EXTENDED TO NOVEMBER 16, 2 Return of Private Foundation

202949108604300 1545-0047

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 \ ► Go to www.irs gov/Form990PF for instructions and the latest information

| | For | calendar year 2019 or tax year beginning | | , and ending | | |
|----------------|----------------|--|------------------------------------|---------------------------|--|--|
| | | ne of foundation | A Employer identification | number | | |
| | | AMES & ABIGAIL CAMPBELL FA | 99-0203078 | | | |
| | | nber and street (or P O box number if mail is not delivered to street a | B Telephone number | | | |
| | | 001 KAMOKILA BLVD. JC BLDO | • | Room/suite 200 | 808-674-66 | 74 |
| | City | y or town, state or province, country, and ZIP or foreign po | | | C If exemption application to p | |
| | | Check all that apply Initial return | Initial return of a fo | rmer nublic charity |] D 1 Foreign organizations | check here |
| | u 0 | Final return | Amended return | The public olarity | | , |
| | | Address change | Name change | | 2 Foreign organizations me check here and attach co | eting the 85% test, mputation |
| | H C | Check type of organization X Section 501(c)(3) exe | | tion Ω\ | E If private foundation sta | tus was terminated |
| | | | Other taxable private founda | 1011 | under section 507(b)(1) | (A), check here 🖊 📗 |
| | | | g method: X Cash | Accrual | Fill the foundation is in a | |
| | | rom Part II, col. (c), line 16) -\$ 23,740,612. (Part I, columi | er (specify) | <u>c \</u> | under section 507(b)(1) | (B), check here |
| / | | Analysis of Revenue and Expenses | | | (c) Adjusted net | (d) Disbursements |
| | | (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | income | for charitable purposes (cash basis only) |
| 1 | | 1 Contributions, gifts, grants, etc., received | 653,607. | • 445 | N/A | |
| | | 2 Check In if the foundation is not required to attach Sch. B | | | | |
| | | 3 Interest on savings and temporary cash investments | 2,278. | 2,278. | | STATEMENT 1 |
| | | 4 Dividends and interest from securities | 548,207. | 548,207. | | STATEMENT 2 |
| | | 5a Gross rents | | | | |
| | | b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 | 263,286. | | | |
| | ıue | b Gross sales price for all 1,159,937. | 203,200. | | DECEN/ | |
| | Revenue | 7 Capital gain net income (from Part IV, line 2) | | 263,286. | RECEIVE | |
| | | 8 Net short-term capital gain | | | 8 | 100 |
| | | 9 Income modifications Gross sales less returns | | | NOV 04 20 | 20 9 |
| | | 10a and allowances | | | ` | RS |
| | | b Less Cost of goods sold | | | OGDEN, | UT - |
| | | c Gross profit or (loss) | 106,253. | 106,253. | | STATEMENT 3 |
| | | 12 Total Add lines 1 through 11 | 1,573,631. | 920,024. | | 7 |
| | | 13 Compensation of officers, directors trustees etc | 0. | 0. | | 0. |
| | | 14 Other employee salaries and wages | | | | |
| | S | 15 Pension plans, employee benefits | | | | |
| | nses | 16a Legal fees | | | | 20 042 |
| 4.0 | Expens | b Accounting fees STMT 4 c Other professional fees STMT 5 | 20,942. 145,385. | 0. 145,385. | | 20,942. |
| 8 | ē | 17 Interest | 20,565. | 20,565. | | 0. |
| \succ | ativ | 18 Taxes STMT 6 | 3,291. | 3,291. | | 0. |
| SCANNED | Administrative | 19 Depreciation and depletion | | | | |
| m | <u>=</u> | 20 Occupancy | | | | |
| D | A Ac | 21 Travel, conferences, and meetings | · | | - | |
| MAY | and | 22 Printing and publications | 0.7.0.60 | 07.060 | <u>.</u> | |
| 4 | Operating | 23 Other expenses STMT 7 | 27,969. | 27,969. | | 0. |
| 04 | era | 24 Total operating and administrative expenses Add lines 13 through 23 | 218,152. | 197,210. | | 20 942 |
| 112 | Ö | 25 Contributions, gifts, grants paid | 1,008,335. | 137,1100 | | 20,942. |
| 2021 | | 26 Total expenses and disbursements | ,, | | | |
| <u> </u> | | Add lines 24 and 25 | 1,226,487. | 197,210. | | 1,029,277. |
| | | 27 Subtract line 26 from line 12 | | | | |
| | | Excess of revenue over expenses and disbursements | 347,144. | 777 014 | | <u> </u> |
| | | b Net investment income (if negative, enter -0-) | | 722,814. | N/A | <u> </u> |
| | | C Adjusted net income (if negative enter -0-) | | | 1 44/47 | I |

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Page 2

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | | End of year | | |
|--|-------|--|--------------------|----------------|--|--|--|
| | | column should be for end-of year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | | <u> </u> | | | |
| | 2 | Savings and temporary cash investments | 458,959. | 959,432. | 959,432. | | |
| | 3 | Accounts receivable > | | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | | |
| | 4 | Pledges receivable > | | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | | |
| | 5 | Grants receivable | • | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | | disqualified persons | | | | | |
| | 7 | Other notes and loans receivable | | | | | |
| | | Less, allowance for doubtful accounts | 1-11 | | ************************************** | | |
| S | 8 | Inventories for sale or use | | | | | |
| Assets | 1 | Prepaid expenses and deferred charges | - | | | | |
| As | 1 | Investments - U.S and state government obligations | | | | | |
| | 1 | Investments - corporate stock STMT 9 | 49,686. | 79,384. | 79,384. | | |
| | | Investments - corporate bonds | 10,000 | , | , | | |
| | ١ | Investments - land, buildings, and equipment, basis | | | | | |
| | ' ' | | | | | | |
| | 12 | Less accumulated depreciation Investments - mortgage loans | | | | | |
| | 13 | Investments - other STMT 10 | 20.470.199. | 22,701,171. | 22,701,171. | | |
| | 1 | Land, buildings, and equipment basis | 20,110,1330 | 527,0272,20 | 127,02,272,20 | | |
| | ' | Less accumulated depreciation | | | | | |
| | 15 | Other assets (describe STATEMENT 11) | 100,625. | 625. | 625. | | |
| | | Total assets (to be completed by all filers - see the | 200,0200 | 0201 | | | |
| | '0 | instructions Also, see page 1, item I) | 21 079 469. | 23,740,612. | 23 740 612. | | |
| _ | 17 | Accounts payable and accrued expenses | 21,015,105 | 23,710,012. | 10,710,0121 | | |
| | 1 | Grants payable | | | <u> </u> | | |
| 'n | 19 | Deferred revenue | | | <u> </u> | | |
| Ē | 20 | Loans from officers directors, trustees and other disqualified persons | | | | | |
| Liabilities | 21 | Mortgages and other notes payable | | | <u> </u> | | |
| Ë | 1 | Other liabilities (describe) | | | | | |
| | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | |
| | | Foundations that follow FASB ASC 958, check here | | | | | |
| ces | | and complete lines 24, 25, 29, and 30 | | | | | |
| | 24 | Net assets without donor restrictions | 21,079,469. | 23,740,612. | | | |
| ala | | Net assets with donor restrictions | | | 1 | | |
| Ā | | Foundations that do not follow FASB ASC 958, check here ▶ □ | | | | | |
| Ţ | | and complete lines 26 through 30 | | | | | |
| ٥ | 26 | Capital stock, trust principal, or current funds | | | | | |
| ets | 27 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | 1 | | |
| Ass | 28 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| Net Assets or Fund Balan | 29 | Total net assets or fund balances | 21,079,469. | 23,740,612. | | | |
| Z | | | | | | | |
| | 30 | .Total liabilities and net assets/fund halances | 21,079,469. | 23,740,612. | | | |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | | | |
| _ | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 20 | | | | |
| | | it agree with end-of-year figure reported on prior year's return) | 23 | 1 | 21,079,469. | | |
| 2 | | amount from Part I, line 27a | | 2 | 347,144. | | |
| | | r increases not included in line 2 (itemize) | SEE ST | ATEMENT 8 3 | 2,313,999. | | |
| | | lines 1, 2, and 3 | | 4 | 23,740,612. | | |
| | | eases not included in line 2 (itemize) | | 5 | 0. | | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 29 | 6 | 23,740,612. | | |
| _ | | , | (· [/ | | Form 990-PF (2019) | | |

