Form **990-PF**

EXTENDED TO NOVEMBER 15, 2
Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

Department of the Treasury ► Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Sarvice For calendar year 2018 or tax year beginning and ending A Employer identification number Name of foundation JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 200 808-674-6674 1001 KAMOKILA BLVD. JC BLDG. City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 96707 KAPOLEI, HI G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination. (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 21,079,469. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 582,237 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 830. 830 STATEMENT 440,105 440,105. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 549,956 STATEMENT 64 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,504,119. 550,076. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances II is b Less' Cost of goods wold c Gross profit or (loss) -144,207 -144,208 STATEMENT 4 11 Other income 428,921 846,803 12 Total. Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 20,314. 20,314. STMT 0. b Accounting fees 0. 154,906. 154,906. STMT c Other professional fees 26,348. 26,348. 0. 17 Interest RECEIVED STMT 7 3,232 3,232 0. 18 Taxes 19 Depreciation and depletion Š Ö Occupancy วิ 20 Travel, conferences, and meetings 21 22 Printing and publications OGDEN STMT 8 94,188 94,188 0. 23 Other expenses 24 Total operating and administrative 20,314. 298,988 expenses. Add lines 13 through 23 278,674 1,145,218 145,218. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,165,532. Add lines 24 and 25 1,444,206 278.674 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -15,285 568,129. b Net investment income (if negative, enter -0-)

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N/A

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

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٦	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
뜨	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	624,542.	458,959.	458,959.
		Accounts receivable ▶		_	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	1	-1	-
	'	Less: allowance for doubtful accounts ▶	<u>-</u>		
	5	Grants receivable		· · · ·	
	_	Receivables due from officers, directors, trustees, and other			
	٥				
	_	disqualified persons			11
	′	Other notes and loans receivable			
	l .	Less: allowance for doubtful accounts ▶		·	
Assets	_	Inventories for sale or use			
SS		Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 10	40,077.	49,686.	49,686.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 11	22,985,810.	20,470,199.	20,470,199.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 12)	223,900.	100,625.	100,625.
		Total assets (to be completed by all filers - see the		•	
	``	instructions. Also, see page 1, item I)	23,874,329.	21,079,469.	21,079,469.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
10	19	Deferred revenue	-	.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
₽.	1	Other liabilities (describe)			
	22	Other habilities (describe			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	. 1		0.	
ģ		and complete lines 24 through 26, and lines 30 and 31.	22 074 220	21,079,469.	
ĕ	1	Unrestricted	23,874,329.	41,073,403.	
ā	25	Temporarily restricted			
or Fund Balance	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
ž		and complete lines 27 through 31.			
ŧ	l	Capital stock, trust principal, or current funds			
Net Assets	1	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ę	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances	23,874,329.	21,079,469.	
_	31	Total liabilities and net assets/fund balances	23,874,329.	21,079,469.	_!
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	T-4-	and another found belonger of horizontal and the Dort H. selvery (a) line			
1		net assets or fund balances at beginning of year - Part II, column (a), line	JU	1	23,874,329.
_	•	st agree with end-of-year figure reported on prior year's return)			-15,285.
		amount from Part I, line 27a		2	-15,285.
		r increases not included in line 2 (itemize)		3	23,859,044.
		lines 1, 2, and 3	ann am	A MEMENTO O	2,779,575.
		eases not included in line 2 (itemize)		ATEMENT 9 5	21,079,469.
<u>b</u>	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numn (D), MNC 30	6	Form 990-PF (2018)
					rorm 330-FF (2018)

orm 990-P		NDATION		1			9	<u>9-020:</u>	3078	Page 3
Part IV	<u> </u>	and Losses for Tax on the kind(s) of property sold (for e			(b) Ho	w acquired Turchase	(c) Date	acquired	(d) Date	sold
		arehouse; or common stock, 200			D-[urchase Conation		ay, yr.)	(mo., da	
1 <u>a</u>		CM1 MENTING			-					
	SE ATTACHED	STATEMENTS								
ď							· · · · · ·			
e										
(e) (Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale				ain or (loss) s (f) minus (i		
a										
b										
C										
<u>d</u>	1,504,119.		-	954,04	2 -				550	,076.
Comple		l ng gain in column (h) and owned l	by the foundation		3.		(I) Gains (C	Col. (h) gain i		, 0 7 0 .
	/IV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I) col. (J), if any			òl. (k), but ı	not less than (from col. (f	-0-) or	
a										
b										
C										
d									EEO	076
e					$\overline{}$	-			550	,076
2 Capital g	ain net income or (net ca		nter in Part I, line -0- in Part I, line		}	2			55 <u>0</u>	,076.
		ss) as defined in sections 1222(5)) and (6):		٦					
	Iso enter in Part I, line 8, enter -0- in Part I, line 8				 	3		N/A		
Part V	Qualification U	Inder Section 4940(e) f	or Reduced	Tax on Net	Inves	stment In	come			
(For optiona	I use by domestic private	e foundations subject to the section	on 4940(a) tax on	net investment in	rcome.)					
If caction 40	940(d)(2) applies, leave t	hie nart hlank								
11 56611011 43	40(u)(z) applies, leave t	ilis part Dialik.								
		ction 4942 tax on the distributable		•	riod?				Yes	X No
		fy under section 4940(e). Do not c each column for each year; see th			ntries					
i Enter un	(a)	· I · · · · · · · · · · · · · · · · · ·	ie ilistructions be	lore making any e	- , .	<u> </u>	1		(d)	
Calendar	Base periód years year (or tax year beginni	(b) Adjusted qualifying	distributions	Net value of no	(c) Incharita	ble-use asset	s	Distrib (col. (b) divi	(d) ution ratio ided by col.	(c))
Caloridai	2017		96,184.		22.	374,57		(00.0 (0) 0		18992
	2016		229,848.			185,80				58051
	2015		744,341.		21,	339,93	5.		.03	34880
	2014		<u> 156,338.</u>			789, 4 2				53069
	2013	1,0	98,222.		20,	<u>557,88</u>	2.	<u> </u>	.0!	53421
									2	40411
	line 1, column (d)	E was been sound douds the tot	hal an line O by E (O as bu the numb	as at war		2		. 44	48413
•	dation has been in existe	5-year base period - divide the tol	iai on line 2 by 5.0	o, or by the name	ei ui yee	115	3		. 04	49683
the louis	uation has been in existe	ince ii iess tilali 5 years					<u> </u>			15000
4 Enter the	e net value of noncharital	ble-use assets for 2018 from Part	X, line 5				4	2	3,351	,102.
5 Multiply	line 4 by line 3						5		1,160	,153
6 Enter 1%	of net investment incor	me (1% of Part I, line 27b)					6		5	,681
7 Add line:	s 5 and 6						7		1,165	,834
	alifying distributions froi						88		1,165	,532
	s equal to or greater that Part VI instructions.	n line 7, check the box in Part VI, I	line 1b, and comp	lete that part usin	ıg a 1%	tax rate.				

