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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

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

	For calendar year 2016 or tax year beginning 9/1/2016 , and ending 8/31/2017							
			ndation	172010	,		r identification number	
F	ROBERT & NANCY CAMPBELL FOUNDATION							
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 23-3033274							
P O BOX 1501, NJ2-130-03-31 B Telephone number (see instructions)							ns)	
7	City o	town	, state or province, country, and ZIP or foreign postal code					
<u> </u>	PENI	NING	STON NJ	08534-150	21		609-274-683	4
1	Foreig	n cou	ntry name Foreign province/state/county	Foreign posta	aìcode	C If exempt	ion application is pendi	ng, check here 🕨 🗌
_								
(3 C	heck	all that apply: Initial return Initial return	of a former public of	charity	D 1. Foreig	n organizations, check l	nere ▶ 🗌
			☐ Final return ☐ Amended re	turn		2. Foreig	n organizations meeting	the 85% test,
_			Address change Name change			check	here and attach comput	ation ▶ 🗌
ŀ	<u> 1</u> C	heck	type of organization X Section 501(c)(3) exempt pr	ivate foundation	Orl		foundation status was to	erminated under
	<u>] s</u>	ectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other tax:			section 5	07(b)(1)(A), check here	
ŀ	F	air m	arket value of all assets at J Accounting method	X Cash A	ccrual	E If the four	ndation is in a 60-month	termination
	eı	nd of	year (from Part II, col (c), Other (specify)				tion 507(b)(1)(B), check	. —
	<u>lır</u>	n <u>e 16</u>	s) ▶ \$ 1,577,615 (Part I, column (d) must be	on cash basıs)				
	Par	t I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		_	amounts in columns (b), (c), and (d) may not necessarily	expenses per		investment come	(c) Adjusted net income	for chantable purposes
			equal the amounts in column (a) (see instructions))	books		COITIC	l liconie	(cash basis only)
2		1	Contributions, gifts, grants, etc , received (attach schedule)	70,978	·	12. At 1	*	S. Reit St. W. S.
	2	2	Check ▶☐ If the foundation is not required to attach Sch. B	\$ # C . 3	2 9 9		4.5654	
Ŋ٤	4	3	Interest on savings and temporary cash investments					
v	(4	Dividends and interest from securities .	30,470		28,151		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	- [5a	Gross rents					* * * * * *
	-	b	Net rental income or (loss)		The production of the	The state of the s	34/31 LV	3
	Revenue	6a	Net gain or (loss) from sale of assets not on line 10				5/4/2/5/3	
	e l	_b	·	F. 17. 6. 2. 2.				
	<u>§</u>	7	Capital gain net income (from Part IV, line 2)				(4 2 kg)	
'	-	8	Net short-term capital gain .			167		
	١,	9 0a	Income modifications Gross sales less returns and allowances		Ten de S	1.1	23 4 5 5	
	- '	b	Less Cost of goods sold	61314				
Q	Q	C	Gross profit or (loss) (attach schedule)		Contractor of Automotive	14 P		42 ***
٤	5 1	1	Other income (attach schedule)	<u> </u>			 	
5	<u> </u>	2	Total. Add lines 1 through 11	149,807		76.510	0	7 7 7
2	_	3	Compensation of officers, directors, trustees, etc	20,000			<u>-</u>	20,000
	8 1	4	Other employee salaries and wages					
	등 1	5	Pension plans, employee benefits .					
?	욹 1	6a	Legal fees (attach schedule)					
	1	b	Legal fees (attach schedule) Accounting fees (attach schedule EUED	1,500				1,500
,	<u>₹</u>	C	Other professional jees (attach schedule) Interest Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	16,026		9,616		6,410
	Ē, 1	7	Taxes (attach schedule) (see instructions)					
	<u>S</u> 1	8	Taxes (attach schedule) (see instructions)	865		96		
	늴 1	9		<u></u> _	ļ			
	힐	20	Occupancy OGDEN, UT	ļ			ļ	ļ
		21	Travel, conferences, and meetings				ļ	ļ
	<u>آ ا</u>	22	Printing and publications	<u></u>				
	ତ୍ରା 🕹	23	Other expenses (attach schedule)	104		104	 	
	∄ ²	24	Total operating and administrative expenses.	20.405		0.040		27.040
	ا <u>د</u> ا	25	Add lines 13 through 23 . Contributions, gifts, grants paid	38,495		9,816	0	27,910 83,500
		26	Total expenses and disbursements. Add lines 24 and 25.	83,500		0.010		
-	_			121,995		9,816	0	111,410
	2	27	Subtract line 26 from line 12.	27,812		200		100
	1	a	Excess of revenue over expenses and disbursements . Net investment income (if negative, enter -0-) .	21,612		66,694		
	1	b C	Adjusted net income (if negative, enter -0-)			00,094		
		•	regionated fiel involue in incualive, cilici "V")					

