

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For calendar year 2011 or tax year beginning , and ending A Employer identification number Name of foundation THE JOHNNIE AND SHIRLEY JOHNSON 45-3808606 FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 612-751-1750 2705 EAST RIM CLUB DRIVE City or town, state, and ZIP code C If exemption application is pending, check here PAYSON, AZ 85541 X Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Amended return Final return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Use Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 1,836,619. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome income (cash basis only) 1,848,635 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 196 196 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 848.831 196 12 Total Add lines 1 through 11 Compensation of officers, directors mustees vetc 0 Other employee salaries and wage 14 (F) 15 Pension plans. lovee benefits 16a Legal fees NOV 23 2012 **b** Accounting feed c Other professional fee 17 Interest 18 Taxes 19 Depreciation and depletion 20 and Admi Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Total operating and administrative 24 0 expenses. Add lines 13 through 23 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 1,848,831 2 Excess of revenue over expenses and disbursements 196 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

THE JOHNNIE AND SHIRLEY JOHNSON FAMILY FOUNDATION

D	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		1,836,619.	1,836,619.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable		_	
	_	Receivables due from officers, directors, trustees, and other			
	٠	disqualified persons			
	7	Other notes and loans receivable			
	7	Less: allowance for doubtful accounts			
Assets	_	Inventories for sale or use			
1ss		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
	_	Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	0.	1,836,619.	<u>1,836,619.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
gp	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				_	
_	23_	Total liabilities (add lines 17 through 22)	0.	0.	
	ĺ	Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			
čě	24	Unrestricted		1,836,619.	
Fund Balances	25	Temporarily restricted			
Ba	26	Permanently restricted	· · · · · · · · · · · · · · · · · · ·		
띹		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
8	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	0.	1,836,619.	
	31	Total liabilities and net assets/fund balances	0.	1,836,619.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
		<u> </u>	30		
		I net assets or fund balances at beginning of year - Part II, column (a), line	JU		0.
	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		2	1,848,831.
		r increases not included in line 2 (itemize)		3	1,040,031.
-		lines 1, 2, and 3		4	1,848,831.
		eases not included in line 2 (itemize) DECREASE IN IN	VESTMENT	5	12,212.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	1,836,619.
<u>-</u>	· ota	The access of fame conditions at one of four time 4 finites into of 1 art 11 of	TON MIN OU		Form 990-PF (2011)

45-3808606

Page 2

Form 990-PF (2011)

FAMILY FOUNDATION

45-3808606 Page 3

(a) List and des	cribe the kind	ses for Tax on In I(s) of property sold (e.g. common stock, 200 shs	., real estate,		P	low acquired - Purchase - Donation	(c) Date acquire (mo., day, yr.)	
1a								
**	NE							
d					1			
e								
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale					(h) Gain or ((e) plus (f) mi			
<u>a</u>			-			<u>-</u>		
<u>b</u>	-		-				·	
<u>c</u> d								·
e	-		-	<u> </u>				
Complete only for assets show	ıng gain in co	olumn (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col. (h)	
(i) F.M.V. as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		C	ol. (k), but not less Losses (from	
a								<u>-</u>
b				<u></u>				
<u>C</u>								
d e								
<u>.</u>	1	(If name also enter	r in Part I line	 7	7			
2 Capital gain net income or (net o	capital loss)	If gain, also enter of lf (loss), enter	- ın Part I, line	7)	2	_	-
Net short-term capital gain or (lo If gain, also enter in Part I, line 8			nd (6):		٦			
If (loss), enter -0- in Part I, line 8	8				<u> </u>	3		
Part V Qualification	Under Se	ection 4940(e) for	Reduced	Tax on Ne	t Inv	estment Ir	come	
(For optional use by domestic priva	ite foundatior	is subject to the section (4940(a) tax on	net investment i	ncome	9.)		N/A
If section 4940(d)(2) applies, leave	this part blar	ık.						
Was the foundation liable for the se			nount of any ve	ar in the hace no	riod2			☐ Yes ☐ I
was the foundation liable for the se If "Yes," the foundation does not qu					a lou r			1651
1 Enter the appropriate amount in	n each colum	n for each year; see instr	uctions before	making any entr	ies.			
(a) Base period years		(b) Adjusted qualifying dis			(c)	ritable-use asse	ts (col.(t	(d) Distribution ratio D) divided by col (c))
Calendar year (or tax year begin 2010	inity iii)	-,	ajactor damining accompanion				1000. (1	2, 2.1.000 23 001 (0)/
2009								
2008								
2007								
2006		· · · · · ·						
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the	e 5-vear base	period - divide the total	on line 2 by 5,	or by the numbe	r of ye	ars		
the foundation has been in exist			, ,	•	•		3	
4 Enter the net value of noncharit	able-use asse	ets for 2011 from Part X,	line 5				4	
5 Multiply line 4 by line 3							5	
6 Enter 1% of net investment inco	ome (1% of F	Part I, line 27b)					6	
7 Add lines 5 and 6							7	
8 Enter qualifying distributions fro	om Part XII. I	ine 4					8	
If line 8 is equal to or greater th See the Part VI instructions.			e 1b, and comp	lete that part usi	ing a 1	% tax rate.	<u> </u>	

