Form <b>990-T</b>	Exempt Orga	NDED TO NOV			x Return	OMB No 1545-0687		
	. (a		2018					
	For calendar year 2018 or other tax ye		_   2010					
Department of the Treasury Internal Revenue Service	► Go to www  Do not enter SSN numbe			ns and the latest informat de public if your organizat		Open to Public Inspection 501(c)(3) Organizations Onl		
Check box if	Name of organization (					Employer identification number (Employees' trust, see		
address changed	Due TUE CAMPBET	<b>⋷⋰⋤</b> ⋂⋷⋾⋷⋾⋗⋒ <b>⋷</b> △	a <b>n</b> t			onstructions)		
Exempt under section $X = 501(c)(30)$	or Number, street, and room			otruotopo	— E	93-1133917 Unrelated business activity code		
408(e) 220(e)	lung			Structions		(See instructions)		
408A 530(a)	<del></del>	O841 SW GAINES ST #516  City or town, state or province, country, and ZIP or foreign postal code						
529(a)		PORTLAND, OR 97239 900						
Book value of all assets at end of year	F Group exemption numb	per (See instructions )	<b></b>					
7,555,0	55. G Check organization typ	e 🕨 💢 501(c) corp	oration	501(c) trust	401(a) tr	rust Other trust		
	rganization's unrelated trades or t	<u> </u>	1		e only (or first) unre			
	PARTNERSHIP IN			<del></del>	mplete Parts I-V If			
	ank space at the end of the previous	is sentence, complete Pa	arts I and	d II, complete a Schedule N	for each additional	trade or		
During the tax year, was	'arts III-V he corporation a subsidiary in an a	affiliated group or a parar	nt-euber	diary controlled oroun?	<b>N</b>	Yes X No		
	ne corporation a subsidiary in an a nd identifying number of the paren		น-อนเวรา	uiai y controlleu group?		טאו באַן כיי ב		
	► THE FOUNDATI			Telephon	e number ▶ 50	3-281-6633		
	Trade or Business Inc			(A) Income	(B) Expenses	(C) Net		
1 a Gross receipts or sale								
b Less returns and allow	ances	c Balance	10					
Cost of goods sold (S	hedule A, line 7)	M	2					
Gross profit Subtract	ine 2 from line 1c	1, 1	3					
a Capital gain net incom		1	4a	33,996.		33,996		
	1797, Part II, line 17) (attach Form	4797)	4b	-79.				
c Capital loss deduction		ļ	4c			24.5 55=		
	artnership or an S corporation (at	tach statement)	5	219,632.	STMT 15	219,632		
Rent income (Schedul	•		6	···	<del></del>			
	d income (Schedule E)	organization (0-)	7					
•	alties, and rents from a controlled a section 501(c)(7), (9), or (17) or		8 9					
	ity income (Schedule I)	קבוווצפנוטוו (סטוונטטוני ט)	10					
Advertising income (S		ł	11					
,	ructions, attach schedule)		12					
Total. Combine lines	•		13	253,549.		253,549		
Part II Deduction	s Not Taken Elsewher	e (See instructions fo	r limitat	tions on deductions)				
	ontributions, deductions must		with the	ne unrelated business ir	ncome )	·		
•	ers, directors, and trustees (Sche	dule K)				14		
Salaries and wages	nce RECE	VED			<del>,                                    </del>	15		
Repairs and maintena	nce   KECE	72			<del>  -</del>	16		
Bad debts	ula) (see post la laca)	2 2019 050-52				17		
Interest (attach sched Taxes and licenses	ule) (see instructions) NOV 2	2 2019				18		
Charitable contribution	ns (See instructions de-Immitation				<u> </u>	20		
Depreciation Darlach f	ns (See instructions for imitation orm 4562)	10:01		21	<del> </del>	<del></del>		
= aprobation particles	med on Schedule A and elsewhere			22a		22b		
Depletion T		<del>.</del>		<u> </u>		23		
	red compensation plans				F-	24		
						25		
Employee benefit pro-	ses (Schedule I)					26		
Excess exempt expen	its (Schedule J)					27		
Excess exempt expen Excess readership co						28		
Excess exempl expen Excess readership co Other deductions (atta					<u></u>	29 0		
Excess exempt expen Excess readership co Other deductions (atta Total deductions Ad	d lines 14 through 28							
Excess exempt expen Excess readership co Other deductions (atta Total deductions Ad Unrelated business ta	d lines 14 through 28 kable income before net operating							
Excess exempt expen Excess readership co Other deductions (atta Total deductions Ad Unrelated business ta Deduction for net ope	d lines 14 through 28	inning on or after Januar			_3	253,549. 31 32 253,549.		