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FOUNDATION

Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs MLC Co.) (mo., day, yr) (mo, day, yr.) D - Donation 1a SEE ATTACHED STATEMENTS b C d е (f) Depreciation allowed (h) Gain or (loss) (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) b C d 1,159,937 263,286. 896,651 е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col (j), if any C d 263,286. е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 263,286. 2 If (loss), enter -0- in Part I, line 7 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) N/A If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(c). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) (d)
Distribution ratio
(col. (b) divided by col (c)) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 23,351,102. 1,165,532. .049913 2018 1,096,184. 22,374,579. .048992 2017 1,229,848. 21,185,807. .058051 2016 21,339,935. .034880 744,341. 2015 2014 1,156,338. 21,789,426. .053069 .244905 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years 3 .048981 22,602,393. 4 Enter the net value of noncharitable use assets for 2019 from Part X, line 5 4 1,107,088. 5 · Multiply line 4 by line 3 5 7,228. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,114,316. 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 8 1,029,277. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

See the Part VI instructions

CONTINUATION FOR 990-PF, PART IV 99-0203078 PAGE 1 OF 1

| Part IV Capital Gains and Lo | sses for Tax on Investment Income | | 2070 | 2 01 |
|--|---|--|------------------------------|---|
| | d describe the kind(s) of property sol | d. e o . real estate. | (b) How acquired | (c) Date acquired (d) Date sold |
| | rick warehouse; or common stock, 2 | | P - Purchase D - Donation | (mo., day, yr) (mo, day, yr) |
| 1a VANGUARD INT T | ERM TREASURY 535 | | · P | VARIOUS VARIOUS |
| DODGE & COX IN | COME FUND | | P | VARIOUS VARIOUS |
| c VANGUARD 500 I | NDEX FUND-ADM | | P | VARIOUS VARIOUS |
| d VANGUARD EUROP | EAN STOCK INDEX | | P | VARIOUS VARIOUS |
| e FROM K-1- 1067 | CAPITAL INTERNA | TIONAL EQUITY FUN | ND P | VARIOUS VARIOUS |
| FROM K-1- 1067 | CAPITAL INTERNA | TIONAL EQUITY FUN | ND P | VARIOUS VARIOUS |
| g FROM K-1- FORE | STER PARTNERS II | , LP | P | VARIOUS VARIOUS |
| h FROM K-1- FORE | STER PARTNERS II | , LP | P | VARIOUS VARIOUS |
| FROM K-1- FORE | STER PARTNERS II | , LP | P | VARIOUS VARIOUS |
| FROM K-1- FORE | STER PARTNERS II | , LP | P | VARIOUS VARIOUS |
| k FROM K-1- FORE | STER PARTNERS II | , LP | P | VARIOUS VARIOUS |
| FROM K-1- FORE | STER PARTNERS II | , LP | P | VARIOUS VARIOUS |
| m FROM K-1- JOHN | STON INTERNATION | AL EQUITY FUND I | , L P | VARIOUS VARIOUS |
| n FROM K-1- JOHN | STON INTERNATION | AL EQUITY FUND I, | , L P | VARIOUS VARIOUS |
| O CAPITAL GAINS | DIVIDENDS | | | |
| (e) Gross sales price | (f) Depreciation allowed | (g) Cost or other basis | (h |) Gain or (loss) |
| (e) Gloss sales price | (or allowable) | plus expense of sale | (e) I | olus (f) minus (g) |
| a 400,000. | | 414,332. | | -14,332 |
| b 200,000. | | 201,336. | | -1,336 |
| c 200,000. | | 162,050. | | 37,950 |
| d 100,000. | | 106,213. | | -6,213 |
| е | | 281. | | -281 |
| f 7,104. | | | | 7,104 |
| g 3,629. | | | | 3,629 |
| h 7,933. | | | | 7,933 |
| 25,091. | | | | 25,091 |
| 29,185. | | | | 29,185 |
| k | | 3,512. | | -3,512 |
| Ī | | 5,269. | | -5,269 |
| m | | 3,658. | | -3,658 |
| n 29,200. | | | | 29,200 |
| 0 157,795. | | | | 157,795 |
| Complete only for assets showing | ng gain in column (h) and owned by t | the foundation on 12/31/69 | | sses (from col. (h)) |
| (i) F M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col (j), if any | Gains (excess but i | of col (h) gain over col (k), not less than "-0-") |
| a | | | | -14,332 |
| b | | | | -1,336 |
| C | | | | 37,950 |
| d | - | | | -6,213 |
| e | - | | | -281 |
| f | | | | 7,104 |
| g | | | | 3,629 |
| h | | | | 7,933 |
| 1 | | | | 25,091 |
| 1 | | | | 29,185 |
| k | | | | -3,512 |
| 1 | | | | -5,269 |
| m | | | | -3,658 |
| n | | | | 29,200 |
| 0 | | | | 157,795 |
| 2 Capital gain net income or (net ca | apital loss) { If gain, also enter If (loss), enter "-0 | in Part I, line 7 | 2 | 263,286 |
| 3 Not short-term capital gain or (los | | , I | | |
| If gain, also enter in Part I, line 8, | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| If (loss), enter "-0-" in Part I, line 8 | | J | 3 | N/A |
| | | | | |

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X

X

X

6

8b

10

HI

remain in the governing instrument?

