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Form 990-PF

Department of the Treasury Internal Revenue Service

Use the

IRS label

Otherwise.

print

or type

Instructions

See Specific

G Check all that apply

For calendar year 2009, or tax year beginning

Initial return

THE JOSEPH AND JUDITH H

4441 ST. ANDREWS DRIVE

STOCKTON, CA 95219

Check type of organization

JOHNSON FAMILY FOUNDATION

Amended return

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Address change

Initial Return of a former public charity

, 2009, and ending

9/30

Name change

В

2010

Employer identification number

(209) 951-1494

1 Foreign organizations, check here

Telephone number (see the instructions)

If exemption application is pending, check here

2 Foreign organizations meeting the 85% test, check

20-8086588

10/01

OMB No 1545-0052

Final return

2009

|X| Section 501(c)(3) exempt private foundation here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method | X | Cash Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶\$ 76,889 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (c) Adjusted net (b) Net investment (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 17,420 2 Ck ► I If the foundn is not req to att Sch B 77 38 Interest on savings and temporary * cash investments Dividends and interest from securities . 254 5a Gross rents b Net rental income or (loss) 13.5 ./// REVENU 6a Net gain/(loss) from sale of assets not on line 10. **b** Gross sales price for all assets on line 6a - -**:--W.Z -3**3** Capital gain net income (from Part IV, line 2) 1.23 . 145 Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold *****## Ø:#/ c Gross profit/(loss) (att sch) 11 Other income (attach schedule) -2 Total. Add lines 1 through 11 0 33 12 420 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) A D M 2,195 SEE ST 1 **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest Taxes (attach scheduleXsee instr.) Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 22 Other expenses (attach schedule) SEE STATEMENT 2 -5,896 24 Total operating and administrative -3,701expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV 4,000 4,000. Total expenses and disbursements. 299 0 0 Add lines 24 and 25 4,000 Subtract line 26 from line 12: a Excess of revenue over expenses 17,121 and disbursements b Net investment income (if negative, enter -0) 0.

0.

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

	1	Attached schedules and amounts in the description	Beginning of year		of year
<u>Part</u>	11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	1,500.	528.	528.
		Savings and temporary cash investments	1,300.	320.	320.
		Accounts receivable	1 1 1 2 2 2 2 2 3 3 3 3 3 3 3 3		
	3	Less allowance for doubtful accounts		2. Marie	(23.12.12.13.14.13.14.13.14.14.13.14.14.14.14.14.14.14.14.14.14.14.14.14.
	م ا				77 SANGE SANGET ST. 3
	4	Pledges receivable			
	_ ا	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
A S S E T		Less allowance for doubtful accounts			
S	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	l t	nvestments — corporate stock (attach schedule)			
	(: Investments — corporate bonds (attach schedule)			
	11	Investments land, buildings, and	5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		equipment basis. Less accumulated depreciation			
		(attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	State meditaria de astro e a consecuto d		
		Other assets (describe SEE STATEMENT 3) Total assets (to be completed by all filers —	58,268.	76,361.	76,361.
	'0	see instructions Also, see page 1, item I)	59,768.	76,889.	76,889.
Ļ	17	Accounts payable and accrued expenses			17.0
A	18	Grants payable			
B	!	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
I E					
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted	59,768.	76,889.	
EU	25	Temporarily restricted			
ח	26	Permanently restricted			
A B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĘĻ	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
С	29	Retained earnings, accumulated income, endowment, or other funds		-	
O É R S	30	Total net assets or fund balances (see the instructions)	59,768.	76,889.	
	31	Total liabilities and net assets/fund balances	33,100.	10,003.	
		(see the instructions)	59,768.	76,889.	*
Part		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total	net assets or fund balances at beginning of year — Part II, colu	ımn (a). Jine 30 (must a	gree with	
•	end o	of-year figure reported on prior year's return).	(a), inic 50 (must a	1	59,768.
2	Ente	r amount from Part I, line 27a		2	17,121.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	fines 1, 2, and 3		4	76,889.
		ases not included in line 2 (itemize).		5	
		net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b)		76,889.
2 ^ ^			210000	10	Farm 000 PF (2000)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)					(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1.	N/A	D — Donation				
!						
						