ROBERT & NANCY CAMPBELL FOUNDATION 23-3033274 Form 990-PF (2016) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II **Balance Sheets** should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 2.483 Cash—non-interest-bearing 2,483 97.336 71.605 71.605 2 Savings and temporary cash investments . 3 Accounts receivable Less, allowance for doubtful accounts Pledges receivable ▶ Less allowance for doubtful accounts Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . Other notes and loans receivable (attach schedule) Less, allowance for doubtful accounts Inventories for sale or use ... Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) Investments—corporate stock (attach schedule) 34,499 34,499 105,979 Investments—corporate bonds (attach schedule) 11 Investments—land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) 12 Investments—mortgage loans 13 Investments-other (attach schedule) 975,582 1,024,447 1,397,548 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe 15 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 1,107,420 1,133,034 17 Accounts payable and accrued expenses 18 Grants payable Liabilities 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) Other liabilities (describe 22 23 Total liabilities (add lines 17 through 22) . Foundations that follow SFAS 117, check here **Assets or Fund Balances** and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ 💢 and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 1.133.034 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 1,107,420 30 Total net assets or fund balances (see instructions). 1,107,420 1.133.034 Net. 31 Total liabilities and net assets/fund balances (see instructions) 1,107,420 1,133,034 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1.107,420 2 Enter amount from Part I, line 27a 2 27.812 3 Other increases not included in line 2 (itemize) ► FEDERAL EXCISE TAX REFUND 546 4 Add lines 1, 2, and 3 4 1,135,778 5 Decreases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 5 2,744 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 1,133,034

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Part IV Capital Gains and Losses for Tax on Investment Income								
		he kind(s) of property sold (e.g., real estate buse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation		ate acquired o, day, yr)	(d) Date (mo , day	
1a	See Attached Statement			B Bondaon_				
b								
С			-					
<u>d</u>				ļ				
е								
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) f) minus (g)	
a								
b								
c								
e e								
	Complete only for assets sl	howing gain in column (h) and owned	by the foundation	n on 12/31/69		#\ Cares (Cal	(b)	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)		col (k), but not	(h) gain minus less than -0-) of rom col (h))	
a								
b_								
<u>C</u> _								
<u>d</u> _ e								
		(If gain	also enter in Pa	art Line 7				
2	Capital gain net income o	r (net capital loss) If (loss)	, enter -0- in Pa	irt I, line 7	2			48,359
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instruction	, , , , ,					
<u> </u>	Part I, line 8	1.0.0		<u> </u>	3			0
Part		der Section 4940(e) for Redu ivate foundations subject to the s						
If sect	ion 4940(d)(2) applies, lea he foundation liable for the s," the foundation does not	ve this part blank section 4942 tax on the distribut qualify under section 4940(e) D	able amount of o not complete	any year in the ba	ase pe	riod?	☐ Yes	⊠ No
1		ount in each column for each yea	r, see the instru	ictions before mal	king ar	ny entries		
Cale	(a) Base period years endar year (or tax year beginning ii	(b) Adjusted qualifying distributions	s Net value	(c) of nonchantable-use as	Distribution ratio (col. (b) divided by col. (c))			(c))
	2015		0,996	1,427				105785
	2014		2,225	1,5 <u>5</u> 5				097863
	2013		5,579		2,060			077985
	2012		2,622	1,406				129849
	2011		4,021	1,258	3,675	- $ -$		050864
2	Total of line 1, column (d					2	0	462346
3		for the 5-year base period—divid dation has been in existence if le			ie	3	0	092469
4	Enter the net value of nor	ncharitable-use assets for 2016 fr	om Part X, line	5	.	4	1,	458 <u>,</u> 846
5	Multiply line 4 by line 3 .				.	5		134,898
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			. }	6		667
7	Add lines 5 and 6 .				. }	7		135,565
8		ons from Part XII, line 4 . ater than line 7, check the box in	Part VI. line 1b.	and complete the	t nart	8 Using a 1% :		111,410 e the
	Part VI instructions	ator than the r, offert the box in	i dit vi, ime 10,	and complete tria	it part	using a 170	LON TOIL GE	

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Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instructions)		
1a b	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	1,334	
	here ▶ ☐ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b).			
2 3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2	2 3	1,334	
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	1,334	
6 a	Credits/Payments 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 769			
b c d	Exempt foreign organizations—tax withheld at source . 6b Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld . 6d			
7 8 9	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	7 8 9	769 565	
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 2017 estimated tax Refunded	10)	
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or of	did it	👺 Yes	No
	participate or intervene in any political campaign?		а	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	[1	<u>b</u>	L X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m published or distributed by the foundation in connection with the activities	ateria ls		
С	Did the foundation file Form 1120-POL for this year?	. 1	<u>c </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$	l.i		13:1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in on foundation managers \$\Bigs\\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . If "Yes," attach a detailed description of the activities		2	X
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	X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?		b N/A	<u> </u>
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		21 11	इं. प
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 direction	s that		
	conflict with the state law remain in the governing instrument?	r	6 X	
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	v . 🗀	7 X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•		
b	PA, NJ If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G	ieneral		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	· · · · · · · · · · · · · · · · · · ·	b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942 or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part X			
		,	n 1	X '
	"Yes," complete Part XIV		9	- -
10	"Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listi names and addresses	ng their	0	×

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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	Yes	No X
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	
14	Website address ► N/A The books are in care of ► UST-MLT, DIVISION OF BANK OF AMERICA, NA Telephone no ► 609-27	4-6834		
• •	Located at ► 1300 MERRILL LYNCH DRIVE PENNINGTON NJ ZIP+4 ► 08534-		·	 .
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year			▶ □
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	2. 17	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.	1	+ 1	34
Pari	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 1000		20225000
•	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1 4	Yes	No
1a	During the year did the foundation (either directly or indirectly).		1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1	1 .	
	disqualified person?	1930 Jane	*	•
	(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? (X) Yes X No	. .	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		*	
	(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 termination of government service, if terminating within 90 days)			•
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)? Organizations relying on a current notice regarding disaster assistance check here	1b		X
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 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	Č		
_	If "Yes," list the years 20, 20, 20, 20	7	. 1	
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			.1
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	a.a.,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	320		T.
	▶ 20 , 20 , 20 , 20	34		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			*
b	If "Yes," did it have excess business holdings in 2016 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 2016)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a	<u>'"^</u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х