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 XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

of each state as required by General Instruction G? If "No," attach explanation

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|----|--|-------------------|----------|--|---------------|
| Ра | art VII-A Statements Regarding Activities (continued) | | | | |
| | | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | | |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | _ | 11 | | Х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor | y privileges? | | | i |
| | If "Yes," attach statement. See instructions | | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | l | 13 | Х | |
| | Website address ► HTTP://WWW.CAMPBELLFAMILYFOUNDATION.ORG/ | > 000 CT | <u> </u> | C71 | |
| 14 | | 0. ►808-67 | | 0/4 | |
| | | ZIP+4 ▶ <u>96</u> | 707 | | _ |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 PF in lieu of Form 1041 check here | N I de I | NT | /A | LJ |
| 40 | and enter the amount of tax exempt interest received or accrued during the year | 15 | - 14 | Yes | Na |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | ı | 40 | res | No X |
| | securities, or other financial account in a foreign country? | | 16 | , 0 | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | ' | , ,,,, |
| Б | foreign country ► art VII B Statements Regarding Activities for Which Form 4720 May Be Required | | | | |
| | | 1 | | Yes | No |
| 1. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 3 During the year, did the foundation (either directly or indirectly): | ŀ | | 165 | NO |
| 18 | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X No | | | |
| | | 162 (41) MO | 14.15 | , store | ta - en |
| | (2) Dorrow moncy from, land moncy to, or otherwise extend credit to (or accept it from) | Yes X No | | | |
| | a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | | | ļ, |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes X No | · · · | | ĺ |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | ICS (AL) NO | | | |
| | for the benefit or use of a disqualified person)? | Yes X No | | | ł |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | .00 (===) | ٠, | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | | |
| | | Yes X No | | | ĺ |
| b | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 700 110 | | | 1 |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | ▶ □ | | | ٠ |
| 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 2019? | | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | on | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? | Yes X No | | | |
| | If "Yes," list the years ▶ , , , , | | | | 1 |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incompare the provisions of section 4942(a)(2) (relating to incompare the provisions of section 4942(a)(2)). | ect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and att | ach | | | |
| | statement - see instructions.) | N/A | 2b | | |
| r | • If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | - | 4 9 4 11 | 1~1 | u 1, |
| | > | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | 40 | . 4 | * . |
| | during the year? | Yes X No | | | |
| b | o If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons | aftei | 4.14 | 3 (M. 1 | rt + |
| | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to | o dispose | | | l |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10, 15, or 20 year first phase holding period? (Use Form 472) | | <u> </u> | <u> </u> | <u>.:</u> |
| | Schedule C, to determine if the foundation had excess business holdings in 2019.) | N/A | 3b | | |
| 4a | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp | ose that | • | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2019? | | 4b | | X |

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| Part VII-B Statements Regarding Activities for Which I | orm 4720 May Be I | Required (continu | ued) | | |
|--|--|-------------------|--|----------------|--------------------|
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(c))? | Yo | s X No | . 2.4. | , |
| (2) Influence the outcome of any specific public election (see section 4955), o | | ectly, | | una_ayyayb a a | · |
| any voter registration drive? | | | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y6 | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | } |
| 4945(d)(4)(A)? See instructions | | Y6 | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | or | | , | 1,,,, |
| the prevention of cruelty to children or animals? | | | s X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described | n Regulations | | | |
| section 53,4945 or in a current notice regarding disaster assistance? See instri | uctions | | N/A | 5b | |
| Organizations iclying on a current notice regarding disaster assistance, check l | nere | | | 1283 ··· | 17.65 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it mainta | ıned | | *12: 1 | 1,200 |
| expenditure responsibility for the grant? | D. | I/A 🗌 Ye | es 🔲 No | | |
| If "Yes," attach the statement required by Regulations section 53 4945 5(d). | | | | 1 14 #2 | 1.45 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | |
| a personal benefit contract? | | Ye | es 🗶 No | | . |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870 | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y6 | es 🗶 No | | |
| h. If "Yes," did the foundation receive any proceeds or have any net income attribu | itable to the transaction? | | N/A | 7h | |
| O Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration o | | | 'č,',# a'₹. · | , 10 W |
| excess parachute payment(s) during the year? | | | es 🗶 No | | , |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | magers, Highly | y | | |
| Paid Employees, and Contractors | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and t | | (c) Compensation | (d) Contributions to | /a) Ev | nanca |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | accoun | pense t, other |
| | to position | `enter'-0-) | compensation | anow | ances |
| | | | | | |
| SEE STATEMENT 12 | | 0. | 0 | | 0. |
| DEL STATEMENT 12 | | - | | 1 | |
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| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1) If none, | enter "NONF." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Ex | pense it, other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (c) compensation | and deferred compensation | allow | ances |
| NONE | | | | | |
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| | | | | | |
| Total number of other employees paid over \$50,000 | | | <u> </u> | | 0 |
| тить наполь и чина опроунов рав чил вычалит | | | | | |

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|--|------------------------------------|----------------------------------|
| Part VIII. Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "I | NONE." | · |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| CAMBRIDGE ASSOCIATES LLC | INVESTMENT | |
| | MANAGEMENT | 98,236. |
| | | 23,7333 |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | ▶ 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce | If information such as the ed, ctc | Expenses |
| 1 N/A | | |
| 2 | | |
| | | |
| 3 | ** | <u>-</u> - |
| | | |
| 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 line | se 1 and 0 | Amount |
| 1 N/A | es i dilu 2 | Amount |
| | | |
| 2 | | , |
| All other program-related investments See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0 . Form 990-PF (2019) |