	· · · · · · · · · · · · · · · · · · ·				-	
—;	_					
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other ba	rie I	(h) Gain or	(loss)
	(e) Gross sales price	(or allowable)	plus expense of sal		(e) plus (f) m	
	1					
)					
_	1					
				-		
	_	ing gain in column (h) and owned b	v the foundation on 12/31/69)	(I) Gains (Col	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(1)	gain minus column (I than -0-) or Losses (fi	(), but not less
	1					
)					
	:					
	<u> </u>					
	:					
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	. 2	:	
3	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) (see the instructions) If (loss), enter -0-			
-	ın Part I, line 8			3		
Pai	t.V 🥱 Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investme	ent Income		
(For	optional use by domestic private	foundations subject to the section	4940(a) tax on net investme	ent income)	N/A	
lf se	ction 4940(d)(2) applies, leave th	nis nart hlank				
50	oner: 13 (o)(z) applies; leave a	no part blank				
		tion 4942 tax on the distributable ar	, ,	e period?	Yes	∐ No
If 'Ye		ify under section 4940(e) Do not co				
		n each column for each year, see th		g any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (c	(d) Distributior olumn (b) divided	ratio by column (c))
	2008				·	
	2007					
	2006					
	2005					
	2004				· · · · · · · · · · · · · · · · · · ·	
2	Total of line 1, column (d)			_ 2	2	
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years	3	1	
4	Enter the net value of nonchari	table-use assets for 2009 from Part	X, line 5	4		
5 Multiply line 4 by line 3					3	
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
7						
						
8 Enter qualifying distributions from Part XII, line 4						
_	. , ,	om Part XII, line 4 nan line 7, check the box in Part VI,	has the said over the state of	<u> </u>		

			08658			⊃age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see f	the instru	ıctions))	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	.	1			0.
	check here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					
_	foundations only Others enter -0-)	ļ	2			0.
3	Add lines 1 and 2	}	3			<u>0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0	-)	4			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			0.
	Credits/Payments					
	2009 estimated tax pmts and 2008 overpayment credited to 2009 Exempt foreign organizations — tax withheld at source 6b	\dashv				
	Exempt foreign organizations — tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) 6c	—				
	Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d		7			 0.
8	Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached	}	8			<u> </u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10			<u> </u>
11	Enter the amount of line 10 to be Credited to 2010 estimated tax	-	11			
	VII-A Statements Regarding Activities					
				T	Yes	No
ı a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	it		1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materia or distributed by the foundation in connection with the activities	ls put	olished			
С	Did the foundation file Form 1120-POL for this year?			1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					1
_	(1) On the foundation		0	-		
-	foundation managers \Rightarrow \$ 0.	isea c)			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities					
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, as	ممامم			ľ _o	
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	ucies S		3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the	nat co	nflict			
	with the state law remain in the governing instrument?			6	X	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X	<u> </u>
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) CA	_				
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) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>			8b	X	
a		2)	40404345		 -	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' con	ס (כ plete:	Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the	neir ni	ames			
BAA	and addresses SEE STATEM		4	10 orm 99	X 0-PF	(5000)
•				J		(/

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Form	990-PF (2009) THE JOSEPH AND JUDITH H	20-808	6588	F	age !
Part	VII-A- Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	,	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract by August 17, 2008?	pefore	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and Website address N/A	exemption application?	13	Х	
14	The books are in care of ► BRETT A. JOHNSON Located at ► 2972 GREENLEAF DRIVE SAINT CHARLES MO	Telephone no ► ZIP + 4 ► 63303			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – C and enter the amount of tax-exempt interest received or accrued during the year	heck here ► 15	N/F	1 − − −	N/A
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Req	uired			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	117-11		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			, , ,	÷.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X	lo Ta	/,,,	*, .
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X	- 1	55 \$ A	,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X N	lo .		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X N	io 🗔		,
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X	lo	, ,	٠,
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after terminat of government service, if terminating within 90 days)	tion Yes X	lo 🤾		
b	If any answer is 'Yes' to $1a(1)$ -(6), did any of the acts fail to qualify under the exceptions de Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the	scribed in le instructions)?	<u>.</u> 1b	N	<u>:`</u> ∕A
	Organizations relying on a current notice regarding disaster assistance check here	▶ [71		2.1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than exce that were not corrected before the first day of the tax year beginning in 2009?	epted acts,	1c	<u>/***</u>	Х
2	Taxos an failure to distribute income (costion 4042) (does not early for years the fair-data-		(%)		Š

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

the tax year beginning in 2009?