orm 99	30-PF (2016) ROBERT & NANCT CAMPBELL	LFOUR	NON					23-30	33274	Page 6
Part	VII-B Statements Regarding Activities f	or Whi	ich Form 47	20 Ma	y Be Requ	uired (continue	d)		
5a	During the year did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to			(sectio	n 4945(e))′	>	Yes	X No		
	(2) Influence the outcome of any specific public el directly or indirectly, any voter registration driv			4955), d	or to carry o	on,	Yes	X No		
	(3) Provide a grant to an individual for travel, stud	y, or ot	her sımılar pu	ırposes	?		Yes	X No		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	a charita	able, etc , org	janızatı	on describe	ed in	☐ Yes	⊠ No		
	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch			literary	, or educatı	onal	Yes	⊠ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53 4945 or in a current notice							bed in	5b	N/A
	Organizations relying on a current notice regardin	g disas	ter assistanc	e checl	k here .		·	▶□		
С	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility f			emption	n from the to . N/A	ЭX	☐ Yes	□ No		
_	If "Yes," attach the statement required by Regulat									
6a	Did the foundation, during the year, receive any fu on a personal benefit contract?	ınds, dı	rectly or indir	ectly, to	o pay prem	iums	Yes	⊠ No		
b	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	s, direct	tly or indirect	y, on a	personal b	enefit c	ontract?		6b	X
7a	At any time during the tax year, was the foundation a palf "Yes," did the foundation receive any proceeds					tha trai	Yes	X No		N/A
Par										
	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors									
1	List all officers, directors, trustees, foundation	mana	gers and the	ir com	pensation	(see ir	struction	ns).		
	(a) Name and address	(b) Trtie	e, and average rs per week ed to position	(c) Co (If i	mpensation not paid, nter -0-)	(d) emple	Contribution byee benefit erred compe	s to plans		se account, lowances
	RT H CAMPBELL RANGE AVENUE CORONADO, CA 92118	PRESI	DENT 2 00		0					
HEAT	HER CAMPBELL BURCHER	SECR	ETARY							
55 HC	DLYROOD AVENUE OAKVILLE Canada		1 00		10,000					
	UGLAS CAMPBELL	TREAS	SURER					1		
17 <u>5 D</u>	AVENUE CORONADO, CA 92118		1 00		10,000					
2	Compensation of five highest-paid employees "NONE."	(other	than those	include	ed on line 1	l—see	instructi	ons). If	none, e	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	sation	(d) Contrib employee plans and compens	benefit deferred i		se account, lowances
NONE										
							!		1	
Total	number of other employees paid over \$50,000 .				<u>.</u>	<u> </u>		•		0
								F	orm 990	-PF (2016)

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Pa		mation About Officers, Directors, Trustees, Foundati	on Managers, Highly Paid En	ployees,
		Contractors (continued)		
_3		paid independent contractors for professional services (se		
		ame and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NOI	NE			
Tota	al number of othe	ers receiving over \$50,000 for professional services .		L
Pa	art IX-A Su	mmary of Direct Charitable Activities		
		r largest direct chantable activities during the tax year. Include relevant statistical beneficianes served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1	NONE			
2				
3				
4				
-	- 4 IV B			L
		mmary of Program-Related Investments (see instruction to program-related investments made by the foundation during the tax year on line		Amount
	NONE	t programmetated investments made by the loundation during the tax year on line	5 1 4110 2	Aniodit
•	HOIL			Ì
2				
Al	ll other program-relate	d investments. See instructions		
3	NONE		,	
Tot	al. Add lines 1 thi	rough 3 .	>>	0
-				Form 990-PF (2016)

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	
	see instructions.)	•	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	* \$	
	purposes:	E &	
а	Average monthly fair market value of securities	1a	1,404,500
b	Average of monthly cash balances	1b	76,562
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,481,062
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,481,062
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	22,216
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,458,846
6	Minimum investment return. Enter 5% of line 5	6	72,942
Part			
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	72,942
2a	Tax on investment income for 2016 from Part VI, line 5	. 7.6	
b	Income tax for 2016. (This does not include the tax from Part VI)	1:45	
С	Add lines 2a and 2b	2c	1,334
3	Distributable amount before adjustments Subtract line 2c from line 1	3	71,608
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	71,608
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	71,608
Part	XII Qualifying Distributions (see Instructions)		
_	Amounto paid (including administrativa aveganaca) to accomplish aboratable, etc., purposes		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	111,410
a b	Program-related investments—total from Part IX-B	1b	1 1 1,410
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	10	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	55	
_	Suitability test (prior IRS approval required)	3a	
a 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	111,410
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1 1 1,410
J	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	111,410
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when the column (b) is the column (b).		
	qualifies for the section 4040(a) reduction of tax in those years	ietiiei tile loulit	Janon

Form **990-PF** (2016)