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Part X¹ Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 22,341,454. a Average monthly fair market value of securities 1a 605,138. b Average of monthly cash balances 16 c Fair market value of all other assets 1c 1d 22,946,592. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 946 3 3 Subtract line 2 from line 1d 344.199 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 22,602,393 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 1,130,120 Minimum investment return Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) 1,130,120. Minimum investment return from Part X, line 6 14,456. 2a Tax on investment income for 2019 from Part VI, line 5 1,117. b Income tax for 2019. (This does not include the tax from Part VI) 15.573 c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 5 1,114,54 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 1,114, Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1,029,277. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 16 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 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 1,029,277. 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V. line 8, and Part XIII. line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 029. Adjusted qualifying distributions Subtract line 5 from line 4 6 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|--|---------------|---|-------------|---------------------|
| 1 Distributable amount for 2019 from Part XI, line 7 | · | | | 1,114,547. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | 1 |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2019. | | 0. | | |
| aFrom 2014 103,057. | , | ' | · | |
| b From 2015 | | | | |
| cFrom 2016 170,558. | | | | |
| dFrom 2017 | | | | |
| eFrom 2018 13,637. | | | | |
| f Total of lines 3a through e | 287,252. | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ▶\$ 1,029,277. | | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | , , |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | , | , , , , |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount | | | | 1,029,277. |
| e Remaining amount distributed out of corpus | 0. | | | |
| Excess distributions carryover applied to 2019 (If an amount appears in column (d) the same amount must be shown in column (a)) | 85,270. | | | 85,270. |
| 6 Enter the net total of each column as indicated below. | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 201,982. | | | İ |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | •••• | , - |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line | | ** **** * * * * * * * * * * * * * * * * | | , , , |
| 4a from line 2a Taxable amount - see instr. | | | 0. | 1 |
| f Undistributed income for 2019 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must be distributed in 2020 | g , 6 4 1 | 755 448 A | | 0. |
| 7 Amounts treated as distributions out of | | · · | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2014 | | | | |
| not applied on line 5 or line 7 | 17,787. | | | |
| 9 Excess distributions carryover to 2020 | | | | ļ |
| Subtract lines 7 and 8 from line 6a | 184,195. | | | |
| O Analysis of line 9 | | | | |
| a Excess from 2015 | | | | |
| b Excess from 2016 170,558. | | | | [|
| d Excess from 2017 dExcess from 2018 13,637. | | | | 1 |
| | | | | |
| e Excess from 2019 | | | | <u> </u> |

JAMES & ABIGAIL CAMPBELL FAMILY Page 10 99-0203078 Form 990-PF (2019) FOUNDATION Part XIV Private Operating Foundations (see instructions and Part VII A, question 9) N/V1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling 4942(j)(3) oi 494241(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2018 (a) 2019 (c) 2017 (e) Total (d) 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 (4) 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).) SEE STATEMENT 13 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. NONE 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 14 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:

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FOUNDATION 99-0203078 Page 11

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year AFTER-SCHOOL ALL-STARTS HAWAII N/A ÞС EXPAND ACCESS TO SCIENCE TECH 1523 KALAKAUA AVENUE, STE 204 HONOLULU, HI 96826 25,000. ALOHA HARVEST N/A РC RECRUIT DONORS 3599 WAIALAE AVENUE SUITE #23 DELIVER 280,000 LBS. HONOLULU, HI 96816 OF FOOD TO 38 NON-PROFITS IN WEST DHAC 30,000. LEADERSHIP DEVELOPMENT CENTER FOR TOMORROW'S LEADERS N/A ÞС PROGRAM - CAMPBELL 677 ALA MOANA BLVD STE 1100 HIGH, KAPOLEI HIGH AND HONOLULU HI 96813 WAIANAE HIGH 50,000. ₽C LEADERSHIP EMPOWERMENT DREAMHOUSE, INC. N/A PO BOX 1058 ADVOCACY AND DEVELOPMENT PROGRAM 25,000. HONOLULU, HI 96808 FRIENDS OF CHALLENGER CENTER SIM 3 PACKAGE AND N/A ÞС 970 N KALAHEO AVE STE A217 UPGRADES KAILUA, HI 96734 20,000. SEE CONTINUATION SHEET(S) ▶ 3a 1,008,335. Total b Approved for future payment NONE **▶** 3b 0. Total

JAMES & ABIGAIL CAMPBELL FAMILY

Page 11 814. 50,000. 50,000. 24,000, 20,000 15,000. 33, Amount REEZE DRIED FOOD FOR WEST OAHU RESIDENTS FOR NATURAL TH OF 5 ANNUAL PAYMENTS - HALE KIPA SERVICES CENTER ST OF 5 ANNUAL PAYMENTS - SUPPORT CREATION OF THE HAWAII 8 PROJECT START-UP AT LEEWARD COMMUNITY SOOKMOBILE PROGRAM ALONG WALANAE COAST Purpose of grant or contribution KAPOLEI CHARGER SCHOOL COLLEGE 99-0203078 HAWAII'S STORY GALLERY RESIDENTIAL SHELTERS DISASTERS COLLEGE Foundation status of recipient Z S F ည Я If recipient is an individual, show any relationship to any foundation manager or substantial contributor Supplementary Information (continued) I/A 4/A Y/A I/A Y/A I/A FOUNDATION 3a Grants and Contributions Paid During the Year Name and address (home or business) GOODWILL INDUSTRIES OF HAWAII 615 PIIKOI STREET SUITE 203 Recipient FRIENDS OF IOLANI PALACE HAWAII LITERACY, INC. 245 N KUKUI ST. #202 HAWAII FOOTBALL CLUB 2610 KILIHAU STREET 2611 KILIHAU STREET номогиги, ні 96819 HONOLULU, HI 96817 HONOLULU, HI 96804 HONOLULU, HI 96814 номогиги, ні 96819 27 LONO ST STE A HAWAII FOODBANK HALE KIPA, INC. нго, ні 96720 PO BOX 2259 Part XV -orm 990-PF

858,335.

10,000,

ELECTRONIC SMOKING DEVICE PREVENTION IN WEST OAHU

PUBLIC SCHOOLS

I/A

HAWAII PUBLIC HEALTH INSTITUTE

850 RICHARDS ST STE 201

96813

номогиги, ні

Total from continuation sheets

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

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Page 11 50,000 10,000 20,000 25,000. 35,000. 30,000 10,000 Amount IRD OF 5 ANNUAL PAYMENTS - ESTABLISH WEST OAHU CAMPUS JEST OAHU SCHOOL EDUCATION PROGRAM AND DIRECT TRANSITIONAL INDEPENDENT LIFE-SKILLS PROGRAM Purpose of grant or contribution 2019-2020 65TH SEASON: LET'S GO ULIA KA LAMA EDUCATION ACADEMY NOURISHING THE FUTURE PROJECT READY-TO-LEARN PROGRAM ERVICES PROGRAM Foundation status of recipient ы Ы Ы ы If recipient is an individual, show any relationship to any foundation manager or substantial contributor Supplementary Information (continued) N/A ٨/١ 1/A V/A Y'A N/A N/A INSTITUTE FOR NATIVE PACIFIC EDUCATION AND 3a Grants and Contributions Paid During the Year Name and address (home or business) KEIKI EDUCATION LIVING INDÉPENDENT 1164 BISHOP STREET, SUITE 910 HONOLULU THEATRE FOR YOUTH 1001 KAMOKILA BLVD STE 226 Total from continuation sheets Recipient HAWAIIAN HUMANE SOCIETY HELPING HANDS HAWAII 2700 WAIALAE AVENUE HONOLULU, HI 96826 HONOLULU, HI 96819 номогиги, ні 96813 91-215 HILUHILU PL HONOLULU, HI 96823 2100 N NIMITZ HWY 84-766 LAHAINA ST WAIANAE, HI 96792 KAPOLEI, HI 96707 KAPOLEI, HI 96707 HOA AINA O MAKAHA P.O. BOX 22551 HO'OLA NA PUA INSTITUTE Part XV CULTURE