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4b

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Form 990-PF (2009) THE JOSEPH AND JU		4720 May Da Da	20-80	86588 Page 6
Part VII-B Statements Regarding Activit		n 4/20 May Be Red	uirea (continuea)	
5a During the year did the foundation pay or inci(1) Carry on propaganda, or otherwise attem	-	on (section 4945(e))?	Yes X] No
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registra	olic election (see section ation drive?	n 4955), or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No Z
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o i 4940(d)(2)? (see instr	organization described fuctions)	Yes X] No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifi on of cruelty to children	c, literary, or or animals?	Yes X] No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the exceptions disaster assistance	otions ?	5b N/A
Organizations relying on a current notice rega	ırdıng dısaster assıstan	ce check here	▶	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes] No
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		
6a Did the foundation, during the year, receive a on a personal benefit contract?			Yes X]No
b Did the foundation, during the year, pay prem	iums, directly or indired	ctly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870]No
7a At any time during the tax year, was the foun-				· · · · · · · · · · · · · · · · · · ·
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D				7b N/A
and Contractors		, i odiladion mana	gers, ringing raid i	-mployees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	tructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOSEPH H. JOHNSON	CHAIRMAN	0.	0.	0.
4441 ST. ANDREWS PLACE	l o			
STOCKTON, CA 95219				
JUDITH H. JOHNSON	VICE CHAIRMN	0.	0.	0.
4441 ST. ANDREWS DRIVE] o			
STOCKTON, CA 95219				
BRETT A. JOHNSON	TREASURER	0.	0.	0.
2972 GREENLEAF DRIVE	0			
SAINT CHARLES, MO 63303				
BROOKE E. KLEIN	SECRETARY	0.	0.	0.
3307 SW VERMONT STREET	0		-	
PORTLAND, OR 97219-1056				
2 Compensation of five highest-paid employee	es (other than those inc	cluded on line 1— see in	nstructions). If none, e	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees and aver \$50.000	<u></u>	<u>L</u>	<u> </u>	
Total number of other employees paid over \$50,000	TEEA0306L (07/06/09		Form 990-PF (2009)

Total. Add lines 1 through 3

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Form **990-PF** (2009)

Partivilia Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	
3 Five highest-paid independent contractors for professional services — (se enter 'NONE.'	e instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) po 0. 00. 1100	(c) compensation
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	
		T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A		
2		
3		
4	· · · · · · · · · · · · · · · · · · ·	
Rart X:B Summary of Program-Related Investments (see instru	uctions)	
Describe the two largest program-related investments made by the foundation di	uring the tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions 3		

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Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign fou	ındatıons,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	<u> </u>	68,599.
b Average of monthly cash balances	1 b	2,800.
c Fair market value of all other assets (see instructions)	1c	<u> </u>
d Total (add lines 1a, b, and c)	1d	71,399.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	71,399.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,071.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	70,328.
6 Minimum investment return. Enter 5% of line 5	6	3,516.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► and do not complete this part XI	-	
1 Minimum investment return from Part X, line 6	1	3,516.
2a Tax on investment income for 2009 from Part VI, line 5	,	
b Income tax for 2009 (This does not include the tax from Part VI)	1	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	3,516.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	3,516.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	3,516.
Part XII Qualifying Distributions (see Instructions)	1	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	4,000.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,000.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,000.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years	ther the fou	ndation
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Part XIII Undistributed Income (see instructions)