<del>1</del>1/14/19

Firm's EIN

**Use Only** 823711 01 09-19

Firm's name ► DELAP LLP

5885 MEADOWS ROAD, NO.

Firm's address ► LAKE OSWEGO, OR 97035

Preparer

Form 990-T (2018)

P00639586

Phone no 503-697-4118

93-0418710

Schedule A - Cost of Good	ls Sold. Ente	r method of inve	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea		_6		
2 Purchases	2		7	Cost of goods sold Su	ubtract	line 6		
3 Cost of labor	3			from line 5. Enter here	and in	Part I,	ŀ	
4 a Additional section 263A costs				line 2		7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No	
<ul> <li>Other costs (attach schedule)</li> </ul>	4b			property produced or a	acquire	d for resale) apply to		
5 Total Add lines 1 through 4b	5		_l	the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 
1 Description of property								
(1)						<del></del>		<del></del>
(2)						<del> </del>		
(3)						· · · · · · · · · · · · · · · · · · ·		
(4)								
	2 Rent receiv	ed or accrued						
rent for personal property is more than for personal property is more than			personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	3(a) Deductions directly columns 2(a) ai		cted with the income in attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		oter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)				
			2	Gross income from		Deductions directly con to debt-finance	nected ed prop	with or allocable perty
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			<del> </del>				<del> </del>	
(2)	<del> </del>		1			···	<b>-</b>	<del></del>
(3)	· · · · · · · · · · · · · · · · · · ·						1	
(4)						<del></del>		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5	-	7 Gross income reportable (column 2 x column 6)	(4	8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals				<b>•</b>		0		0.
Total dividends-received deductions in	scluded in column	, g		- 1			1	

Form 990-T (2018) THE CA	MPBELL FOU	NDATION			93-11	3391	7 Page <b>4</b>
Schedule F - Interest,	Annuities, Roya	alties, and Rent	ts From Control	led Organiz	zations (see in	struction	s)
		Exempt	Controlled Organiza	tions			
1 Name of controlled organiza	identi		3 Net unrelated income (loss) (see instructions) payr		5 Part of column 4 included in the con organization's gross	trolling	6 Deductions directly connected with income in column 5
(1)	<del></del>	<del></del>					
(1)		<del></del>			<del></del>		
(2)							<del></del>
(3)							
(4)					<u></u>		
Nonexempt Controlled Organ	ızatıons						
7 Taxable Income	8 Net unrelated inco (see instruction		l of specified payments made	in the controlli	nn 9 that is included ng organization's sincome		ductions directly connected income in column 10
(1)	<u> </u>						· · · · · · · · · · · · · · · · · · ·
	<del> </del>					<del></del>	
(2)	<del> </del>	<del></del>		<del></del>		<u> </u>	
(3)	<del> </del>		<del> </del>	<del> </del>		<b></b>	
(4)	<u> </u>			<u> </u>			
				Enter here and	nns 5 and 10 on page 1, Parl I, column (A)	Enter he	d columns 6 and 11 ere and on page 1, Parl I, ine 8, column (B)
Totals			<b>&gt;</b>	ł	0.	L	0.
Schedule G - Investme (see inst	ent Income of a ructions)	Section 501(c)	(7), (9), or (17) O	rganization			
1 Description of income			2 Amount of income	3 Deductions directly connected (attach schedule) 4 Set-asides (attach schedule)			5 Total deductions and set-asides (cot 3 plus cot 4)
(1)							
(2)							
(3)			<del>                                     </del>				<del> </del>
			<del>                                     </del>	<del> </del>	<del></del>		<del> </del>
(4)			5.4b	<del> </del>			F-1- 1
			Enter here and on page 1, Part I, line 9, column (A)	, , , , , , , , , , , , , , , , , , ,			Enter here and on page 1, Part I, line 9, column (B)
Totals			0.	<u> </u>			<u> </u>
Schedule I - Exploited (see instru	•	y Income, Othe	r Than Advertis	ing Income			<del>,</del>
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross inco- from activity the is not unrelate business incor	nat attribut	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							
(2)			<del> </del>				<del> </del>
(3)	<del> </del>	<del></del>	<del>                                     </del>	<del> </del>	<del></del>		<del> </del>
	<del></del>	<del></del>		<del></del>		<del></del>	<del> </del>
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)					Enter here and on page 1 Part II, line 26
Totals -	l0.	0.	L				0.
Schedule J - Advertisi							
Part I Income From I	Periodicals Rep	orted on a Con	solidated Basis	-			
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7		on 6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			_				
(3)			$\dashv$				
			$\dashv$	<b>———</b>		<del></del> -	
(4)	- <del></del>	<del></del>	<del></del>	<del> </del>			
Totals (carry to Part II, line (5))	<b>.</b>	o. o		<u> </u>			0.
							Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>▶</b>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) J. DUNCAN CAMPBELL	CHAIRMAN	,00%	
(2) CYNTHIA A. CAMPBELL	DIRECTOR	.00%	
(3) COURTNEY CAMPBELL	DIRECTOR	.00%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	_0.