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

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50,000. 009 9 35,000, 7,500 20,000 25,000 15,000 Amount SENERAL OPERATING SUPPORT AND PROGRAMMING FOR HAWAII - EARLY COLLEGE PROGRAM EX TRAFFICKING OUTREACH AND PREVENTION PROGRAM ROVIDE 15,000 BOOKS FOR UNDERSERVED CHILDREN WAIANAE FACILITY HOMELESS PREVENTION IRD ANNUAL KA'ALA SCHOLARS PROGRAM Purpose of grant or contribution EACHERS ON OAHU'S LEEWARD COAST SONGWRITER IN RESIDENCE PROGRAM 2ND OF 4 ANNUAL PAYMENTS Foundation status of recipient 300 ŭ ŭ 2 Я S If recipient is an individual, show any relationship to any foundation manager or substantial contributor Supplementary Information (continued) 4/A ۷/A N/A N/A 4/A V/A N/A 3a Grants and Contributions Paid During the Year 500 ALA MOANA BOULEVARD SUITE 3-400 Name and address (home or business) SEARIDER PRODUCTIONS FOUNDATION TEACH FOR AMERICA - HAWAII Total from continuation sheets NATIVE HAWAIIAN EDUCATION Recipient 84-370 MAKAHA VALLEY RD PACIFIC SURVIVOR CENTER UNITED STATES VETERANS READING IS FUNDAMENTAL 85-638 FARRINGTON HWY WASHINGTON, VA 22747 96811 номогиги, ні 96839 HONOLULU, HI 96813 WAIANAE, HI 96792 WAILUKU, HI 96793 HI 96792 KID PAN ALLEY номогага ні PO BOX 61826 PO BOX 3535 P.O. BOX 38 PO BOX 1190 Part XV WAIANAE,

JAMES & ABIGAIL CAMPBELL FAMILY

Page 11

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FOUNDATION Supplementary Information (continued)

Form 990-PF Part XV

18,421, 38,000, 100,000 100,000 20,000 40,000 Amount NANAKULI EDUCATION ASSISTANT-TO-TEACHER PILOT PROGRAM ST OF 5 ANNUAL PAYMENTS - SUPPORT PURCHASE OR EASING EQUIPMENT NEW NANAKULI CLINIC FEACHER EDUCATION/WAIANAE CENTERED Purpose of grant or contribution JHWO TEACHING SCHOLARSHIP SUPPORT HOUSE SUBSTANCE ABUSE PROGRAM WEST OAHU EDUCATION PATHWAYS Foundation status of recipient 300 ည S Ы М If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A A/A N/A N/A Y/A N/A WAIANAE DISTRICT COMPREHENSIVE HEALTH AND 3a Grants and Contribution's Paid During the Year YOUNG MENS CHRISTIAN ASSOCIATION OF Name and address (home or business) UNIVERSITY OF HAWAII FOUNDATION UNIVERSITY OF HAWAII FOUNDATION UNIVERSITY OF HAWAII FOUNDATION 1314 SOUTH KING STREET SUITE B 1314 SOUTH KING STREET SUITE B 1314 SOUTH KING STREET SUITE B 86-260 FARRINGTON HIGHWAY Total from continuation sheets Recipient 85-251 FARRINGTON HWY WAIANAE HIGH SCHOOL HOSPITAL BOARD INC. HONOLULU, HI 96814 HONOLULU, HI 96814 HONOLULU, HI 96814 номоцици, ні 96813 WAIANAE, HI 96792 WAIANAE, HI 96792 1441 PALI HIGHWAY HONOLULU

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FOUNDATION

| Enter gross amounts unless otherwise indicated | · · | d business income | | by section 512 513 or 514 | (e) |
|---|-----------------|-------------------------|--|-------------------------------------|---------------------------------------|
| - | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion code | Amount | function income |
| a | | | | | |
| b | | _ | | | |
| c | | - | | | |
| d | , | | | | |
| e | | | | | |
| f | | | | | <u> </u> |
| g Fees and contracts from government agencies | | | | - | |
| 2 Membership dues and assessments | | | | | 15. |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 2,278. | |
| 4 Dividends and interest from securities | | | 14 | 548,207. | \ <u>-</u> |
| 5 Net rental income or (loss) from real estate | | | <u> </u> | | |
| a Debt-financed property | 1 | · | 1 1 | | ············ |
| b Not debt-financed property | | | - - - | | · · · · · · · · · · · · · · · · · · · |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | <u> </u> | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 263,286. | |
| 9 Net income or (loss) from special events | | | + | 203,200. | |
| 10 Gross profit or (loss) from sales of inventory | | | + + | · · · · · · · · · · · · · · · · · · | |
| 11 Other revenue | | | | | |
| a FROM K-1:OTHER INCOME | | | | | |
| b (LOSS) FROM LIMITED | | | -+ | | |
| PARTERSHIPS | | | 14 | 106,253. | |
| d HINTERCOTTERS | | - | + | 100,233. | |
| e | i | | + + | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | n | . | 920,024. | 0. |
| | | | <u>' • </u> | 13 | 920,024 |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 <u>—</u> | 720,024 |
| (See worksheet in line 13 instructions to verify calculations) | | | | | |
| Part XVI-B Relationship of Activities t | o the Acco | emplishment of | Exempt i | Purposes | |
| Land No. Complete halous have such naturals for subsels upon | | a solume (a) of Dort VI | l A contribut | and umportantly to the second | aliahmant of |
| Explain below how each activity for which income the foundation's exempt purposes (other than | | | I-A COMMOU | ed importantly to the accomp | Mishinghi of |
| The foundation's exempt purposes (other than | by providing fu | | | | |
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|----------------|-------------------------------------|-------------------------|---------------------|------------------------------------|-------------------------|----------------------------|---|------------------|
| Rart XVII | Information Re Exempt Organ | | sfers to a | nd Transactions a | nd Relationsl | hips With Nonc | haritable | |
| 1 Did the or | ganization directly or indir | rectly engage in any | of the followin | g with any other organization | on described in sect | ion 501(c) | Ye | s No |
| | | | | to political organizations? | | ` ' | | |
| | from the reporting founds | • | - ' | | | | - 1 · 1 | ا الله |
| (1) Cash | • • | | | , | | | 1a(1) | -\ <u>X</u> |
| (2) Other | • | • | | | • | | 18(2) | X |
| b Other tran | | • | | • | | • | 10(2) | 1 |
| - | of assets to a noncharital | hle evemnt organiza | tion | | | | 45/43 | $-\frac{1}{X}$ |
| | | | | | • | • | · 1b(1) | $+\frac{x}{x}$ |
| • • | hases of assets from a noi | • | organization | | • | | 1b(2) | $+\hat{x}$ |
| | al of facilities, equipment, | | • • | • | | • | 1b(3) | |
| • • | bursement arrangements | • | | • | | • | 1b(4) | X |
| | s or loan guarantees | | | | | | 1b(5) | X |
| | rmance of services or me | · · | • | • | | | 1b(6) | X |
| - | f facilities, equipment, ma | • | - • | - • | | | . <u> 1c </u> | X |
| | | | | dule. Column (b) should al | | | | |
| | | | | ed less than fair market vali | ue in any transaction | or sharing arrangeme | ent, show in | |
| | 1) the value of the goods, | | | | | | | |
| (a)Line no | (b) Amount involved | (c) Name o | | exempt organization | (d) Description | of transfers, transactions | , and sharing arrange | ments |
| | | | N/A | | | · | | |
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| | | | | | | | | |
| 2a Is the fou | ndation directly or indirect | tly affiliated with, or | related to, one | or more tax-exempt organ | zations described | | | |
| in section | 501(c) (other than section | n 501(c)(3)) or in se | ection 527? | | | | . Yes | X No |
| b If "Yes," co | omplete the following sch | | | | | | | |
| | (a) Name of org | anization | | (b) Type of organization | | (c) Description of rela- | tionship | |
| | N/A | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| Under | penalties of perjury, I declare | that I have examined th | is return, includin | g accompanying schedules and | statements, and to the | best of my knowledge | May the IHS discu | as this |
| Sign and b | elief, it is true, correct, and con | delete Declaration of p | eparer (other tha | n taxpayer) is based on all inform | nation of Which repairs | 5 ¹¹ MGR/ASST | return with the pre shown below? See | parer a instr |
| Here | · Hull | | | 10/13/20 | SECRE | | X Yes | □ No |
| Sigr | nature of Officer or trustee | | | Date | Trtle | | | |
| | Print/Type preparer's na | | Preparer's s | gnature | Date | Check if P | TIN | |
| | | | Cu | . J | | self- employed | | |
| Paid | ALEXANDER | YEE | ALEXAN | DER YEE | 10/06/20 | 1 | P0125860 | 9 |
| Preparer | Firm's name ► KKD | | | / | | Firm's EIN ▶ 99 | | |
| Use Only | | | | | | | | |
| • | Firm's address ▶ 74 | 5 FORT ST | STE 2 | 100 | | | | |
| | 1 | NOLULU, H | | | | Phone no. 808 | -521-396 | 2 |
| | | <u></u> | | | | 1 | Form 990-P | |