		(a) Corpus		(b) Years prior to 200	8	(0 20	68	(d) 200	9
1 Distributable amount for 2009 from Parline 7	t XI,								3,516.
2 Undistributed income, if any, as of the end of 2009	9		,						
a Enter amount for 2008 only							0.		
b Total for prior years 20, 20, 20	_				0.				
3 Excess distributions carryover, if any, to 2009		,	1		l			,	1
a From 2004		1110	* (12.8.		× /	*	4 3 ₀	4.1 1.1
b From 2005									
c From 2006 1,	021.								1
d From 2007	330.								-
e From 2008 2,	637.							₹ +	1
f Total of lines 3a through e		3	, 988.	•	1		*,	ŕ	
4 Qualifying distributions for 2009 from P	art								,
XII, line 4 ► \$ 4,00					- 1				´
a Applied to 2008, but not more than line	_		:	~~ * /	ľ		0.		ą.
. ,		7 3 4 7 7	7 0 7				*	3,	
 b Applied to undistributed income of prio (Election required — see instructions) 	r years	X 3		. !	0.				
c Treated as distributions out of corpus (Election required – see instructions)			0.			,			A Shirth and a shirth
d Applied to 2009 distributable amount	M	V.M. (30) *	1.8%		*	, 57			3,516.
e Remaining amount distributed out of co	orpus		484.				,	,5	(?)
5 Excess distributions carryover applied to 2009			0.	,, >					0.
(If an amount appears in column (d), to same amount must be shown in colum					2	* *. ~a	·iv~	ε .	<u></u>
6 Enter the net total of each column as indicated below:				\$7.7 					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		4	,472.	3					
b Prior years' undistributed income Subt line 4b from line 2b	ract ;		,	(0.	in a	`	,	5
c Enter the amount of prior years' undist ed income for which a notice of deficie has been issued, or on which the secti 4942(a) tax has been previously assess	ncy on				0.				A service and a
d Subtract line 6c from line 6b Taxable amount — see instructions	ì				0.	**	3-	× × × × × × × × × × × × × × × × × × ×	
e Undistributed income for 2008 Subtract line 4a f line 2a Taxable amount — see instructions		*					0.		5 24 24
f Undistributed income for 2009 Subtract 4d and 5 from line 1. This amount must distributed in 2010.	t lines			Spare of the state		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)		·	0.	*/a*		r	Š	\$,	Account of the Control of the Contro
8 Excess distributions carryover from 200 applied on line 5 or line 7 (see instruct			0.						
9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a).	4	,472.						
10 Analysis of line 9	Γ								
a Excess from 2005					- 1				
b Excess from 2006 1,	021.						1		
c Excess from 2007	330.						İ		
d Excess from 2008 2,	637.								
e Excess from 2009	484.								
DA A									PE (2000)

Form 990-PF (2009) THE JOSEPH AND J	א אידוחוד			20-808658	8 Page 10
Part XIV Private Operating Foundati		ctions and Part	VII-A guestion 9		N/A
1 a If the foundation has received a ruling or is effective for 2009, enter the date of the	determination lette				11/ 11
b Check box to indicate whether the founda	_	erating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
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					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 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					
Part XV Supplementary Information assets at any time during to	(Complete this ne year — see in	s part only if the nstructions.)	e organization ha	id \$5,000 or moi	re in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 5	have contributed r	nore than 2% of the e than \$5,000) (See	e total contributions re e section 507(d)(2))	eceived by the foun	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more foundation has a	of the stock of a co 10% or greater inte	rporation (or an equa rest	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ▶ ☐ If the foundation only requests for funds If the foundation mak complete items 2a, b, c, and d	makes contribution es gifts, grants, etc	is to preselected characters; (see instructions)	arıtable organızatıons to ındıvıduals or orga	anizations under oth	
a The name, address, and telephone numb	er of the person to	whom applications	should be addressed	i	
SEE STATEMENT 6					
b The form in which applications should be	submitted and info	ormation and materi	als they should inclu	de	
SEE STATEMENT FOR LINE 2A					<u></u>
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A	guah os hu =====	physol crass -b- !	oblo fiolds liveds of	notifulione of all o	factors
d Any restrictions or limitations on awards,	such as by geogra	priicai areas, chariti	avie neius, kinus of i	nsulutions, or other	Iduus
SEE STATEMENT FOR LINE 2A					
BAA	T	EEA0310L 07/06/09		F	orm 990-PF (2009)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or contribution status of recipient Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year CLAREMONT MCKENNA COLLEGE N/A **EXEMPT** GENERAL OPERATING 2,500. BAUER CENTER 500 E. NINTH ST BUDGET CLAREMONT, CA 91711 MUJERES DE MAIZ OPPORTUNITY N/A **EXEMPT** GENERAL OPERATING 500. FOUNDATION BUDGET P.O. BOX 1954 SEQUIM, WA 98382 JON'S HOME N/A N/A GENERAL OPERATING 1,000. P.O. BOX 2526 BUDGET , KAMPALA UGANDA **Total** \blacktriangleright 4,000. 3 a b Approved for future payment Total 3 b