JAMES & ABIGAIL CAMPBELL FAMILY

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	rt VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1.	Min and the
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	4,	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	11,363.
	of Part I, line 27b	, ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	- ' ' .	× 1 4 1 4
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
_	Add lines 1 and 2	3	11,363.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	11,363.
	Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 37,977	• •	18
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		┧ ・~`	
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6c 6d 0	186	
	Total credits and payments. Add lines 6a through 6d	7	37,977.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	26,614.
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	11	0.
	rt VII-A Statements Regarding Activities	<u> </u>	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in	- Yes No
	any political campaign?		1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defi	nition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		1 1 1 1 1 1
	distributed by the foundation in connection with the activities.		
C	Did the foundation file Form 1120-POL for this year?		1c X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0	<u>.</u>	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
	managers. ► \$O.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2 X
	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	OL	المناب ال
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	By language in the governing instrument, or By state legislation that effectively appeale the governor participant as that as mondatory dispations that conflict with the state of the conflict with	a la	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the star 	C IdW	
7	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		6 X 7 X
1	DIO THE TOURIDATION HAVE AT REAST Φ0,000 III ASSETS AT ANY TIME OUT MIG THE YEAR? HE TES, COMPRETE MART II, COI. (C), AND MART XV		्र कि ज्य
9.	Enter the states to which the foundation reports or with which it is registered. See instructions.		
υä	HI		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		
U	of each state as required by General Instruction G? If "No," attach explanation		8b X
٥	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar	3 / 3 / 3
9	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	J., Jul	9 X 4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10 X
	and any parameters are seen as a seen as a seen a seen a seen a see a see a seen a solidation inclination and additional addi		

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Pa	Part VII-A Statements Regarding Activities (continued)			
	•		Y	es	No
11	11 At any time during the year, did the foundation, directly or indirectly, own a	a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		X
12	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	13 Did the foundation comply with the public inspection requirements for its	annual returns and exemption application?	13	X	
	Website address ► HTTP://WWW.CAMPBELLFAM	ILYFOUNDATION.ORG/			
14	14 The books are in care of ▶ D. KEOLA LLOYD	Telephone no. ≥ 808-674	<u>-66</u>	74	
	Located at ► 1001 KAMOKILA BLVD. JAMES	CAMPBELL BLDG. STE. 200 ZIP+4 ▶967	07		
15	15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu				
	and enter the amount of tax-exempt interest received or accrued during th	e year ▶ 15	_N/		
16	16 At any time during calendar year 2018, did the foundation have an interest	in or a signature or other authority over a bank,	<u> Y</u>	'es	No
	securities, or other financial account in a foreign country?	_	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN For	m 114. If "Yes," enter the name of the			1
	foreign country			,	
Pa	Part VII-B Statements Regarding Activities for Whice			/	N _a
	File Form 4720 if any item is checked in the "Yes" column, unl	ess an exception applies.	 T	es	No
1a	1a During the year, did the foundation (either directly or indirectly):	fied person? Yes X No		1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualif	·			ł
	(2) Borrow money from, lend money to, or otherwise extend credit to (or	Yes X No			1
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqui				- {
	(4) Pay compensation to, or pay or reimburse the expenses of, a disquali	· — — 1			,
	(5) Transfer any income or assets to a disqualified person (or make any or			1	٠٠٠
	for the benefit or use of a disqualified person)?	Yes X No		-	١ ١
	(6) Agree to pay money or property to a government official? (Exception				
	If the foundation agreed to make a grant to or to employ the official fo		1		1
	termination of government service, if terminating within 90 days.)	Yes X No			
b	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?		1b		
	Organizations relying on a current notice regarding disaster assistance, ch	ieck here	*		1
C	c Did the foundation engage in a prior year in any of the acts described in 1a	a, other than excepted acts, that were not corrected	_		
	before the first day of the tax year beginning in 2018?	Ļ	1c		X
2	2 Taxes on failure to distribute income (section 4942) (does not apply for year	ears the foundation was a private operating foundation			;
	defined in section 4942(j)(3) or 4942(j)(5));				
a	a At the end of tax year 2018, did the foundation have any undistributed income	ome (lines 6d and 6e, Part XIII) for tax year(s) beginning		-	ł
	before 2018?	Yes X No			·
	If "Yes," list the years ▶,		.		ŀ
b	b Are there any years listed in 2a for which the foundation is not applying th				.
	valuation of assets) to the year's undistributed income? (If applying section				
	statement - see instructions.)	·	2b		
C	c If the provisions of section 4942(a)(2) are being applied to any of the year	s listed in 2a, list the years here.		•	
0.	3a Did the foundation hold more than a 2% direct or indirect interest in any b	tuoinees enterprise at any time			
38	•	Yes X No	-		
	during the year? b If "Yes," did it have excess business holdings in 2018 as a result of (1) any				- [
0	May 26, 1969; (2) the lapse of the 5-year period (or longer period approve				- <u>- </u>
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or		`	-	:
	Form 4720, to determine if the foundation had excess business holdings i		3b -		
42	4a Did the foundation invest during the year any amount in a manner that wo	·	4a		X
	b Did the foundation invest during the year any amount in a mariner that we	and Josephan and American Pro-			<u></u>
٠	had not been removed from jeopardy before the first day of the tax year be		4b		$\overline{\mathbf{x}}$
			990-	PF ((2018)

UAMES & ABIGAIL CAMPBELL	LAMILI		00 0000	70	Dono O
Form 990-PF (2018) FOUNDATION Part VII-B Statements Regarding Activities for Which F	orm 4720 May Re	Required (control	99-02030	/8	Page 6
5a During the year, did the foundation pay or incur any amount to:	Om 4720 may bo t	ioquii ou (contini	1	Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); o			s X No		
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	s X No		tje *
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions			s X No	,	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described	ın Regulations	<u> </u>		
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b	<u> </u>
Organizations relying on a current notice regarding disaster assistance, check t	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			.		'
expenditure responsibility for the grant?	J.	I/A	s LNo	Ì	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ļ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	—		` `	'
a personal benefit contract?		Y€	es 🗶 No 📙	<u></u>	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b, file Form 8870.	ersonal benefit contract?		-	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o				•
excess parachute payment(s) during the year?			s X No	•	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(a) E)	vnence
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accour	xpense nt, other /ances
SEE STATEMENT 13		0.	0.		0.
			•		
			•		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour allow	xpense nt, other /ances
NONE					
			-		
					_
			· · · · · · · · · · · · · · · · · · ·		
				<u> </u>	
Total number of other employees paid over \$50,000			F	000 0	<u>0</u>
			Form	990-PI	- (ZU18)

JAMES & ABIGAIL CAMPBELL FAMILY

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Part: VIII■ Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CAMBRIDGE ASSOCIATES LLC	INVESTMENT	
125 HIGH STREET, BOSTON, MA 02110	MANAGEMENT	97,877.
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities	····	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include releval number of organizations and other beneficiaries served, conferences convened, research paper 1 N/A	nt statistical information such as the ers produced, etc.	Expenses
2		-
4		
Part IX:B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.

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P	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:		
	Average monthly fair market value of securities	1a	22,804,084.
	Average of monthly cash balances	1b	902,619.
C	Fair market value of all other assets	1c_	
d	Total (add lines 1a, b, and c)	1d	23,706,703.
е	Reduction claimed for blockage or other factors reported on lines 1a and	•	
	1c (attach detailed explanation)	0	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	23,706,703.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	355,601 .
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,351,102.
6	Minimum investment return. Enter 5% of line 5	6	1,167,555.
Р	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here and do not complete this part.)	ns and certain	
1	Minimum investment return from Part X, line 6	1	1,167,555.
2a	Tax on investment income for 2018 from Part VI, line 5	3.	
b	Income tax for 2018. (This does not include the tax from Part VI.)	7.	
C		2c	<u> 15,660.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,151,895.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,151,895.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,151,895.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,165,532.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	1,165,532.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	1,165,532.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found	ation qualifies for	the section

Form **990-PF** (2018)

4940(e) reduction of tax in those years.

FOUNDATION

Part XIII Undistributed Income (see instructions) (d) (b) (c) Corpus Years prior to 2017 2017 2018 1 Distributable amount for 2018 from Part XI, 1,151,895. line 7 2 Undistributed income, if any, as of the end of 2018 0 a Enter amount for 2017 only **b** Total for prior years: 0 3 Excess distributions carryover, if any, to 2018: 89,308. a From 2013 103,057. **b** From 2014 c From 2015 170,558. d From 2016 e From 2017 362,923 f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: \triangleright \$ 1,165,532. 0 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 1,151,895 d Applied to 2018 distributable amount 13,637 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 376,560 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income. Subtract 0 . line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2017. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election Û may be required - see instructions) 8 Excess distributions carryover from 2013 89,308. not applied on line 5 or line 7 9 Excess distributions carryover to 2019. 287,252 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 103,057. a Excess from 2014 **b** Excess from 2015 170,558. c Excess from 2016

d Excess from 2017

e Excess from 2018

13,637

99-0203078 Page 10 Form 990-PF (2018) FOUNDATION Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(j)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (d) 2015 (e) Total (a) 2018 (b) 2017 (c) 2016 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section, 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) STATEMENT 14 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 15 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

JAMES & ABIGAIL CAMPBELL FAMILY

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AMVETS PEARL HARBOR SERVICE CORP N/A PC FURNISH VETERAN 92-7048 ELELE ST SUITE 46 SERVICE TRUCK 9,535. KAPOLEI, HI 96707 ASSETS SCHOOL N/A РC SUPPORT CONSTRUCTION TRAINING & EDUCATIONAL ONE OHANA NUI WAY CENTER 50,000. HONOLULU, HI 96818 BOOK TRUST OF HAWAII N/A ÞС SUPPORT YOUTH LITERACY AT NANAIKAPONO AND PO BOX 2465 WAIANAE 10,000. WAILUKU, HI 96793 BOYS & GIRLS CLUB OF HAWAII N/A PC HALE PONO - WAIANAE 345 QUEEN STREET, SUITE 900 CLUBHOUSES 50,000. HONOLULU, HI 96813 DREAMHOUSE, INC. LEADERSHIP DEVELOPMENT PC N/A PO BOX 1058 PROGRAM 15 000. HONOLULU HI 96808 SEE CONTINUATION SHEET(S) Total **▶** 3a 1,145,218, **b** Approved for future payment NONE Total Form **990-PF** (2018) Unrelated business income