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

2019

Name of the organization

JAMES & ABIGAIL CAMPBELL FAMILY

FOUNDATION

Page (check one)

Employer identification number

99-0203078

| Filers of | : | Section: | | | | |
|-----------|---|---|---|--|--|--|
| Form 990 | 0 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 990 | 0-PF | X 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 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 and a Special Rule. See instructions | _ | | | |
| General | Rule | | | | | |
| X | For an organization filing Form 900, 900 EZ, or 900 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special | Rules | | | | | |
| | For an organization described in section 501(c)(3) filing Form 990 or 990-FZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | |
| | year, contributions is checked, enter hi purpose Don't com | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-F7 that received from any one contributor during the secclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable etc implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc. contributions totaling \$5,000 or more during the year. | | | | |

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I line 2, to certify that it 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) (2019)

Employer identification number

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed | | | | |
|------------|--|----------------------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | ALICE K. ROBINSON 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 | \$51,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | CYNTHIA C FOSTER RLT AGREEMENT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$ <u>24,307.</u> | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | DARCIE W GRAY IRREVOC TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$8,389. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | FLANDERS-STAUB 2007 IRREV TRST 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 | | |
| 6 | GUILD 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) | | |

Employer identification number

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | il space is needed | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | KAPIOLANI K MARIGNOLI TRSTAGRT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$\$0,759. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | KING 2008 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$78,681. | 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 |
| 9 | MARY SUTHERLAND C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$5,500. | 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 |
| 10 | MARITAL TRUST FBO KENT LIGHTER C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$18,011. | 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 |
| 11 | 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 |
| 12 | PATRICIA SHEEHAN C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$5,000. | Person X Payroll |

Employer identification number

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | I space is needed | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | PRISCILLA WITT 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 |
| 14 | PAMALA D KELLER FAMILY TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$10,596. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | QUENTIN K KAWANANAKOA TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$8,210. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | REVOC TRST OF GAYLORD H WILCOX C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$\$ | 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 | RONALD L. OLSON RT OF 2006 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$30,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | STEPHEN HANSEN C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$10,000. | Person X Payroll |

Employer identification number

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | al space is needed | |
|------------|---|-------------------------|---|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 19 | CYNTHIA SORENSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$51,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | SUZANNE M AVINA RLT-3/2/20 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$51,783. | Person X Payroll |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| | Name, address, and ZIP+4 THE EDWARD K KAWANANAKOA JR RLT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$ 10,352. | 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 |
| | WENDY B CRABB RLT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 | \$ 33,653. | 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 |
| | | \$ | 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) |

Employer identification number

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II i | f additional space is needed | |
|------------------------------|---|--|----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 14 | 9 SHARES ADOBE INC.COM, 16 SHARES FISERV INC, 92 SHARE PFIZER INC, 22 SHARES XILINX INC | 10,596. | 04/04/19 |
| | | - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | - - - - \$ | |
| | | - Ψ | |
| (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 |
| | | - | |
| - | | - | |
| 153 11-06 | | _ | 90, 990-FZ, or 990-PF) (2) |

Schedule B (Form 990, 990-EZ, or 990 PF) (2019) Employer identification number Name of organization JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION 99-0203078 Part III 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 (Enler this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| FORM 990-PF INTERES | ON SAVING | GS AND TEMPOR | ARY CASH IN | VESTMENTS | STATEMENT 1 |
|---|-----------------|-------------------------------|-----------------------------|--------------------------------|-------------------------------|
| SOURCE | | (A) REVENUE PER BOOK | NET IN | (B) VESTMENT COME | (C) ADJUSTED NET INCOME |
| BANK OF HAWAII | 2,2 | 78. | 2,278. | 1.416. | |
| TOTAL TO PART I, LIN | 1E 3 | 2,2 | 78. | 2,278. | |
| FORM 990-PF | DIVIDENDS | AND INTEREST | FROM SECUR | ITIES | STATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVES' MENT INCO | |
| AQR MANAGED FUTURES STRATEGY R6 | 37,523. | 0. | 37,523. | 37,52 | 3. |
| AQR STYLE PREMIA FUND BANK OF HAWAII DODGE & COX INCOME | 25,875. 984. | 0. 0. | 25,875. 984. | • | |
| FUNDS DODGE & COX STOCK | 38,881. | 6,328. | 32,553. | 32,55 | 3. |
| FUNDS FROM K-1 - 1607 CAPITAL INTL | 149,890. | 123,424. | 26,466. | 26,46 | 6. |
| EQUITY FUND FROM K-1 - FORESTER PARTNERS | 45,949. | 0. | 45,949. | 45,94 | 9. |
| II, L.P. FROM K-1 - JOHNSTON | 46,299. | 0. | 46,299. | 46,29 | 9. |
| INTERNATIONAL FROM K-1 - | 17,533. | 0. | 17,533. | 17,53 | 3. |
| NORTHGATE VENTURE GROWTH II | 1. | 0. | 1. | | 1. |
| IVA INTERNATIONAL FUND JOHCM EMERGING MARKETS OPPS FUND, | 55,066. | 26,675. | 28,391. | 28,39 | 1. |
| INST. PIMCO TOTAL RETURN | 43,911. | 0. | 43,911. | 43,91 | 1. |
| FUND VANGUARD 500 INDEX | 64,183. | 1,368. | 62,815. | 62,81 | 5. |
| FUND-ADM VANGUARD EMERGING MARKETS STOCK | 40,077. | 0. | 40,077. | 40,07 | 7. |
| INDEX ADM | 21,423. | 0. | 21,423. | 21,42 | 3. |