Rart XVI: A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelat	ed business income	Exclude	d by section 512, 513, or 514		
_	ram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)	
			-				
						-	
f							
g Fees	and contracts from government agencies						
2 Mem	bership dues and assessments						
	st on savings and temporary cash investments						
4 Divid	ends and interest from securities			ļ <u>.</u>			
	ental income or (loss) from real estate	N. F. C. Carlogan	金色性 潜水学 经过多多点	<i>X</i> 1.	With the state of		
	financed property						
	lebt-financed property						
	ntal income or (loss) from personal property						
	r investment income						
	r (loss) from sales of assets other than inventory						
	ncome or (loss) from special events.						
	s profit or (loss) from sales of inventory	(A) 12/1/16	14 C X 2 W 48 X 27 X 37 X 3	** ** **	Bloom Care Balde State &		
	revenue	3850		1 2/32			
_							
					<u> </u>		
е				 			
				紫鹤市			
12 Subto	otal Add columns (b), (d), and (e)	中 李 考 3		1 35 35 4 35 4	í		
		全体 多数	<u>l</u>	14 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	0.	
13 Total	otal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca			JAN 3 80 6 18.5 A		0.	
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	ilculations)	ishment of Evenn		13	0.	
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
13 Total (See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
13 Total See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	Iculations)		t Purp	oses		
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13 Total See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
13 Total See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
13 Total See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
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13 Total See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
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13 Total See works Pärt XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		
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13 Total See works Sart XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Iculations)		t Purp	oses		

Form 990-PF (2009) • THE JOSEPH AND JUDITH H 20-8086588 Part-XVII-OL Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Orga	inizations						
Did the organization direct described in section 501(c) relating to political organiz) of the Code (ot					Yes Yes	
a Transfers from the reporting		a noncharitable e	xempt organiza	ation of			2 * 1
(1) Cash			. 5			1 a (1)	X
(2) Other assets						1a (2)	X
b Other transactions							
(1) Sales of assets to a no	oncharitable exe	mpt organization				1 b (1)	X
(2) Purchases of assets fr			ızatıon			1b(2)	Х
(3) Rental of facilities, equ	uipment, or othei	assets				1 b (3)	X
(4) Reimbursement arrang	gements					1 b (4)	X
(5) Loans or loan guarante	ees					1 b (5)	X
(6) Performance of service	es or membershi	p or fundraising s	olicitations			1 b (6)	X
c Sharing of facilities, equip	ment, mailing lis	ts, other assets, o	or paid employe	ees		1 c	X
d If the answer to any of the the goods, other assets, or any transaction or sharing	r services aiven l	by the reporting fo	oundation If th	e foundation received.	less than fair mar	ket value in	f
(a) Line no (b) Amount involved		f noncharitable exempt			insfers, transactions, an		ents
N/A							
				•			
				 			
							
							
2a is the foundation directly of described in section 501(c) b if 'Yes,' complete the follow) of the Code (ot	ated with, or relate her than section 5	ed to, one or m 501(c)(3)) or in	ore tax-exempt organ section 527?	ızatıons	Yes [ΧNο
(a) Name of organiza		(b) Tyne (of organization		c) Description of re	elationshin	
N/A		(2) 1) 0	or garnzation		o, bescription of the	siddoriship	
·							
			-				
Under penalties of perjury, I declare the complete Declaration of preparer (other	at I have examined this	s return, including accor	mpanying schedules	and statements, and to the b	est of my knowledge and	d belief, it is true, cori	rect, and
Complete Declaration of prepares (other	il tilali taxpayer or flut	ociary) is baseu on all li	normation of writer	preparer has any knowledge			
Jana A	· . h	-		h 2 /12/11	- Tu	swer	
Signature of officer or trustee				Date	Title		
- I I I I I I I I I I I I I I I I I I I		$\overline{}$	14.	Date	1	eparer's Identifying nu	
Paid Preparer's			480	1212-1	Check if (Se	ee Signature in the in	istrs)
Pre- JEA		INHAUER	1 	11901110	employed N	/A	
		CKER & COMP.			EIN N/A		
Only employed), address, and		BOULEVARD,	SUITE 100	טע		110) 500 5-	- 0.5
ZIP code WOO	DLAND HILL	S, CA 91364			Phone no ► (8	18) 598-65	
BAA			-			Form 990-PF	(2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

Name of the organization THE JOSEPH AND JUDITH H JOHNSON FAMILY FOUNDATION 20-8086588 Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule -For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules -For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions **Schedule B** (Form 990, 990-EZ, or 990-PF) (2009) for Form 990, 990EZ, or 990-PF.