Excluded by section 512, 513, or 514

Form 990-PF (2018) Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
	5000		1		
a			+		
b					
C			+		
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
			+		
3 Interest on savings and temporary cash			1 1 1	ا مده	
investments			14	830.	
4 Dividends and interest from securities			14	440,105.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:	1	*		>	* ' *1
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income			·		
			1		
8 Gain or (loss) from sales of assets other			1 4 6	F40 0F6	
than inventory			18	549,956.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a FROM K-1:OTHER INCOME					
b (LOSS) FROM LIMITED					
	-		14	-144,207.	
^ DADTEDCHTDC					
c PARTERSHIPS			+		
d					
d					
d e 12 Subtotal. Add columns (b), (d), and (e)		0		846,684.	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	~ .	0			0.
d e 12 Subtotal. Add columns (b), (d), and (e)	~ .	0		846,684.	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	o the Acc		•	846,684.	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	o the Acc		•	846,684.	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)		omplishment of E	xemp	846,684. 13_ t Purposes	0. 846,684.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t	me is reported	omplishment of E	xemp	846,684. 13_ t Purposes	0. 846,684.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompared to the columns of the c	me is reported	omplishment of E	xemp	846,684. 13_ t Purposes	0. 846,684.
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Form 990-PF (2		ATION				99-020		Page 13
Part XVII			sfers to a	nd Transactions a	ind Relationsh	nips With Noncha	ritable	
	Exempt Organ							es No
	-			g with any other organizati		ion 501(c)		es No
•		•		to political organizations?	,			
	from the reporting found	ation to a noncharite	ible exempt or	ganization of:			10/1)	<u>X</u>
(1) Cash							1a(1)	X
(2) Other b Other tran							1a(2)	 _
_	isactions. s of assets to a noncharita	ble evemet organiza	ition				1b(1)	X
	hases of assets from a no						1b(2)	X
	al of facilities, equipment,		or garnzation				1b(3)	X
	bursement arrangements						1b(4)	X
٠.	s or loan guarantees						1b(5)	Х
	ormance of services or me	mbership or fundra	ising solicitatio	ns			1b(6)	X
	of facilities, equipment, ma		_				1c	X
d If the answ	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	lways show the fair n	narket value of the goods	, other assets	5,
or service	es given by the reporting f	oundation. If the fou	ndation receive	ed less than fair market val	ue in any transaction	or sharing arrangement,	show in	
column (d	d) the value of the goods,							
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	of transfers, transactions, an	d sharing arran	gements
			N/A					
		· · · · · · · · · · · · · · · · · · ·						
					-			
								
						-		
								
				 				
					-			
								
							-	
2a is the fou	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described			
ın section	501(c) (other than sectio	n 501(c)(3)) or in s	ection 527?			[Yes	X No
b If "Yes," c	omplete the following sch	edule.						
	(a) Name of org	janization		(b) Type of organization		(c) Description of relation	ship	_
	N/A							
					<u> </u>			
					ļ			
					ļ			
1	nanelless of security Al	that I have a server of the	in roturn or -tot	g accompanying schedules and	l statemente and to the	host of my knowledge		
Sign and b	plief, it is true, correct, and cor	mplete Declaration of p	reparer (other that	g accompanying schedules and taxpayer) is based on all infor	mation of which prepare	has any knowledge	lay the IRS disc sturn with the p nown below? S	cuss this
Here	1/. L. M			11/8/19	SECRET		nown below? S X Yes	
🚩	nature of officer or trustee		 	Date	Title	LAKI	_A_ Yes	U No
	Print/Type preparer's na		Preparer's s		Date	Check If PTIN		
	The type property of the		1000	. , ,		self- employed		
Paid	GUY S. NIS	HIHTRA	GUY S.	NISHIHIRA	11/07/19	, ,	01670	26
Preparer	Firm's name ► KKD		<u> </u>		<u>, </u>	Firm's EIN ▶ 99-0		
Use Only								
	Firm's address ▶ 74	5 FORT ST	r STE 2	100				
	HO	NOLULU, I	II 9681	3		Phone no. 808-5		
							Form 990- l	PF (2018)

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION 99-0203078 Organization type (check one). Filers of: Section:

	oconon.				
Form 990 or 9	90-EZ 501(c)()) (enter number) organization			
	4947(a)(1) no	onexempt charitable trust not treated as a private foundation			
	527 political	organization			
Form 990-PF	X 501(c)(3) exe	empt private foundation			
	4947(a)(1) no	onexempt charitable trust treated as a private foundation			
	501(c)(3) tax	able private foundation			
-	organization is covered by the Ger ection 501(c)(7), (8), or (10) organi	neral Rule or a Special Rule. Ization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule					
		0-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or implete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules					
section	ons 509(a)(1) and 170(b)(1)(A)(vi), t	on 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from otal contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; arts I and II.			
year, preve	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, is che purpe	contributions exclusively for religion ecked, enter here the total contribuse. One Don't complete any of the par	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ous, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box outions that were received during the year for an exclusively religious, charitable, etc., irts unless the General Rule applies to this organization because it received nonexclusively totaling \$5,000 or more during the year			
		the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

JAMES & ABIGAIL CAMPBELL FAMILY
FOUNDATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALICE K. ROBINSON RT DTD 103191 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALICE K. SHINGLE C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$30,000.	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
3	CYNTHIA C. FOSTER REVOCABLE LIVING TRUST AGREEMENT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>24,531.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CYNTHIA K. SORENSON REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	EDWARD K. KAWANANAKOA JR. REV. LIV. TRUST DTD 2-26-01 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>10,445.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FLANDERS-STAUB 2007 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JAMES & ABIGAIL CAMPBELL FAMILY