| JAMES & ABIGAIL CA | MPBELL FA | MILY FOUNDA | TI | | | 99-02030 | 78 |
|--|------------|---|------------------------|---|---|--|------------------|
| VANGUARD ENERGY FUNDS 0551 | 55,258 | • | 0. | 55,258 | . 55,258. | | |
| VANGUARD EUROPEAN STOCK INDEX | 13,503 | • | 0. | 13,503 | . 13,503. | | |
| VANGUARD GROWTH INDEX FUND | 14,351 | • | 0. | 14,351 | . 14,351. | | |
| VANGUARD INT TERM TREASURY 535 | 21,336 | • | 0. | 21,336 | . 21,336. | | |
| VANGUARD TREASURY MONEY MARKET | 13,959 | • | 0. | 13,959 | . 13,959. | | |
| TO PART I, LINE 4 | 706,002 | . 157,79 | 5. | 548,207 | 548,207. | | |
| FORM 990-PF | | OTHER I | NCOME | | S | TATEMENT | |
| | | | (A) REVEN PER BC | IUE : | (B) NET INVEST- MENT INCOME | (C) ADJUSTEI NET INCOM | |
| DESCRIPTION | | | | | | | 110 |
| FROM K-1:OTHER INCOM | ME (LOSS) | FROM | 10 | 6,253. | 106,253. | | |
| FROM K-1:OTHER INCOM | | | | 6,253. | | | |
| FROM K-1:OTHER INCOM LIMITED PARTERSHIPS TOTAL TO FORM 990-PF | | | 1.0 | 6,253. | 106,253. | TATEMENT | |
| FROM K-1:OTHER INCOM LIMITED PARTERSHIPS TOTAL TO FORM 990-PF FORM 990-PF | | LINE 11 | 10 NG FEE | 6,253. | 106,253. | TATEMENT (D) CHARITAE PURPOSE | 4 4 |
| FROM K-1:OTHER INCOMLIMITED PARTERSHIPS TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION | | ACCOUNTI (A) EXPENSES | NG FEE | B) NVEST- | 106,253. S (C) ADJUSTED | (D) CHARITAI | 3LES |
| DESCRIPTION FROM K-1:OTHER INCOM LIMITED PARTERSHIPS TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION AUDIT & TAX FEE TO FORM 990-PF, PG 1 | PART I, | ACCOUNTI (A) EXPENSES PER BOOKS | NG FEE | B) NVEST- INCOME | 106,253. S (C) ADJUSTED | (D) CHARITAI PURPOSI | 3LES |
| FROM K-1:OTHER INCOMLIMITED PARTERSHIPS TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION AUDIT & TAX FEE TO FORM 990-PF, PG 1 | F, PART I, | ACCOUNTI (A) EXPENSES PER BOOKS 20,942. | NG FEE | B) NVEST- INCOME 0. | 106,253. S (C) ADJUSTED NET INCOME | (D) CHARITAE PURPOSE 20,94 | 3LF ES 12. |
| FROM K-1:OTHER INCOMLIMITED PARTERSHIPS TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION AUDIT & TAX FEE | F, PART I, | ACCOUNTI (A) EXPENSES PER BOOKS 20,942. 20,942. | NG FEE | B) NVEST- INCOME 0. | 106,253. S (C) ADJUSTED NET INCOME | (D) CHARITAE PURPOSE 20,94 | 3LF ES 12. |
| FROM K-1:OTHER INCOMLIMITED PARTERSHIPS TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION AUDIT & TAX FEE TO FORM 990-PF, PG 1 | F, PART I, | ACCOUNTI (A) EXPENSES PER BOOKS 20,942. 20,942. THER PROFES (A) EXPENSES | NG FEE | B) NVEST- INCOME 0. 0. FEES B) NVEST- | 106,253. (C) ADJUSTED NET INCOME (C) ADJUSTED | (D) CHARITAE PURPOSE 20,94 20,94 TATEMENT (D) CHARITAE | 3LF ES 12. |