Form 9	990-PF (2016) ROBERT & NAN	CY CAMPBELL FO	OUNDATION		23-	3033274 Page 9
Par	XIII Undistributed Income	(see instructions)			1 age C
		•	(a)	(b)	(c)	(d)
1	Distributable amount for 2016 fro	m Part XI,	Corpus	Years pnor to 2015	2015	2016
	line 7		· .	:> -	100.00	71,608
2	Undistributed income, if any, as of the	e end of 2016.		, n	44 MARCH V 18	7,000
а	Enter amount for 2015 only .			1 1 18 18 18		
b	Total for pnor years 20_	, 20 , 20				3 (() ()
3	Excess distributions carryover, if		N 7- 1			
а	From 2011	',		الأ . يبيا		
b	From 2012	58,015				
С	From 2013	42,474		100	A Share Share	
đ	From 2014 .	77,081				
е	From 2015 .	81,678				
f	Total of lines 3a through e		259,248		a e	10 March 10
4	Qualifying distributions for 2016 f	rom Part XII.	200,2 10	100	1 1 No.	1874 - 78.00 20.55
	line 4 ▶ \$ 111,410					
а	Applied to 2015, but not more that	,	2.7.		***	
	Applied to undistributed income of		27.4		1000	
	(Election required—see instruction					
С	Treated as distributions out of co				14 77	- 1
	required—see instructions)	puo (Liodioi)				
d	Applied to 2016 distributable amo	ount		2013 P. 18 18 2		71 600
е	Remaining amount distributed ou				B. 14-80.2	71,608
5	Excess distributions carryover ap		05,002		##7g# 1	200 200 200 20 20 20 20 20 20 20 20 20 2
	(If an amount appears in column		*	100 mg	44.5.5	24
	amount must be shown in column		244			
6	Enter the net total of each colu					
	indicated below:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	299,050		res.	1.52
b	Prior years' undistributed income.		7 T May 1	270. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3.7
	line 4b from line 2b			0		
C	Enter the amount of prior years' u	indistributed	4 5 JULY 1			
	income for which a notice of defic				The State of the	
	been issued, or on which the sec	tion 4942(a)				
	tax has been previously assessed	. t				
d	Subtract line 6c from line 6b Tax	able	A Spring			
	amount—see instructions					
е	Undistributed income for 2015 Si	ubtract line				19 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4a from line 2a Taxable amount-	-see	lita 4			
	instructions				0	
f	Undistributed income for 2016 Si	ubtract lines	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
	4d and 5 from line 1. This amount	t must be	i i	4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4		
	distributed in 2017 .			× ×		0
7	Amounts treated as distributions of	out of corpus				***
	to satisfy requirements imposed b				š ′ ′	, ,
	170(b)(1)(F) or 4942(g)(3) (Election	on may be				
	required—see instructions) .					
8	Excess distributions carryover fro	m 2011 not				
	applied on line 5 or line 7 (see ins	tructions)				
9	Excess distributions carryover					
	Subtract lines 7 and 8 from line 6	а.	299,050			
10	Analysis of line 9:					
а	Excess from 2012 .	58,015				
b	Excess from 2013 .	42,474				
C	Excess from 2014	77,081				
d	Excess from 2015	81,678				
е	Excess from 2016	39,802				

Form **990-PF** (2016)

Form 9	90-PF (2016) ROBERT & NANCY C	AMPBELL FOUN	IDATION		23-30	033274 Page 10
Part	XIV Private Operating Foundation	ons (see instruc	tions and Part V	II-A, question 9)		N/A
1a	If the foundation has received a ruling of	or determination l	letter that it is a pri	vate operating		
	foundation, and the ruling is effective for					
b	Check box to indicate whether the foundation	on is a private opera	ating foundation desc	cribed in section	4942()(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(0) 10121
	each year listed			<u> </u>		
b	85% of line 2a		<u> </u>	<u> </u>		/ 0
C	Qualifying distributions from Part XII,					
	line 4 for each year listed			<u> </u>	·	/ <u> </u>
ď	Amounts included in line 2c not used directly			j		
	for active conduct of exempt activities .		<u> </u>			<u>c</u>
е	Qualifying distributions made directly					
	for active conduct of exempt activities					ſ
	Subtract line 2d from line 2c		1			<u> </u>
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter.					-
	(1) Value of all assets					c
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i) .					<u> </u>
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in	ļ				
	Part X, line 6 for each year listed	L		<u> </u>		<u> </u>
С	"Support" alternative test—enter	}				
	(1) Total support other than gross					}
	investment income (interest,					1
	dividends, rents, payments on securities loans (section					}
	512(a)(5)), or royalties)		<u></u>	<u> </u>		
	(2) Support from general public and 5 or more exempt		1			Ì
	organizations as provided in					
	section 4942(j)(3)(B)(iii) .					c
	(3) Largest amount of support from		1	1		
	an exempt organization	<u> </u>	<u> </u>			c
	(4) Gross investment income	l				<u> </u>
Part				e foundation had	d \$5,000 or mo	ore in assets at
	any time during the year—		ıs.)			
1	Information Regarding Foundation					
а	List any managers of the foundation wi					the foundation
	before the close of any tax year (but or	•	ontributed more tha	an \$5,000). (See se	ction 507(d)(2))	
	ERT CAMPBELL NANCY CA					
b	List any managers of the foundation wi			•		ortion of the
	ownership of a partnership or other ent	tity) of which the t	toundation has a 1	0% or greater intere	est	
NON						
2	Information Regarding Contribution					
	Check here ► 🖾 if the foundation or	nly makes contrib	utions to preselect	ted charitable organ	izations and doe	s not accept
	unsolicited requests for funds. If the for under other conditions, complete items	-	giits, grants, etc. (s	see instructions) to r	ridividuals of org	anizations
				-, -, , - ,	 	
а	The name, address, and telephone nu	mber or e-mail ac	dress of the perso	on to whom applicat	ions should be a	ddressed
						
þ	The form in which applications should	be submitted and	i intormation and m	natenais they should	d include	
						
С	Any submission deadlines					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 - 1 - 1	4	
d		is, such as by geo	ographical areas, o	charitable fields, kin	as of institutions	, or otner
	factors					

Form 990-PF (2016) ROBERT & NANCY CAMPB	_		23-303327	4 Page 11
Part XV Supplementary Information (control	nued)			
3 Grants and Contributions Paid During	the Year or Approve	d for Fut	ure 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	reapient	Contribution .	
a Paid during the year				
See Attached Statement				
	}			
	1			
Total			▶ 20	93 500
b Approved for future payment	T .	· -	3a	83,500
NONE				
]	
			[
		1		
			1	
		[[

Total .