Form 990-T (2018)

FORM 990-T	INCO	ME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 1
DESCRIPTION	1			NET INCOME OR (LOSS)
AT MLP FUNI AT MLP FUNI AT MLP FUNI AT MLP FUNI COACHMAN EN	O, LLC - ORDINARY O, LLC - NET RENTA O, LLC - INTEREST O, LLC - DIVIDEND O, LLC - OTHER INC NERGY II, LLC - OR II - NET RENTAL R	L REAL ESTATE INC INCOME INCOME OME (LOSS) DINARY BUSINESS I	COME  CNCOME (LOSS)	66,182 -137 927 924 -669 -2,570 154,975
TOTAL INCLU	JDED ON FORM 990-T	, PAGE 1, LINE 5		219,632
FORM 990-T	NET	OPERATING LOSS D	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11 12/31/12 12/31/14 12/31/16 12/31/17	108,975. 115,675. 2,030,924. 55,511. 95,708.	34,371. 0. 0. 0. 0.	74,604. 115,675. 2,030,924. 55,511. 95,708.	74,604. 115,675. 2,030,924. 55,511. 95,708.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	2,372,422.	2,372,422.

## SCHEDULE'D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

THE CAMPBELL FOUND				<u> 193-</u>	-1133917	
Part I Short-Term Capital Ga	ins and Losses (See	instructions)				
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 894	in 49	(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (	3)	combine the result with column (g)	
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked					15,592.	
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4		
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5		
6 Unused capital loss carryover (attach comput	ation)			6	(	
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h					15,592.	
Part II Long-Term Capital Ga	ins and Losses (See #	nstructions)				
See instructions for how to figure the amounts to enter on the lines below	(d)	(e) Cost	(g) Adjustments to gai	n.	(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	(or other basis)	or loss from Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						
Form(s) 8949 with <b>Box</b> F checked	<u> </u>		<u></u>		18,404.	
11 Enter gain from Form 4797, line 7 or 9				_11_		
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	,	ļ	12		
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	·	
14 Capital gain distributions	14					
15 Net long-term capital gain or (loss) Combine	lines 8a through 14 in column	<u> </u>		15	18,404.	
Part III   Summary of Parts I and	d II				·	
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	l loss (line 15)	ļ	16	15,592.	
17 Net capital gain. Enter excess of net long-term	ı capıtal gaın (line 15) over net	short-term capital loss (line	:7)	17	18,404.	
18 Add lines 16 and 17 Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns	Į	18	33,996.	
Note If losses exceed gains, see Capital loss	es in the instructions.					

JWA

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

93-1133917

THE CAMPBELL FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I | Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long term transactions, see page 2 Note You may aggregate all short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949 page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short term transactions not reported to you on Form 1099 B Adjustment, if any, to gain or (e) (h) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (f) (g) Amount of see Column (e) in combine the result Code(s) the instructions with column (g) adjustment AP ENERGY INFRASTRUCTURE 15,592. FUND

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

15,592.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

## THE CAMPBELL FOUNDATION

93-1133917

THE CIMIL BELLE I		T.4					
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 10	you received an	y Form(s) 1099-B show whether you	or substitute statei ur basis (usually yo	ment(s) fro ur cost) wa	om your broker As as reported to the	substitute IRS by your
Part II Long-Term. Transacti		al assets you held	more than 1 year ar	e generally long term	(see instruc	ctions) For short-teri	m transactions,
see page 1  Note You may aggregate a	II long-term transac	tions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the I	RS and for which no	adjustments or
codes are required. Enter the You must check Box D, E, or F below	Check only one bo	X If more than one b	ox applies for your long	-term transactions, comp	olete a separa	te Form 8949, page 2, to	
If you have more long-term transactions than we							
(D) Long-term transactions re (E) Long-term transactions re		•	•	•	e note au	ove)	
X (F) Long-term transactions no			-	ported to the ins			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of	(sales price)	basis See the		) See instructions	Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
AP ENERGY							
INFRASTRUCTURE							
FUND	ļ	<u> </u>					18,404.
	<del></del>						
	ļ	<del></del>					
				ļ			
·	<del> </del>	<del></del>	<u> </u>	<del></del>			
				<del></del>			
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		<del>-</del>				<del></del>	
					····		
				<u> </u>			
	Ll						
2 Totals. Add the amounts in colum	· · · · · · · · · · · · · · · · · · ·						
negative amounts) Enter each to		-					
Schedule D, line 8b (if Box D abo		,				1	18,404.
above is checked), or line 10 (if B	UX F AUUVE IS CH	eckeu) P					10/404

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment