/28/2015	2/12/2016	2,215	2,976		:	•	_	9/-
- 1		×:		: :		3/27/2015	2/12/2016	886.6	14,015		1	i		4,027
46 WISDOMIREE EUROPE HED		×				3/27/2015	8/15/2016	8,396	10,205				0)	F08,1-
- 1		×				6/9/2015	8/15/2016	5,417	6,277					198-
48 WISDOMTREE EUROPE HED		×				8/28/2015	8/15/2016	3,738	4,009				0	-201
49 WISDOMTREE EUROPE HED	97717701 0 97717701	, ×>	1	i		3/27/2015	8/23/2016	2,511	3,092	1	:		0.0	-581
Т	\perp	,				01/07/07/0	0/23/2010	10,132	con'l l					100.1

Part I, Line 16b (990-PF) - Accounting Fees

		1,500	0	0	1,500
	,				Disbursements
		Revenue and			for Charitable
		Expenses per	Net Investment	Adjusted Net	Purposes
<u> </u>	Description	Books	Income	Income	(Cash Basis Only)
1	TAX PREP FEES	1,500			1,500

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

	18,806	11,283		7,522
,	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
Description	Books	Income_	Income	(Cash Basis Only)
1 OTHER PROFESSIONAL FEES	18,806	11,283		7,522

Part I, Line 18 (990-PF) - Taxes

		2,215	84	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1_F	OREIGN TAX WITHHELD	84	84		
2 F	PY EXCISE TAX DUE	816			
3 E	STIMATED EXCISE PAYMENTS	1,315			

Part I, Line 23 (990-PF) - Other Expenses

	91	91	0	0
	Revenue and			Disbursements
•	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 INVESTMENT FEES	91	91		

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		0/99	34.499	0	88 037
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Bea of Year	End of Year	Red of Year	End of Veer
					2
TASHIRE HAIHAWAYING	_		34 499		88 037
			00.1.0		

ł
Other
ments -
Invest
990-PF)
ne 13 (9
Part II, Li

		942,216	975,582	1.295,068
Asset Description	Basis of Valuation	Book Value Beg of Year	Book Value End of Year	FMV End of Year
			0	
		0	7,975	7,884
3 ISHARES TR		0	97,707	101,651
7		0	25,790	29,114
ISHARES TR		0	4,800	17,415
7		0	18,571	18,259
=		0	9,946	26,253
7		0	14,979	22,928
9 ISHARES TR DOW JONES US HEALTHCAI	ICAF	0	24,912	30,329
10 ISHARES TR		0	7,652	12,372
11 ISHARES LEHMAN 1-3 YR		0	90,958	91,480
12 S&P US PFD STK INDEX FD		0	39,420	40,100
13 ISHARES TR DOW JONES US		0	6,125	17,919
14 ISHARES HIGH DIV EQ FUND		0	24,825	30,698
15 ISHARES TRUST SHS ISHARE		0	7,977	7,785
		0	13,002	12,795
17 GUGGENHEIM S&P 500 EQUAL		0	15,975	20,521
18 SPDR TR UTS		0	18,922	22,173
19 SPDR GOLD TRUST		0	8,165	12,478
	O	0	9,914	12,140
21 SECTOR SPDR TR SHS BEN		0	8,157	16,314
22 SECTOR SPDR TR		0	21,397	17,128
23 SECTOR SPDR TR		0	12,240	18,420
24 SECTOR SPDR TR TECHNOLOGY		0	28,880	46,990
25 VANGUARD DIVIDEND		0	33,920	40,451
26 VANGUARD MEGA CAP 300		0	18,282	19,175
27 VANGUARD EUROPE PACIFIC		0	52,676	53,288
28 VANGUARD INDEX FDS REIT		0	11,925	15,570
29 VANGUARD INDEX TR VANGUARD TO	TOTAL	0	6,797	16,748
30 ISHARES TRUST SHS ISHARE		0	7,004	6,925
		0	67,068	69,005
=	(FD	0	7,767	17,620
ᄏ	FD	0	15,387	36,899
-		0	3,189	10,674
7		0	37,766	62,770
7		0	19,034	41,047
=		0	5,737	9,279
38 ISHARES TR DOW JONES U S CONSUME	MER	0	16,474	36,357
-		0	29,964	30,282
_		0	7,019	6,854
		0	11,984	11,807
42 SPDR GOLD TRUST		0	21,344	64,886
_1	O	0	4,033	6,021
SECTOR SPDR TR		0	13,348	17,470
\neg		0	21,897	31,483
46 VANGUARD EUROPE PACIFIC		0	29,972	29,399

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1 1

Part II, Line 13 (990-PF) - Investments - Other

27,912	14,706	0		7 VANGUARD INDEX TR VANGUARD TOTAL
End of Year	End of Year	Beg of Year	Valuation	Asset Description
FMV	Book Value	Book Value	Basis of	
1,295,068	975,582	942,216		