3b

ROBERT & NANCY CAMPBELL FOUNDATION 23-3033274 Page 12 Form 990-PF (2016) Part XVI-A Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated (e) Related or exempt (b) (d) function income Business code Amount Exclusion code Amount (See instructions) 1 Program service revenue g Fees and contracts from government agencies 2 Membership dues and assessments Interest on savings and temporary cash investments 30,470 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 48.359 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a C d 12 Subtotal Add columns (b), (d), and (e) 78,829 13 Total. Add line 12, columns (b), (d), and (e) 78,829 13 (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. 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) Not Applicable

(6)	(6) Performance of services or membership or fundraising solicitations							
c Sha	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . 1c X							
valu								
(a) Line no	(a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangement							
		Not Applicable						
		<u>-</u>						
					<u> </u>			
	1							

		filiated with, or related to, one or more tax-c (other than section 501(c)(3)) or in section	
_ b	If "Yes," complete the following schedule	e	
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
			·
	·		
		s return, including accompanying schedules and statements, and to xpayer) is based on all information of which preparer has any know	
Sign	correct, and complete Deciaration of preparation of the	Aportory is based on an information of which preparer has any known	May the IRS discuss this return

Print/Type preparer's name Preparer's signature Date Check X if **Paid** self-employed P01233953 LAWRENCE F MCGUIRE 1/2/2018 Preparer ► PRICEWATERHOUSECOOPERS, LLP 13-4008324 Firm's name Firm's EIN **Use Only** Firm's address ► 600 GRANT STREET, PITTSBURGH PA 15219 412-355-6000 Phone no

Here

Signature of officer or trustee

Form 990-PF (2016)

with the preparer shown below

(see instructions)? X Yes No

Page 13

ROBERT & NANCY CAMPBELL	FOUNDATION			23-303	3274 Page	1 of 3
Continuation of Part XV, L	ine 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	e Year
Recipient(s) paid during the year						
Name						
Coronado Hospital Foundation Street						
8695 Spectrum Center Blvd						
		Ctata	Zin Codo	Foreign Cour	4	
City			Zip Code	Foreign Cour	itry	
San Diego	Foundation Status	CA	92123			
Relationship	PC	•				
None				·	7	
Purpose of grant/contribution					Amount	00.000
General Operating						38,000
Name						
ROAR Foundation						
Street						
6867 Soledad Canyon Rd						
City		State	Zip Code	Foreign Cour	ntry	
Acton		CA	93510		•	
Relationship	Foundation Status	;				
None	PC					
Purpose of grant/contribution					Amount	
General Operating						1,000
Al						,
Name						
Ronald Mcdonald House Charities Of	San Diego Inc					
Street						
2929 Childrens Way		I	I ·	1		
City			Zip Code	Foreign Cour	ntry	
San Diego	<u> </u>	CA	92123			
Relationship	Foundation Status	;				
None	PC				Ţ.	
Purpose of grant/contribution					Amount	
General Operating			 			5,000
Name						
The Rescue Express						
Street				• • •		
240 Kirk Ln						
City		State	Zip Code	Foreign Cour	ntrv	_
Media		PA	19063	i orongir oour	· y	
Relationship	Foundation Status		110,000			-
None	PC	•				
Purpose of grant/contribution	<u> </u>				Amount	
General Operating					Amount	5,000
Ceneral Operating						3,000
Name						
Gentle Bens Grant Breed Rescue						
Street						
805 Hartzell School Rd		,				
City			Zip Code	Foreign Cour	ntry	
New Brighton		PA	15066			
Relationship	Foundation Status	;				
None	PC					
Purpose of grant/contribution					Amount	
General Operating						7,000
Name	,		-			
Southern California Labrador Retrievo	or Bosous					
Street	er Rescue					
PO Box 4859		CALA	Zin Code	Eassies Os		
City			Zip Code	Foreign Cour	iuy	
Irvine	Foundation Ct-4	CA	92616	!		
Relationship	Foundation Status	•				
None Purpose of grant/contribution	PC		•		Amarint	
General Operating					Amount	1.000
General Operalist					1	1,000

ROBERT & NANCY CAMPBELL FO	UNDATION			23-3033	3274 Page	2 of 3
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Conti	ributions Paid	During th	ne Year
Recipient(s) paid during the year						
Name						
The Living Desert Street						
47900 Portola Ave						
City		State	Zip Code	Foreign Count		
Palm Desert		CA	92260	oreign count	.ı y	
Relationship	Foundation Status		102200			
None	PC					
Purpose of grant/contribution	<u> </u>				Amount	
General Operating						1,000
Name						
Pacific Animal Welfare Society						
Street						
828 Guadalupe Ave City		Ctata	Zin Codo	Farsian Count		
Coronado		CA	Zip Code	Foreign Count	ry	
Relationship	Foundation Status	<u>CA</u>	92188			
None	PC					
Purpose of grant/contribution	<u> </u>				Amount	
General Operating					Amount	1,000
General Operating			- 		L	1,000
Name						
Prison Entrepreneurship Program						
Street						
PO Box 926274	,					
City			Zip Code	Foreign Count	ry	
Houston	15	TX	77292	L		
Relationship	Foundation Status					
None	PC				14	
Purpose of grant/contribution					Amount	4.000
General Operating					L	1,000
Name						
Trustees of Princeton University						
Street						
PO Box 35						
City			Zip Code	Foreign Count	ry	
Princeton		NJ	08540			
Relationship	Foundation Status					
None	PC					
Purpose of grant/contribution					Amount	4 000
General Operating					<u> </u>	1,000
Name						
Rotary International						
Street		_				
PO Box 180487						
City		State	Zip Code	Foreign Count	try	
Coronado		CA	92178			
Relationship	Foundation Status					
None	PC					
Purpose of grant/contribution					Amount	
General Operating					L	2,000
Name						
Coronado Schools Foundation						
Street						
201 6th Street						
City		State	Zip Code	Foreign Count	try	
Coronado		CA	92188			
Relationship	Foundation Status					
None	PC					
Purpose of grant/contribution					Amount	
General Operating					1	9,000

ROBERT & NANCY CAMPBELL FO				23-3033	
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Contrib	utions Paid	During the Year
Recipient(s) paid during the year					
Name					
Soroptimist International Of The America	as Inc				
Street					
PO Box 18035					
City			Zip Code	Foreign Count	гу
Coronado		<u>CA</u>	92178	<u> </u>	
Relationship	Foundation Status				
None Purpose of grant/contribution	PC				IA mayort
General Operating					Amount 3,000
					3,000
Name					
Coronado Historical Association Street					
1100 Orange Ave					
City	 -	State	Zip Code	Foreign Count	
Coronado		CA	92188	i oreign oodine	' '
Relationship	Foundation Status	<u> </u>	102100	<u> </u>	
None	PC				
Purpose of grant/contribution					Amount
General Operating					7,500
Name					
Leukemia & Lymphoma Society					
Street					
5601 6th Avenue South, Ste 182					
City		State	Zip Code	Foreign Count	ry
Seattle		<u>WA</u>	98108	<u> </u>	
Relationship	Foundation Status				
None	PC				[A === ======
Purpose of grant/contribution					Amount
General Operating					1,000
Name					
Street					
City		State	Zip Code	Foreign Count	<u> </u>
on,		Outc	Lip Gode	l oreign oodine	• 7
Relationship	Foundation Status			<u> </u>	
	<u></u>				
Purpose of grant/contribution					Amount
					<u> </u>
Name					
Street					
City		State	Zip Code	Foreign Count	ry
District	le de di constant		L	L	
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
r di pose di gianiccondibudon					Amount
					L
Name					
Street					
Jueet					
City		State	Zip Code	Foreign Count	rv
				I	
Relationship	Foundation Status				
	<u> </u>				
Purpose of grant/contribution					Amount

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

				Č	Totals		Gross Sales	Cost or Other Basis, Expenses Depreciation and Adjustments	asis, Expenses, id Adjustments	Net Gail or Loss	ا
				ថ	Capital Gains/Losses		135,000		86,641		48,359
	Check "X" if				Oller sales						
	Purchaser							Expense of Sale			
	Business	Acquisition	Acquired	Sold	Gross Sales	Cost or Other Basis	Valuation	and Cost of	Depreciation	Admistments	Net Gain
			12/18/2008	10/5/2016	9	4					2
			1/10/2005	10/5/2016	21	7					14
			12/18/2008	11/3/2016	4	3					
1			1/10/2005	11/3/2016	21	7				0	14
			1/10/2005	12/5/2018	21	80				0	13
			12/18/2008	12/5/2016	4	3				0	-
			1/10/2005	2/10/2017	4,690	1,635				0	3,055
			3/20/2013	2/9/2017	6,197	4,759				0	1 438
1			5/5/2010	2/10/2017	728	455				0	273
			7/23/2010	2/9/2017	4,802	2,338				0	2.264
			9/23/2016	9/23/2016	0	0				0	0
			9/22/2018	2/9/2017	3,221	3,385				0	-164
- }			1/13/2014	2/9/2017	15,771	17,076				0	-1,305
-			1/10/2005	9/7/2016	23	7				0	18
- 1			6/9/2015	2/9/2017	4,571	4,868				0	-297
			6/9/2015	2/9/2017	6,230	5,624				0	909
			12/17/2004	2/10/2017	21,229	80				0	13,144
			9/5/2008	2/9/2017	2,280					0	1,620
			12/27/2013	2/9/2017	2,757	2,700				0	22
			3/20/2013	2/9/2017	602	613				0	96
			1/13/2014	2/9/2017	15,755	15,258				0	497
			10/22/2008	2/9/2017	905'5	1,882				0	3,626
			12/18/2008	2/9/2017	1,432					0	920
			4/26/2006	2/9/2017	4,076	1				0	2 132
			12/17/2004	2/10/2017	17,966	8,184				0	9.782
			8/24/2010	2/9/2017	5,767	1,960				0	3.807
- 1			1/10/2005	2/10/2017	11,350					0	6,659
- 1			12/18/2008	9/7/2016	4	3				0	-

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

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

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

	16,026	9,616	0	6,410
	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 MLTC FEES AS AGENT	16,026	9,616		6,410

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

		865	96	(0
		Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
	Description	per Books	Income	Net Income	Purposes
1	FOREIGN TAXES WITHHELD	96	96		
2	ESTIMATED EXCISE TAX PAYMENTS	769			

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

	104	104	0	0
	Revenue and		<u>—</u>	Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 INVESTMENT EXPENSES	104	104		

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

ı			0	34.499	0	105 979
	Description	Num Shares/ Face Value	Book Value	Book Value	FMV	FMV
ı		200	100 F20	בומו	Ded of rear	End of Year
1	DEDUCE LIATIONAL CONTRACTOR					
- 1	DERNOHIRE HAI HAWAYING	0		34.499		105 979
						0.00

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

			0	1,024,447	1,397,548
L		Basis of		Book Value	FMV
ŀ	Asset Description	Valuation	beg or rear	End of rear	End of real
_				7900	2000
7	ALPS SECTOR DIVIDIND DOGS			/08'A	9,003
က	ISHARES TRUST SHS ISHARE		0	7,004	855'/
4	ISHARES TR		O	67,068	90,,706
s)	ISHARES TR RUSSELL MIDCAP INDEX FD		0	3,076	7,708
9	ISHARES TR S&P MIDCAP 400 INDEX FD		0	7,302	19,355
^	ISHARES TR		0	3,189	12,667
α	ISHARES TR		0	37,766	68,316
σ	ISHARES TR		0	19,034	48,821
, 5	ISHARES TRIDOW JONES US HEAT THOSE		0	20.006	22,720
7	ICHARES TR		C	5.737	10,360
= \$	ISHADES TO DOM TONES ITS CONSTIMEN			8 290	18 972
2 5	ISHARES IN DOW JOINES OF CONSOME			29 964	30 193
2	ISHAKES LETIMAN 1-3 TA			7 040	7 324
4 ;	ISHAKES IRUSI SHS ISHAKE			14 002	13 362
2	ISHAKES CORE MSCI PAC			10000	10,00
9	SPDR GOLD IRUSI			023 6	460,00
1	SECTOR SPOR TR SHS BEN INT-BASIC		0	8/6,5	8CO 0
18	SECTOR SPDR TR		0	13,348	16,057
19	SECTOR SPDR TR		0	19,942	20,748
2	SECTOR SPDR TR TECHNOLOGY		0	21,897	39,416
2	VANGUARD EUROPE PACIFIC		0	29,972	33,803
22	VANGUARD TELECOMM SRVCS		0	4,906	4,678
23	VANGUARD INDEX TR VANGUARD TOTAL		0	14,706	31,745
24	ALPS SECTOR DIVIDND DOGS		0	11,432	11,380
25	ISHARES TRUST SHS ISHARE		0	7,975	8,605
28	ISHARES TR		0	707.76	99,736
3 5	ICHARES TR		0	25 790	28.578
3 6	ICHAPEC TP			4 140	18 001
3 8	ISLANDER TD			7,852	8 172
3 6	ICHAPEC TP		0	5.638	18.834
3 2	ISTANCE IN			14 979	26 758
5 6	ISLIANCE TO DOM TONES US HEATTHOAT			24 912	34 337
7	ISPANES IN DOWN JOINES OS FIENETION			10 781	16,027
રું ર	ISHARES IN			90,00	91 212
2 4	CAD IIS DED CTK INDEX ED		0	39,420	39 050
3 %	ISHARES TR DOW JONES US		0	14,285	16,754
34	ISHARES TR DOW JONES US		0	4,165	14,106
38	ISHARES HIGH DIV EQ FUND		0	24,825	31,552
39	ISHARES TRUST SHS ISHARE		0	7,977	8,320
4	ISHARES CORE MSCI PAC		0	13,002	14,481
4	GUGGENHEIM S&P 500 EQUAL		0	15,975	26,262
42	GUGGENHEIM S&P 500 EQUAL		0	5,754	6,014
: :	סבום בם וובני			18 922	25 244
3 :	┰			R 133	12 582
4	\top		0	5,774	4.373
8 8	$\overline{}$		O	1	11 045
2	מל ולטטוואו אס אט וט וס				2011

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

			0	1,024,447	1,397,348
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg of Year	End of Year	End of Year
47	47 SECTOR SPDR TR SHS BEN INT-BASIC		0	5,155	7,159
48	48 SECTOR SPDR TR SHS BEN		0	5,819	11,708
49	49 SECTOR SPDR TR		0	21,397	15,742
20	50 SECTOR SPDR TR		0	13,691	22,354
51	SECTOR SPDR TR TECHNOLOGY		0	28,880	58,830
52	VANGUARD DIVIDEND		0	33,920	44,180
53	VANGUARD MEGA CAP 300		0	18,282	22,893
54	VANGUARD EUROPE PACIFIC		0	30,732	38,566
55	VANGUARD TELECOMM SRVCS		0	5,675	5,426
26	VANGUARD INTL EQTY INDX		0	11,442	13,157
22	57 VANGUARD INDEX FDS REIT		0	6,115	8,404
28	VANGUARD INDEX TR VANGUARD TOTAL		0	6,797	19,047

1/2/2018 1:43:40 PM - XXXX4C80 - JXC - FLP - ROBERT NANCY CAMPBELL FOUNDATION

	Amount									
Long Term CG Distributions Short Term CG Distributions	97				134,943	0	0	1 86,641	48,302	
							į	Cost or Other		> ₩ Z
Man of the collection of	district	Acquisition	Date	Date	Gross	Depreciation	Adirector	Basis Ptus	200 100 000	85 of
Description of Froberty Son	78463V107	DOMESTIC	12/18/2008	10/5/01/6	Sales Files	Demony	Colosinents	A Sales of Sales	2	2012
	78463V107		1/10/2005	10/5/2016	21		0	4	14	
	78463V107		12/18/2008	11/3/2016	4			3		
	78463V107		1/10/2005	11/3/2016	21			2	14	
	78463V107		1/10/2005	12/5/2018	21		0	8	13	
	78463V107		12/18/2008	12/5/2016	4			3		
SPDR GOLD TRUST	78463V107		1/10/2005	2/10/2017	4,690			1,635		
MATERIALS SELECT SECTOR	81369Y100		3/20/2013	2/9/2017	6,197		0	4,759	1,438	
MATERIALS SELECT SECTOR	81369Y100		5/5/2010	2/10/2017	728		0	455	273	
SECTOR SPDR CONSMRS ST	81369Y308		7/23/2010	2/9/2017	4,602		0	2	2	
11 REAL ESTATE SELECT	81369YB60		9/23/2016	9/23/2016	0		0			
EAL ESTATE SELECT	81369Y860		9/22/2016	2/9/2017	3,221		0		-164	
13 NANGUARD FTSE DEVELOPE	921943858		1/13/2014	2/9/2017	15,771		0	17,076	-1,305	
	78463V107		1/10/2005	9/7/2016	23		0	7	16	
16 VANGUARD FTSE DEVELOPE	921943858		6/9/2015	2/9/2017	4,571		0	4,868		
ANGUARD REIT ETF	922908553		6/9/2015	2/9/2017	6,230		0	5,624	909	
17 ISHARES CORE S&P MID-CAL	464287507		12/17/2004	2/10/2017	21,229		0	8,085	13,144	
ISHARES NASDAG BIOTECH	464287558		9/5/2008	2/9/2017	2,280		0	099	1,620	
HARES S&P GLOBAL 100	464287572		12/27/2013	2/9/2017	2,757			2,700		
ISHARES S&P GLOBAL 100	464287572		3/20/2013	2/9/2017	709			613		
HARES S&P GLOBAL 100	484287572		1/13/2014	2/9/2017	15,755		0	15,258		
HARES RUSSELL 1000	464287614		10/22/2008	2/9/2017	809'9		0	1,882		
ISHARES RUSSELL 1000	464287614		12/18/2008	2/9/2017	1,432		0	482		
ISHARES RUSSELL 1000	464287614		4/26/2006	2/9/2017	4,076		0	1,944		
ISHARES U.S. CONSUMER	464287812		12/17/2004	2/10/2017	17,966		0	8,184	9,782	
ISHARES U.S. MEDICAL	464288810		8/24/2010	2/9/2017	5,767		0	1,960		
ISHARES RUSSELL MIDCAP	464287499		1/10/2005	2/10/2017	11,350		0	1,691	6,659	

48,302 Gains Minus Excess FMV Over Adj Basis or Losses

> Excess of FMV Over Adjusted Basis

Adjusted Basis as of 12/31/69 3.055 1,438 1,438 1,438 1,130 1,130 1,620

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

	$\overline{}$			
0 .	Expense Account			
C	Benefits		:	
20,000	Avg Hrs Title Per Week Compensation	0	10,000	10,000
	Avg Hrs Per Week	2 00	1 00	6
	Tritle	PRESIDENT	SECRETARY	TREASURE R
	Foreign Country		Canada	
	State Zp Code	92118		92118
	State	CA		δ
	City	CORONADO	OAKVILLE	CORONADO
	Street	826 ORANGE AVENUE	55 HOLYROOD AVENUE	175 D AVENUE
	Check "X" if Business		:	
	Name	ROBERT H CAMPBELL	HEATHER CAMPBELL BURCHER	R DOUGLAS CAMPBELL
			۲	•

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

				_		_		 Date		Amount
1	Credit from prior year return .								1	
2	First quarter estimated tax payment								2	
3	Second quarter estimated tax payment							 2/14/2017	3	256
	Third quarter estimated tax payment.	 						 5/12/2017	4	257
	Fourth quarter estimated tax payment							8/14/2017	5	256
	Other payments		_						6	
7	Total			•	•		, .		7	769

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

Schedule of Contributors

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

form990.

Employer identification number

ROBERT & NANCY CAMP		23-3033274				
Organization type (check of	one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable trust not treated as a private fo	undation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt chantable trust treated as a private foundate	ation				
	501(c)(3) taxable private foundation					
• •	s covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule an	id a Special Rule See				
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						
regulations under s 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 d that received from any one contributor, during the year, total contributions f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line sof the greater of (1)				
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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year.						
	hat isn't covered by the General Rule and/or the Special Rules doesn't file s nust answer "No" on Part IV, line 2, of its Form 990, or check the box on lir					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2016)		Page 2
Name of or ROBERT 8	ganization & NANCY CAMPBELL FOUNDATION		Employer identification number 23-3033274
Part I	Contributors (See instructions). Use duplicate copie	es 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 PO BOX 1501 PENNINGTON NJ 08534-1501 Foreign State or Province Foreign Country:	\$70,978	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) 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)
(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	\$	Person Payroll Noncash (Complete Part II for

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Page	-

Name of or	=		Employer identification number
	NANCY CAMPBELL FOUNDATION		23-3033274
Part II	Noncash Property (See instructions). Use duplicate co	pies of Part II if additiona	ai space is needed.
(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
		\$	

Schedule B (F	form 990, 990-EZ, or 990-PF) (2016)			Page 4			
Name of on	-			Employer identification number			
Part III	T & NANCY CAMPBELL FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) Use duplicate copies of Part III if additional space is needed						
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held			
		(e) T	ransfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee			
			•				
- (a) Ma	For Prov Country						
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No.	For Prov Country						
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	For Prov Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relations	nip of transferor to transferee			
	For Day						