	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization DSEPH AND JUDITH H	' '	r identification number 086588
	Contributors (see instructions)	120 00	<u> </u>
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOSEPH AND JUDITH JOHNSON 4441 ST. ANDREWS DRIVE STOCKTON, CA 95219	\$ 17,420.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule I	R	(Form	990	990-F7	٥r	990-PF)	(2009	١
Scriedule i	_	<u>(i Oillii</u>	330 ,	330-LZ,	UI	33U-FF)	(2009	,

Page 1

of 1

of Part II

Name of organization
THE JOSEPH AND JUDITH H

Employer identification number 20-8086588

Part II	Noncash	Property	(see	instructions])
---------	---------	----------	------	----------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(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
		\$\$	<u> </u>
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

MILE TOGERS AND TIPETING

ge I OI I

Employer identification number

	SEPH AND JUDITH H			20-808658		
Partill	Exclusively religious, charitable, et	tc, individual contributions	to section 50	1(c)(7), (8), or (10))	
	organizations aggregating more th	an \$1,000 for the year.(Com	plete cols (a) thro	ough (e) and the follow	ring line entry)	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, char	ritable, etc,	►s	N/A	
(a)	(b)	(c)	instructions)	(d)	IN/ F	
No. from	Purpose of gift	Use of gift		Description of how gr	ft is held	
Part I	NT / 3					
	N/A			-		

		(e) Transfer of gift			-	
	Transferee's name, address	Relationsh	Relationship of transferor to transferee			
	, , , , , , , , , , , , , , , , , , ,	<u>, una 21. 7 4</u>	Relationship of transferor to transferee			
	(6)	(a)		(4)		
(a) No. from	(b) (c) Purpose of gift Use of		(d) Description of how gift is		ft ic hold	
Part I	1 dipose of gift	Use of gift			at is field	
	(e)					
	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transferee's name, address, and ZIP + 4			ip of transferor to tran	isieree	
			········			
(a)	(b) (c)			(d)		
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held	
	(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	

BAA

2009	FEDERAL STATEMENTS	PAGE
	THE JOSEPH AND JUDITH H JOHNSON FAMILY FOUNDATION	20-808658
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,195. TOTAL \$ 2,195. \$ 0. \$ 0. \$	(D) CHARITABLE PURPOSES 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BANK CHARGE FRANCHISE TAX BOARD FEE INCREASE IN CSV OF LIFE INS LIFE INSURANCE PREMIUM MISCELLANEOUS EXPENSE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 167. 10. POLICY -18,093. 12,000. 20. TOTAL \$ -5,896. \$ 0. \$ 0. \$	(D) CHARITABLE PURPOSES
STATEMENT 3 FORM 990-PF, PART II, LINE 15 OTHER ASSETS		
LIFE INSURANCE POLICY	BOOK VALUE \$ 76,361. \$ TOTAL \$ 5. 76,361.	76,361.

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR 4441 ST. ANDREWS DRIVE STOCKTON, CA 95219 JOSEPH H. JOHNSON JUDITH H. JOHNSON 4411 ST. ANDREWS DRIVE STOCKTON, CA 95219

2009

FEDERAL STATEMENTS

THE JOSEPH AND JUDITH H JOHNSON FAMILY FOUNDATION PAGE 2 20-8086588

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

JOSEPH H. JOHNSON JUDITH H. JOHNSON

STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

THE JOSEPH AND JUDITH H JOHNSON

NAME:

FAMILY FOUNDATION

CARE OF:

JOSEPH H. JOHNSON

STREET ADDRESS:

4441 ST. ANDREWS DRIVE

CITY, STATE, ZIP CODE:

STOCKTON, CA 95219

TELEPHONE:

209-951-1494

FORM AND CONTENT:

LETTER REQUEST, DESCRIBING USE OF FUNDS, REQUESTORS BACKGROUND, COLLEGE TRANSCRIPTS, AND REFERENCES.

REQUESTOR MUST BE COMPLETELY NONAFFILIATED AND

UNSOLICITED.

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

NONE

LIMITATION ON SIZE: \$2,500 PER REQUEST GEOGRAPHIC LIMITATION SAN JOAQUIN COUNTY, CA

CHARITABLE FIELD: MUST BE FOR COLLEGE RELATED EXPENSES INSTITUTIONAL LIMITATION: MUST BE AN ACCREDITED FOUR YEAR

UNIVERSITY

OTHER LIMITATIONS: PREFERENCE GIVEN TO FIRST TIME COLLEGE

ATTENDEE IN FAMILY