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

and Tono I	Amoun	_											
Short Term CG Distributions	0				399,645	0	٥	316,081	83 564			0	83,564
		Acquisition	Date	Date	Gross	Depreciation		Cost or Other Basis Plus		FM V as of	Adjusted Basis as of	Excess of FMV Over	Gains Minus Excess FMV Over
Description of Property Sold	CUSIP #	Method	Acquired	Sold	Price	Allowed	Adjustments	Expense of	Gain or Loss	69	12/31/69	Adjusted Basis	Adj Basis or Losses
2 BERKSHIRE HATHAMAYING	001620866		9/13/2011	1/29/2016	10,431				-1,265				7 969
Τ	084670702		10/24/2007	5/24/2016	30,911			18 258	12,653		000		12,653
	464286533		6/9/2015	9/10/2015	3,766		0		-590				-590
7	464287192		6/13/2013	11/12/2015	7,309		0 0	5	1,673			0	1,673
7	464287192		6/13/2013	2/12/2016	15,715		0		1,633		0	0	1,633
7	464287242		1/11/2010	2/12/2016	30,005		0	2	2,119		0		2,119
1	464287499		1/10/2005	9/10/2015	8,031				4,183		0	0	4,183
\neg	464287499		1/10/2005	2/12/2016	14,059		0	7,613	6,446	,		0	6,446
\neg	464287507		12/17/2004	2/12/2016	8,026		0		3,853)	0	0	3,853
\neg	464287556		9/5/2008	11/12/2015	13,039		0		9,737				9,737
12 (SHAKES NASDAO BIOTECH	464287556	,	9/5/2008	2/12/2016	5,948			:	3,968	:		1	3,968
13 ISHARES NASDAG BIOTECH	404287330		0102//2/1	9102/21/2	9/9/11				058,7				068,7
14 INHARES NASOAN BIOTECH	464287556	1 1	0102//2/1	8/23/2016	4.45		,	1,175	2,970	,	,	,	2,970
Т	464287572		3/20/2013	2/12/2016	5 991				2310				2,33
7	464287572		12/27/2013	8/23/2016	4 899				215				-115
Т	464287598	1	12/17/2004	2/12/2016	6.044	;		4475	1,569				1,569
	464287598		12/17/2004	8/23/2016	10.670				4.089			0	4,089
			1/10/2005	9/10/2015	6,207		0		3,063				3,063
\Box	464287614		1/10/2005	2/12/2016	10,006		, ,	5,411	4 595	:	0	0	4,595
22 ISHARES RUSSELL 1000	464287614		1/10/2005	8/23/2016	10,976		0		5,952		0		5,952
_	464287614		1/10/2005	8/25/2016	19,841				10,662		0		10,662
	464287812		12/17/2004	2/12/2016	10,044		0		4,870				4 870
\neg	464288638		6/2/2015	2/12/2016	10,777		0		-156			0	-156
26 ISHARES INTERMEDIATE	464288638		3/20/2013	2/12/2016	21,555		0	22,218	-663				-993
24 SPARES US MEDICAL	784288810	1	1/10/2005	11/12/2015	9,062	,		:	5,382	1	;		5,382
29 SPDR GOLD TRUST	78463V107		12/18/2008	9/4/2015	4		0						
30 SPDR GOLD TRUST	78463V107		12/18/2008	10/5/2015	4		0		3				
31 SPDR GOLD TRUST	78463V107	,	1/10/2005	10/5/2015	18	•	,	7	-		,	0 . 0	11
32 SPDR GOLD TRUST	78463V107		12/18/2008	11/4/2015	4		0		-				
-1	78463V107		1/10/2005	11/4/2015	8		0		12		0	0	12
34 SPDR GOLD TRUST	78463V107		12/18/2008	12/3/2015	4		0		1				
35 SPDR GOLD TRUST	78463V107		1/10/2005	12/3/2015	9 4		,	90 90	11	r	;		11.00
┰	921908844		12/10/2012	11/12/2015	1 938			7	433				433
1			1/13/2014	11/12/2015	6,955		;	7,683	-728			,	-728
1 -			3/27/2015	2/12/2016	9,281		0	12,998	-3,717				3,717
ı		:	8/28/2015	2/12/2016	6,714		0	G ·	-2,338		0	0	-2,338
			6/9/2015	2/12/2016	3,357								
42 MISDOMTREE TRUST JAPAN			3/27/2015	2/12/2016	5,537		0	7	-2,213				-2,213
	i	ı	6/9/2015	2/12/2016_	3,955			5,860	-1,905	;	0	ο, ·	-1,905
44 WISDOMIREE TRUST JAPAN			8/28/2015	2/12/2016	2,215		0	2	-761				
46 WISDOMTREE EUROPE HED	97717X701	1	3/27/2015	2/12/2016	9866		: ;	14,015	4,027				4,027
			6/07/15	9/15/2016	5 417				600,1-				
AR MISHOMTREE ELIROPE HEN			RIDBIO015	8/15/2016	3,738				-271				-271
			3/27/2015	8/23/2016	2,511			r er	-581				-581
	L		8/28/2015	8/23/2016	10,152		0		-913			0	-913
61 WISDOMTREE EUROPE HED			6/9/2015	8/23/2016	7.481		0		-1,305			0	-1,305

1/5/2017 3:52:46 PM - XXXX4C80 - JXC - FLP - ROBERT NANCY CAMPBELL FOUNDATION

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

_				
0	Expense Account		•	•
0	Benefits			
20,000	Avg Hrs Per Week Compensation	0	10,000	10,000
	Avg Hrs Per Week	2 00	1 00	1 00
	Title	PRESIDENT	SECRETARY	TREASURE R
	Foreign Country		Canada	
	Zıp Code	92118		
	State	₹		8
	City	CORONADO	OAKVILLE	CORONADO
	Street	826 ORANGE AVENUE	55 HOLYROOD AVENUE	175 D AVENUE
	Check "X"			
	Name	ROBERT H CAMPBELL	HEATHER CAMPBELL BURCHER	R DOUGLAS CAMPBELL
		-	7	

Part VI, Line 6a (990-PF) - Estimated Tax Payments

	,	Date		Amount
	Credit from prior year return		1	0
2	First quarter estimated tax payment .	. 1/14/2016	2	329
3	Second quarter estimated tax payment	2/12/2016	3	329
4	Third quarter estimated tax payment	5/13/2016	4	329
5	Fourth quarter estimated tax payment	8/12/2016	5	328
6	Other payments		6	
_7	Total		7	1,315