FOUNDATION

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REVOCABLE TRUST OF GAYLORD HART WILCOX C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200	\$13,000.	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
8	NICOLE PEDERSEN C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KAPIOLANI K. MARIGNOLI TRUST AGREEMENT DTD 9-28-89 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$1,208.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	KING 2008 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 69,601.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PRICILLA WITT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	QUENTIN K. KAWANANAKOA TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$8,859 .	Person X Payroll

Name of organization

.TAMES & ARICATI, CAMPRELL FAM

Employer identification number

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	PAMALA D KELLER FAMILY TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$9,981.	Person Payroll Oncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	RONALD L HOOLULU OLSON REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SUZANNE M. AVINA REVOCABLE LIVING TRUST DTD 3-2-2000 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$52,248.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 16	WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 45,449.	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
17	GUILD 2007 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	JR & MC SUTHERLAND REVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JAMES & ABIGAIL CAMPBELL FAMILY

FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DARCIE W GRAY IRREVOC TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$8,465.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MURIEL LIGHTER C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$5,000.	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
21	PATRICIA SHEEHAN C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JAMES & ABIGAIL CAMPBELL FAMILY
FOUNDATION

Employer identification number

99-0203078

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I 12 SHARES AETNA INC, 25 SHARES BANK OF 13 AMERICA CORP, 17 SHARES FACEBOOK INC, 44 SHARES MICROSOFT 9,981. 03/01/18 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) **Date received** from Description of noncash property given (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) **Date received** from Description of noncash property given (See instructions.) Part I

Name of organization

Employer identification number

JAMES & ABIGAIL CAMPBELL FAMILY

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Us	e duplicate copies of Part III if additional	space is needed.	less for the year (Enter this info once) > \$
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
	Tunnadan ala anno addusa a	(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address <u>,</u> al	(e) Transfer of gift	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation VARIOUS 1a IVA INTERNATIONAL FUND P VARIOUS P VARIOUS VARIOUS b VANGUARD 500 INDEX FUND-ADM c FROM K-1- 1607 CAPITAL INTERNATIONAL EQUITY FUND P VARIOUS VARIOUS P d FROM K-1-1607 CAPITAL INTERNATIONAL EOUITY FUND VARIOUS **VARIOUS** e FROM K-1- FORESTER PARTNERS II, LP P VARIOUS VARIOUS P f FROM K-1- FORESTER PARTNERS II, LP VARIOUS **VARIOUS** JOHNSTON INTERNATIONAL EQUITY FUND P VARIOUS VARIOUS g FROM K-1-P h FROM K-1- JOHNSTON INTERNATIONAL EQUITY FUND VARIOUS **VARIOUS** P 1607 CAPITAL INTL EQUITY FUND VARIOUS **VARIOUS** | FROM K-1- FORESTER PARTNERS II, LP P VARIOUS **VARIOUS** P VARIOUS **VARIOUS** k FROM K-1-FORESTER PARTNERS ΙI LP II, P VARIOUS | FROM K-1- FORESTER PARTNERS LP VARIOUS P VARIOUS **VARIOUS** m FROM K-1- FORESTER PARTNERS P VARIOUS n FROM K-1- FORESTER PARTNERS II, VARIOUS o CAPITAL GAINS DIVIDENDS (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 399,985 389,323 10,662. а 500,000. 432,831 67,169. b -431. 431 C -3,779. 3.779. d 27,679 -27,679. е 64,341. 64,341. f 2,872. 9 2,872. 80,304. 80,304. h 0. 100,000. 100,000 1 14,702. 14,702. 141,159. 141,159. k 134. 134. ١ 601. 601. m 902. 902. n 199,119. 199,119. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 10,662. 67,169. b -431. -3.779. d -27.679. е 64,341. f 2,872. g 80,304. h 0. i 14,702. J 141,159. k 134. ١ 601. m 902. n 199,119. 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 550,076. If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

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Form 990-PF

Page 11

99-0203078

1 010 683 5 000 40,000, 50,000 50,000, 60,000 90 06 15,000, Amount RETOOLING OUR TOOL BOXES PROGRAM AND INFRASTRUCTURE RETOOLING OUR TOOL BOXES PROGRAM AND INFRASTRUCTURE CHANA PRODUCE PLUS PROGRAM EXPANSION IN WEST CAHU ELEVATING & CELEBRATING EFFECTIVE TEACHING AND SERVICES CENTER AND RESIDENTIAL SHELTERS BUILD CABINS AND SHOWERS AT KA'ALA FARM Purpose of grant or contribution ESTABLISH WEST OAHU CAMPUS FEACHERS EVENT Foundation status of recipient S_C PC PC S If recipient is an individual, show any relationship to any foundation manager or substantial contributor Supplementary Information (continued) N/A N/A N/A N/A A/N N/A X/A 3a Grants and Contributions Paid During the Year Name and address (home or business) Total from continuation sheets Recipient HAWAIIAN HUMANE SOCIETY ISLAND PACIFIC ACADEMY ISLAND PACIFIC ACADEMY HAWAII FOODBANK, INC. 183 MADISON AVE #803 2700 WAIALAE AVENUE 615 PIIKOI ST. #203 2611 KILIHAU STREET HONOLULU HI 96819 HONOLULU, HI 96826 NEW YORK, NY 10016 HONOLULU, HI 96814 KAPOLEI, HI 96707 WAIANAE, HI 96792 HOPE STREET GROUP KAPOLEI, HI 96707 KA'ALA FARM, INC. HALE KIPA, INC. 909 HAUMEA ST 909 HAUMEA ST PO BOX 630 Part XV