| TO FORM 990-PF, PG 1, LN 18 3,291. 3,291. 0. FORM 990-PF OTHER EXPENSES STATEMENT 7 (A) (B) (C) (D) (CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES GENERAL & ADMINISTRATIVE 27,969. 27,969. 0. TO FORM 990-PF, PG 1, LN 23 27,969. 27,969. 0. FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8 DESCRIPTION AMOUNT UNREALIZED GAIN(LOSS) ON INVESTMENTS 2,313,999. TOTAL TO FORM 990-PF, PART III, LINE 3 2,313,999. | FORM 990-PF | TAX | ES | | STATEMENT | 6 |
|---|------------------------------|--------------|----------------|------------|-----------|-----|
| TO FORM 990-PF, PG 1, LN 18 3,291. 3,291. 0. FORM 990-PF OTHER EXPENSES STATEMENT 7 (A) (B) (C) (D) (D) (EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES GENERAL & ADMINISTRATIVE 27,969. 27,969. 0. TO FORM 990-PF, PG 1, LN 23 27,969. 27,969. 0. FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8 DESCRIPTION AMOUNT UNREALIZED GAIN(LOSS) ON INVESTMENTS 2,313,999. 10. FORM 990-PF CORPORATE STOCK STATEMENT 9 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | DESCRIPTION | EXPENSES | NET INVEST | - ADJUSTEI | CHARITA | |
| FORM 990-PF OTHER EXPENSES STATEMENT 7 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES GENERAL & ADMINISTRATIVE 27,969. 27,969. 0. TO FORM 990-PF, PG 1, LN 23 27,969. 27,969. 0. FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8 DESCRIPTION AMOUNT UNREALIZED GAIN(LOSS) ON INVESTMENTS 2,313,999. TOTAL TO FORM 990-PF, PART III, LINE 3 2,313,999. FORM 990-PF CORPORATE STOCK STATEMENT 9 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | EXCISE TAX | 3,291. | 3,29 | 1. | | 0. |
| CA CB CC CD | TO FORM 990-PF, PG 1, LN 18 | 3,291. | 3,29 | 1. | | 0. |
| EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES GENERAL & ADMINISTRATIVE 27,969. 27,969. 0. TO FORM 990-PF, PG 1, LN 23 27,969. 27,969. 0. FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8 DESCRIPTION AMOUNT UNREALIZED GAIN(LOSS) ON INVESTMENTS 2,313,999. TOTAL TO FORM 990-PF, PART III, LINE 3 2,313,999. FORM 990-PF CORPORATE STOCK STATEMENT 9 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 7 |
| TO FORM 990-PF, PG 1, LN 23 27,969. 27,969. 0. FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8 DESCRIPTION AMOUNT UNREALIZED GAIN(LOSS) ON INVESTMENTS 2,313,999. TOTAL TO FORM 990-PF, PART III, LINE 3 2,313,999. FORM 990-PF CORPORATE STOCK STATEMENT 9 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | DESCRIPTION | EXPENSES | NET INVEST | - ADJUSTEI | CHARITA | |
| FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8 DESCRIPTION AMOUNT UNREALIZED GAIN(LOSS) ON INVESTMENTS 2,313,999. TOTAL TO FORM 990-PF, PART III, LINE 3 2,313,999. FORM 990-PF CORPORATE STOCK STATEMENT 9 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | GENERAL & ADMINISTRATIVE | 27,969. | 27,96 | 9. | | 0. |
| DESCRIPTION UNREALIZED GAIN(LOSS) ON INVESTMENTS TOTAL TO FORM 990-PF, PART III, LINE 3 FORM 990-PF CORPORATE STOCK STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | TO FORM 990-PF, PG 1, LN 23 | 27,969. | 27,96 | 9. | | 0. |
| UNREALIZED GAIN(LOSS) ON INVESTMENTS TOTAL TO FORM 990-PF, PART III, LINE 3 PORM 990-PF CORPORATE STOCK BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | FORM 990-PF OTHER INCREASE | S IN NET ASS | ETS OR FUND | BALANCES | STATEMENT | 8 |
| TOTAL TO FORM 990-PF, PART III, LINE 3 2,313,999. FORM 990-PF CORPORATE STOCK STATEMENT PAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | DESCRIPTION | | | | AMOUNT | |
| FORM 990-PF CORPORATE STOCK STATEMENT 9 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | UNREALIZED GAIN(LOSS) ON INV | ESTMENTS | | | 2,313,9 | 99. |
| DESCRIPTION BOOK VALUE VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | TOTAL TO FORM 990-PF, PART I | II, LINE 3 | | | 2,313,9 | 99. |
| DESCRIPTION BOOK VALUE VALUE CORPORATE EQUITY SECURITIES 79,384. 79,384. | FORM 990-PF | CORPORAT | E STOCK | | STATEMENT | 9 |
| | DESCRIPTION | | | BOOK VALUE | | т |
| TOTAL TO FORM 990-PF, PART II, LINE 10B 79,384. 79,384. | CORPORATE EQUITY SECURITIES | | | 79,384. | 79,3 | 84. |
| | TOTAL TO FORM 990-PF, PART I | I, LINE 10B | ,- | 79,384. | 79,3 | 84. |

| FORM 990-PF 07 | THER INVESTMENTS | | STATEMENT 10 | |
|---|--|---------------------------|--------------------------------|--|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE | |
| MUTUAL FUNDS INVESTMENTS IN LIMITED PARTNERSH | FMV ITED PARTNERSHIPS FMV | | 16,966,794 5,734,377 | |
| TOTAL TO FORM 990-PF, PART II, L | INE 13 | 22,701,171. | 22,701,171. | |
| 101112 10 10111 330 11, 11211 11, 2. | | | | |
| FORM 990-PF | OTHER ASSETS | | STATEMENT 11 | |
| | 11 2000 | END OF YEAR BOOK VALUE | STATEMENT 11 FAIR MARKET VALUE | |
| FORM 990-PF. DESCRIPTION OTHER ASSETS | OTHER ASSETS BEGINNING OF | | FAIR MARKET | |
| FORM 990-PF | OTHER ASSETS BEGINNING OF YR BOOK VALUE | BOOK VALUE | FAIR MARKET VALUE | |

| | LIST OF OFFICERS, D AND FOUNDATION MANA | | STAT | EMENT 12 |
|--|--|---------------|------|----------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | | EXPENSE |
| TIMOTHY J. BRAUER C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | DIRECTOR | 0. | 0. | 0. |
| LANDON H.W. CHUN C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | ASSISTANT TREA | SURER 0. | 0. | 0. |
| RUSSELL M. CHINEN C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | ASSISTANT TREA | ASURER | 0. | 0. |
| WENDY B. CRABB C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | PRESIDENT/DIRE | CCTOR 0. | 0. | 0. |
| ALICE K. SHINGLE C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | VICE PRESIDENT | C/DIRECTOR 0. | 0. | 0. |
| ALICE F. GUILD C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | SECRETARY/DÎRE | CCTOR 0. | 0. | 0. |
| JONATHAN E. STAUB C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | TREASURER/DIRE | | 0. | 0. |
| KAPI'OLANI K. MARIGNOLI C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | DIRECTOR | 0. | 0. | 0. |
| MARION PHILPOTTS-MILLER C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | DIRECTOR | 0. | 0. | 0. |

| JAMES & ABIGAIL CAMPBELL FAMILY | Y FOUNDATI | | 99-0203 | 078 |
|---|---------------------------------------|---------------|-------------|-----|
| JULIETTE K. SHEEHAN | DIRECTOR | | | |
| C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | 1.00 | 0. | 0. | 0. |
| D. KEOLA LLOYD | GRANTS MANAGER/ | ASSISTANT SEC | RETARY | |
| C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | 2.00 | 0. | 0. | 0. |
| CYNTHIA K. SORENSON | DIRECTOR | | | |
| C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707 | 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE (| 6, PART VIII | 0. | 0. | 0. |
| | r XV - LINE 1A FOUNDATION MANAGERS | 5 | STATEMENT | 13 |

NAME OF MANAGER

WENDY B. CRABB
ALICE K. SHINGLE
ALICE F. GUILD
JONATHAN E. STAUB

KAPI'OLANI K. MARIGNOLI

CYNTHIA K. SORENSON

FORM 990-PF

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

STATEMENT

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.CAMPBELLFAMILYFOUNDATION.ORG.