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Page 11 18,325, 50,000, 50,000. 200,000 25,000, 30,000 10,000 Amount KA'ALA TEAM OF THE HAWAII YOUTH CONSERVATION CORPS BUILDING A DREAM, JOURNEY TO A CURE" CAPITAL CULTURAL PROGRAMS FOR 2018-19 KUPUNA PROGRAM IT'S ACADEMIC HAWAII" PROGRAM SPONSORSHIP BETTER VISION FOR THE KEIKI IN WEST OAHU Purpose of grant or contribution MA'O COMMUNITY FOOD SYSTEMS 99-0203078 COMMUNITY PROGRAM RENOVATION CAMPAIGN Foundation status of recipient **FELEVISION** PUBLC ပ္ထ 2 If recipient is an individual, show any relationship to any foundation manager or substantial contributor Supplementary Information (continued) A/N N/A N/A N/A N/A N/A N/A FOUNDATION 3a Grants and Contributions Paid During the Year NATIONAL KIDNEY FOUNDATION OF HAWAII Name and address (home or business) WAIANAE COMMUNITY RE-DEVELOPMENT LANIKUHONUA CULTURAL INSTITUTE 1001 KAMOKILA BLVD SUITE 200 677 ALA MOANA BLVD STE 1200 Total from continuation sheets Recipient 1314 S KING STREET #1555 QUEEN'S MEDICAL CENTER PROJECT VISION HAWAII 1301 PUNCHBOWL STREET HONOLULU, HI 96823 HONOLULU, HI 96813 420 WAIAKAMILO RD. HONOLULU, HI 96817 HONOLULU, HI 96813 HONOLULU HI 96814 KAPOLEI, HI 96707 KAPOLEI, HI 96792 PO BOX 23212 CORPORATION PO BOX 441 Part XV Form 990-PF KFVE

JAMES & ABIGAIL CAMPBELL FOUNDATION Supplementary Information (continued)
Form 990-PF

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Part XV Supplementary Information (continued)	(penu			
3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
READING IS FUNDAMENTAL, HONOLULU, INC. P.O. BOX 61826	N/A	D.	PROMOTE LITERACY AND LOVE OF READING THROUGH BOOK OWNERSHIP	20 000
PROI	N/A	AOS	EARLY COLLEGE PROGRAM (1ST OF 4, TOTAL OF \$100,000)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TEACH FOR AMERICA - HAWAII 500 ALA MOANA BOULEVARD SUITE 3-400 HONOLIFIER HT 96813	N/A	D _A	PROGRAM SUPPORT FOR 2018-19	000 05
LEARN 00646 HI 9	N/A	J. J.	HISTORIC SITE VISITS FOR AFTERSCHOOL PROGRAMS & PU'UOKAPOLEI ARCHAEOLOGICAL STUDY, ETC.	20,000,
ITY C FARF	N/A	AOS	EARLY COLLEGE SUMMER SCHOLAR PROGRAM THROUGH NATIVE HAWAIIAN EDUCATION	3000
1 225	N/A	PC	2018-19 JACFF ANNUAL SCHOLARSHIP IN TEACHER EDUCATION	25.817.
TY OF E STR	N/A	P.C	UH WEST OAHU TEACHER EDUCATION PROGRAM	28,316.
Total from continuation sheets				

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JAMES & ABIGAIL CAMPBELL FAMILY

FOUNDATION

Supplementary Information (continued)

Form 990-PF Part XV

Page 11

99-0203078

35,000, 61, 625, 11,600, 5,000, 5,000, Amount WAIANAE MOKU 2050 YOUTH LEADERSHIP DEVELOPMENT NIU MAKA NO LA'ELA'E KANE 'OPIO PROJECT 2018 KEIKI PRODUCE PRESCRIPTION PROGRAM Purpose of grant or contribution JARINE SCIENCE LEARNING CENTER MAKEKE FARMERS MARKET PROGRAM PROJECT PROPOSAL Foundation status of recipient 900 If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A N/A MAKING DREAMS COME TRUE VALLEY OF RAINBOWS WAIANAE DISTRICT COMPREHENSIVE HEALTH AND WAIANAE DISTRICT COMPREHENSIVE HEALTH AND 3a Grants and Contributions Paid During the Year WAIANAE ECONOMIC DEVELOPMENT COUNCIL Name and address (home or business) 86-260 FARRINGTON HIGHWAY 86-260 FARRINGTON HIGHWAY Recipient 85-251 FARRINGTON HWY WAIANAE HIGH SCHOOL HOSPITAL BOARD INC. HOSPITAL BOARD INC. WAIANAE, HI 96792 PO BOX 1009 PO BOX 194

Total from continuation sheets

823641 04-01-18

FORM 990	-PF	G	AIN OR (LOSS)	FROM SALE	OF	ASSETS		STA	TEMENT	1
DESCRIPT	(A) ION OF	PROPERTY	•		P	MANNER ACQUIRED	DA'	TE IRED	DATE S	OLD
IVA INTE	RNATIO	NAL FUND	_		PU	JRCHASED	VARIO	ous	VARIO	US
	GR	B) OSS PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE		(E) DEPRE	c.	GAIN	(F)	S
_		399,985.	389,309	•	0.		0.		10,6	76.
		PROPERTY	_			MANNER ACQUIRED	DA' ACQU	IRED	DATE S	
VANGUARD		NDEX FUNI		(-)	PU	JRCHASED	VARI	ous	VARIO	US
	GR	B) OSS PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE		(E) DEPRE	c.	GAIN	(F) IOR LOS	S
		500,000.	432,831	•	0.	•	0.		67,1	69.
DESCRIPT	(A)	PROPERTY			I	MANNER ACQUIRED	DA' ACQU		DATE S	OLD
FROM K-1 FUND	- 1607	CAPITAL	INTERNATIONAL	EQUITY	PU	JRCHASED	VARI	ous	VARIO	US
		B)	(C)	(D)		(E)			(F)	
		OSS PRICE	COST OR OTHER BASIS	EXPENSE SALE		DEPRE	c.	GAIN	OR LOS	s
		0.	431	•	0.		0.		- 4	31.

DESCRIP	· (A) TION OF PROPERTY	<i>(</i>			ANNER QUIRED		TE VIRED	DATE	SOLD
FROM K- FUND	1- 1607 CAPITAL	INTERNATIONAL	EQUITY	PUR	CHASED	VARI	OUS	VAR	ious
	(B)	(C)	(D)		(E)			(F)	
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LO	oss
	0.	3,779.		0.		0.		-3	,779.
DESCRIP	(A) TION OF PROPERTY	ř.			ANNER QUIRED		TE VIRED	DATE	SOLI
FROM K-	1- FORESTER PART	TNERS II, LP		PUR	CHASED	VARI	OUS	VAR	ious
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)	
	SALES PRICE	OTHER BASIS	SALE		DEPRE	c.	GAIN	OR LO	oss
	0.	27,679.		0.		0.		-27	,679.
DESCRIP	(A) TION OF PROPERTY	<i>t</i>			IANNER QUIRED		TE JIRED	DATE	SOLI
FROM K-	1- FORESTER PART	TNERS II, LP		PUR	CHASED	VARI	OUS	VAR:	IOUS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C	CATN	(F) IOR L	266
	64,341.	OTHER BASIS		0.	DEFRE	0.	GAIN		,341.
	· · · · · · · · · · · · · · · · · · ·								
DESCRIP	(A) TION OF PROPERTY	<i>t</i>			ANNER QUIRED		TE VIRED	DATE	SOLI
FROM K- I, LP	1- JOHNSTON INTI	ERNATIONAL EQUI	TY FUND	PUR	CHASED	VARI	OUS	VAR	ious
	(B)	(C)	(D)	OF	(E)			(F)	
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF.	DEPRE	c.	GAIN	OR LO	oss

DESCRIPT	· (A) FION OF PROPERTY		-		ANNER QUIRED		TE IRED	DATE SOLD
FROM K-1	1- JOHNSTON INTE	Y FUND	PUR	CHASED	VARIOUS		VARIOUS	
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C.	GATN	(F)
_	80,304.	0.		0.		0.		80,304.
DESCRIP	(A) FION OF PROPERTY	_			IANNER QUIRED		TE VIRED	DATE SOLD
1607 CA	PITAL INTL EQUIT	Y FUND		PUF	CHASED	VARI	OUS	VARIOUS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) IOR LOSS
-	100,000.	100,000.		0.		0.		0.
DESCRIP	(A) FION OF PROPERTY				IANNER QUIRED		TE VIRED	DATE SOLD
FROM K-	1- FORESTER PART	 NERS II, LP		PUF	CHASED	VARI	ous	VARIOUS
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
_	SALES PRICE	OTHER BASIS	SALE		DEPRE	C.	GAIN	OR LOSS
	14,702.	0.		0.		0.		14,702.
DESCRIP	(A) FION OF PROPERTY				IANNER QUIRED		TE VIRED	DATE SOLD
FROM K-	1- FORESTER PART	— NERS II, LP		PUF	CHASED	VARI	ous	VARIOUS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C.	GATN	(F)
-	141,159.	0.		0.		0.		141,159.

(A) DESCRIPTION OF PROPERTY					ANNER QUIRED		TE VIRED	DATE SOLI
FROM K-1	FROM K-1- FORESTER PARTNERS II, LP				PURCHASED		ous	VARIOUS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F) I OR LOSS
	134.	134.		0.		0.		0
	(A) FION OF PROPERTY 1- FORESTER PART	_		AC	ANNER QUIRED ————————————————————————————————————	ACQU		DATE SOLI
FROM K-1	(B) GROSS SALES PRICE	(C) COST OR		OF	(E)			(F) I OR LOSS
	601.	0.		0.		0.		601
DESCRIPT	(A) FION OF PROPERTY	<u>. </u>			ANNER QUIRED			DATE SOLI
FROM K-1	1- FORESTER PART	NERS II, LP		PUR	CHASED	VARI	ous	VARIOUS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	EXPENSE	OF	(E) DEPRE		GAIN	(F) I OR LOSS
_	902.	0.		0.		0.		902
CAPITAL	GAINS DIVIDENDS	FROM PART IV		·				199,119
TOTAL TO	O FORM 990-PF, F	PART I, LINE 6A						549,956

FORM 990-PF INTERES	ST ON SAVING	GS AND TEMPOR	ARY CASH IN	VESTMENTS	STATEMENT 2
,		(A)		(B) VESTMENT	(C) ADJUSTED
SOURCE		REVENUE PER BOOK		COME	NET INCOME
BANK OF HAWAII		8	30.	830.	
TOTAL TO PART I, LII	NE 3	8	30.	830.	
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
AQR STYLE PREMIA FUND BANK OF HAWAII DODGE & COX INCOME	19,006. 653.	0.	19,006. 653.	19,006 653	
FUNDS DODGE & COX STOCK	40,089.	5,013.	35,076.	35,076	5.
FUNDS FROM K-1 - 1607 CAPITAL INTL	109,257.	90,415.	18,842.	18,842	2.
EQUITY FUND FROM K-1 -	57,896.	0.	57,896.	57,896	5.
FORESTER PARTNERS II, L.P. FROM K-1 -	50,853.	0.	50,853.	50,853	3.
JOHNSTON INTERNATIONAL FROM K-1 - NORTHGATE VENTURE	21,648.	0.	21,648.	21,648	3.
GROWTH II IVA INTERNATIONAL	84.	0.	84.	84	! .
FUND JOHCM EMERGING MARKETS OPPS FUND,	90,094.	70,076.	20,018.	20,018	3.
INST. PIMCO TOTAL RETURN	44,837.	33,615.	11,222.	11,222	2.
FUND VANGUARD 500 INDEX	47,861.	0.	47,861.	47,861	
FUND-ADM VANGUARD EMERGING MARKETS STOCK	40,243.	0.	40,243.	40,243	3.
INDEX ADM VANGUARD ENERGY	15,948.	0.	15,948.	15,948	3.
FUNDS 0551	44,550.	0.	44,550.	44,550).

JAMES & ABIGAIL CAMPBELL I	AMILY FOUNDA	TI		99-0203078	
VANGUARD EUROPEAN STOCK INDEX 14,00	58.	0. 14,06	8. 14,068.	-	
VANGUARD GROWTH INDEX FUND 14,52	29.	0. 14,52	9. 14,529.		
VANGUARD INT TERM TREASURY 535 27,60	08.	0. 27,60	8. 27,608.		
TO PART I, LINE 4 639,22	199,11	9. 440,10	5. 440,105.		
FORM 990-PF	OTHER I	NCOME	S	TATEMENT 4	
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FROM K-1 - CANCELLATION OF INCOME FROM K-1 - NONCASH CONTRIBUTE FROM K-1:OTHER INCOME (LOSS	rion	0.	-2.		
LIMITED PARTERSHIPS		-144,207.	<u> </u>		
TOTAL TO FORM 990-PF, PART	i, LINE 11 =	-144,207.	-144,208.		
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
AUDIT & TAX FEE	20,314.	0		20,314.	
TO FORM 990-PF, PG 1, LN 16	20,314.	0.		20,314.	
FORM 990-PF	OTHER PROFES	SIONAL FEES	S	TATEMENT 6	
	(A) EXPENSES	(B) NET INVEST-		(D) CHARITABLE PURPOSES	
DESCRIPTION	PER BOOKS	MENT INCOME	MEI INCOME	FUNFOSES	
DESCRIPTION INVESTMENT ADVISORY FEES	154,906.			0.	

FORM 990-PF	XAT	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
EXCISE TAX	3,232.	3,232	•		0.	
TO FORM 990-PF, PG 1, LN 18	3,232.	3,232	•		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
GENERAL & ADMINISTRATIVE	94,188.	94,188	•		0.	
TO FORM 990-PF, PG 1, LN 23	94,188.	94,188	•		0.	
FORM 990-PF OTHER DECREASI	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT	9	
DESCRIPTION				AMOUNT		
UNREALIZED GAIN(LOSS) ON INVIPRIOR PERIOD ADJUSTMENT	ESTMENTS			2,778,4 1,1		
TOTAL TO FORM 990-PF, PART I	II, LINE 5		•	2,779,5	75.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	10	
DESCRIPTION		В	OOK VALUE	FAIR MARKE'	T	
CORPORATE EQUITY SECURITIES			49,686.	49,6	86.	

FORM 990-PF OTI	HER INVESTMENTS		STATEMENT 11	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS INVESTMENTS IN LIMITED PARTNERSHI	FMV PS FMV	15,714,388. 4,755,811.	15,714,388. 4,755,811.	
TOTAL TO FORM 990-PF, PART II, LI	NE 13	20,470,199.	20,470,199.	
FORM 990-PF	OTHER ASSETS		STATEMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
CONTRIBUTIONS RECEIVABLES OTHER ASSETS	23,275.	0. 625.	0. 625.	
RECEIVABLE FROM SALE OF INVESTMENT	200,000.	100,000.	100,000.	
TO FORM 990-PF, PART II, LINE 15	223,900.	100,625.	100,625.	

		ST OF OFFICERS, D		STATI	EMENT 13
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TIMOTHY J. BRAUER C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	DIRECTOR 1.00	0.	0.	0.
LANDON H.W. CHUN C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	ASSISTANT TREA	SURER 0.	0.	0.
RUSSELL M. CHINEN C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	ASSISTANT TREA	SURER 0.	0.	0.
WENDY B. CRABB C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	PRESIDENT/DIRE	CTOR 0.	0.	0.
ALICE K. SHINGLE C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	VICE PRESIDENT	/DIRECTOR	0.	0.
ALICE F. GUILD C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	SECRETARY/DIRE	CTOR 0.	0.	0.
JONATHAN E. STAUB C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	TREASURER/DIRE	CTOR 0.	0.	0.
KAPI'OLANI K. MARIGNOLI C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	DIRECTOR	0.	0.	0.
MARION PHILPOTTS-MILLER C/O 1001 KAMOKILA BLVD. CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	JAMES	DIRECTOR	0.	0.	0.

FOUNDATI		99-020	3078
DIRECTOR			
1.00	0.	0.	0.
ASSISTANT	SECRETARY		
2.00	0.	0.	0.
DIRECTOR			
1.00	0.	0.	0.
, PART VIII	0.	0.	0.
		STATEMENT	14
	DIRECTOR 1.00 ASSISTANT 2.00 DIRECTOR 1.00 7. PART VIII	DIRECTOR 1.00 0. ASSISTANT SECRETARY 2.00 0. DIRECTOR 1.00 0.	DIRECTOR 1.00

NAME OF MANAGER

WENDY B. CRABB
ALICE K. SHINGLE
ALICE F. GUILD
JONATHAN E. STAUB
KAPI'OLANI K. MARIGNOLI
CYNTHIA K. SORENSON

STATEMENT(S) 13, 14

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

808-674-3167

FORM AND CONTENT OF APPLICATIONS

GUIDLINES ARE POSTED ONLINE AT WWW.CAMPBELLFAMILYFOUNDATION.ORG.

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

GUIDELINES ARE POSTED ONLINE AT WWW.CAMPBELLFOUNDATION.ORG.