orm	1990-PF (2011) FAMILY FOUNDATION		45-	3808	<u>606</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c)	e), or 4	948	- see ir	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	•	1_1_				<u>4.</u>
	of Part I, line 27b		1				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	ļ <u>-</u>	_		<u>0.</u>
3	Add lines 1 and 2		3				4.
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				<u>4.</u>
6	Credits/Payments.			}			
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a		-				
	Exempt foreign organizations - tax withheld at source		-				
	Tax paid with application for extension of time to file (Form 8868)	4.	-				
	Backup withholding erroneously withheld 6d 6		-	ļ			
7	Total credits and payments. Add lines 6a through 6d						4.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	ded 🚩	11	<u> </u>			
	art VII-A Statements Regarding Activities					V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	intervene	: IN			Yes	
	any political campaign?			ŀ	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defi			ŀ	1b_		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	publish	ed or				
	distributed by the foundation in connection with the activities						3,5
	Did the foundation file Form 1120-POL for this year?			ŀ	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation during the year for political expenditure tax imposed on foundation.	IIOII					
_	managers. > \$ 0 .				,		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ŀ	2		_X_
_	If "Yes," attach a detailed description of the activities.	oration (^				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oration, t	ונ		3		Y
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	,	5		X
J	If "Yes," attach the statement required by General Instruction T			Ì			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
Ŭ	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with 	the state	e law				
	remain in the governing instrument?				6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			l	7	X	
•	If "Yes," complete Part II, col. (c), and Part XV						
88	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	AZ						
h	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate	e)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(3)	5) for cale	endar				
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addres	ses			10		X

orm	n 990-PF (2011)	<u> 808606</u>		Page 5
Pa	art 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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges	?		
	If "Yes," attach statement (see instructions)	12	ļ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A		_	
14	The books are in care of ▶ JOHNNIE D. JOHNSON Telephone no. ▶ 612	2-751-1	750	
		▶85541		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign		•	
	country >			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	•		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	No		
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
,	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	c 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 2011?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):			
,	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?	No		
	If "Yes," list the years			
ŀ	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			}
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		Ì	
	statement - see instructions.)	/A. 2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
ı	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
-	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011)	/A 3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2011?	4b		x

THE JOHNNIE AND SHIRLEY JOHNSON 45-3808606 FAMILY FOUNDATION Page 6 Form 990-PF (2011) Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations 5b N/A section 53,4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained __ Yes ___ No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (If not paid, (a) Name and address enter -0-) SEE STATEMENT 2 0 0.

		1	1	1
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	, enter "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				
			1	
Total number of other employees paid over \$50,000				

Form 990-PF (2011) FAMILY FOUNDATION	45-	3808606 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
1		- · · · -
SEE STATEMENT 3		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments	-	
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	···	
Total. Add lines 1 through 3	<u> </u>	0.

45-3808606 Page 8 FAMILY FOUNDATION Form 990-PF (2011) 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: 918,310. 1a a Average monthly fair market value of securities Average of monthly cash balances 1b 1c c Fair market value of all other assets 1d 918,310. 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) Acquisition indebtedness applicable to line 1 assets 918, 310. 3 Subtract line 2 from line 1d 13,775. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 904,535. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 45,227. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part) 45,227. Minimum investment return from Part X, line 6 4 2a Tax on investment income for 2011 from Part VI, line 5 2a b Income tax for 2011. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 45,223 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3

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

Form **990-PF** (2011)

0.

3a

3b

4

6

a Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				45,223.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010	_			
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$0 .			_	
a Applied to 2010, 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 2011 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				45,223.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011			<u> </u>	- 000 PF

		FOUNDATION			45-38	808606 Page 10
Pa	rt XIV Private Operating F	oundations (see in:	structions and Part \	(II-A, question 9)	N/A	
1 a	If the foundation has received a ruling of	r determination letter that	tit is a private operatinç			
	foundation, and the ruling is effective fo	r 2011, enter the date of t	the ruling	▶		
b	Check box to indicate whether the found	d <u>ation is a private operatii</u>	ng foundation described	I in section	4942(j)(3) or4	1942(1)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	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					
е	Qualifying distributions made directly			-		
	for active conduct of exempt activities.					
3	Subtract line 2d from line 2c Complete 3a, b, or c for the			<u> </u>		
	alternative test relied upon:					
а	"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		w			-
	an exempt organization					
	(4) Gross investment income					
Pa	irt XV Supplementary Info	rmation (Comple	te this part only	/ if the foundatio	n had \$5,000 or m	ore in assets
	at any time during t			•		
1	Information Regarding Foundation	on Managers:				· · · · · · · · · · · · · · · · · · ·
а	List any managers of the foundation whyear (but only if they have contributed r	no have contributed more		ntributions received by th	ne foundation before the cl	ose of any tax
NO	NE					
b	List any managers of the foundation whother entity) of which the foundation ha			n (or an equally large por	tion of the ownership of a	partnership or
NO	NE					
2	Information Regarding Contribut Check here X if the foundation of				and accent unsolicited rec	uests for funds. If
	the foundation makes gifts, grants, etc.	(see instructions) to indi-	viduals or organizations	under other conditions,		
а	. The name, address, and telephone num	nber of the person to who	m applications should t	e addressed;		
b	The form in which applications should	be submitted and informa	tion and materials they	should include;		4
	Any submission deadlines:		······································			
						_
d	Any restrictions or limitations on award	is, such as by geographic	ai areas, charitable field	s, kinas ot institutions, o	r other factors:	

45-3808606 Page 11 Form 990-PF (2011) FAMILY FOUNDATION Part XV Supplementary Information (continued) 3 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 status of recipient Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year NONE **▶** 3a Total 0. **b** Approved for future payment NONE

▶ 3b

Total

45-3808606 Page 12

Part XVI-A Analysis of Income-Producing Activities

Inter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-		<u>.</u>	<u> </u>		<u> </u>
a			1	-	
b			1		
<u> </u>			-		
d			+		
e			 		
·			-		
g Fees and contracts from government agencies					
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash					
investments	ļ		1 4	106	
4 Dividends and interest from securities	-	-	14	196.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property					
7 Other investment income				·	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					<u> </u>
11 Other revenue:					
a					
b					
C					
d					
e					
				196.	1 ^
12 Subtotal. Add columns (b), (d), and (e)	<u></u>	0.	<u> </u>		0.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>	· I		196.
		<u> </u>	·I		196.
13 Total. Add line 12, columns (b), (d), and (e)	o the Acc			13	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to		omplishment of E	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incompared to the columns of the colum	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Exincolumn (e) of Part XVI-A	kemp	13 _ t Purposes	196.

Form 990-PF (2011)

FAMILY	FOUNDATION

45-3808606

Page 13

Form 990-PF (2011)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X 1a(2) (2) Other assets **b** Other transactions: X Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) X (3) Rental of facilities, equipment, or other assets X 1b(4) (4) Reimbursement arrangements X (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations X Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A tyrn, including accompanying schedules and statements, and to the best of my knowledge declare that I have examined this re May the IRS discuss this return with the preparer shown below (see instr)? all information of which preparer has any knowledge and complete Decla er (other than taxpayer) is based or Sign Here PRESIDENT X Yes Signature of officer or trustee Date Title Date Check rint/Type preparer's nar Preparer's signature self-employed **Paid** KEVIN F. KALAL, CPAKEVIN F. KALAL, C 11/16/12 P00543520 **Preparer** Firm's EIN $\triangleright 41-1397419$ Firm's name ► ABDO, EICK & MEYERS, LLP **Use Only** Firm's address ► 5201 EDEN AVENUE, SUITE 250 (952) 835-9090 EDINA, MN 55436 Phone no.

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.

OMB No 1545-0047

2011

Name of the organization
THE JOHNNIE AND SHIRLEY JOHNSON
FAMILY FOUNDATION

Organization type (check one)

Employer identification number
45-3808606

Filers of:	Section:		
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	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 contributor Compl	n filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II		
Special Rules			
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) 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, total 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 total to more than \$1,000 lf 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.			
but it must answer "No" on	part is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to 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) (2011)

FAMILY FOUNDATION

Name of organization
THE JOHNNIE AND SHIRLEY JOHNSON

Employer identification number

45-3808606

Part I Co	ontributors (see	e instructions). Use du	plicate copies of P	art I if additional	space is needed
-----------	------------------	-------------------------	---------------------	---------------------	-----------------

	—		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHNNIE D JOHNSON 2705 E RIM CLUB DRIVE PAYSON, AZ 85541	\$ <u>1,848,635</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE JOHNNIE AND SHIRLEY JOHNSON

FAMILY FOUNDATION

45-3808606

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	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
	VARIOUS STOCKS HELD AT TD AMERITRADE		
		\$ <u>1,803,635.</u>	12/27/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
3453 01-23-		- \$	90, 990-EZ, or 990-PF) (2

Name of organization

Employer identification number

AMTLY F	INIE AND SHIRLEY JOHNS FOUNDATION Exclusively religious, charitable, etc., indiviver year Complete columns (a) through (e) and th		45 – 3808606 (7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once) \$\sigma_{\text{sigma}}\$				
	the total of exclusively religious, charitable, etc	., contributions of \$1,000 or less for	the year. (Enter this information once) \$				
(a) No. from Part I	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ _							
		(e) Transfer of gift	1				
_	Transferee's name, address, an	nd 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, an	nd 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	t .				
	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 gif	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF DIVIDENDS	AND	INTEREST FROM	SECURITIES	STAT	EMENT 1	
SOURCE		GROSS AMOUNT	CAPITAL GA: DIVIDENDS		COLUMN (A) AMOUNT	
TD AMERITRADE	-	196.		0.	196.	
TOTAL TO FM 990-PF, PART I, LN	4	196.		0.	196.	
		OF OFFICERS, I		STAT	EMENT 2	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
JOHNNIE D. JOHNSON 2705 EAST RIM CLUB DRIVE PAYSON, AZ 85541		CHAIR/PRESIDED	0.	0.	0.	
SHIRLEY J. JOHNSON 2705 EAST RIM CLUB DRIVE PAYSON, AZ 85541		VICE-CHAIR 1.00	0.	0.	0.	
JASON J. JOHNSON 14024 KINGS COURT SAVAGE, MN 55378		TREASURER 1.00	0.	0.	0.	
LESLIE A. HELMBACHER 473 ROWENA CURVE ELKO-NEW MARKET, MN 55054		SECRETARY 1.00	0.	0.	0.	
STACIA A. WILSON 2807 MERRILL STREET ROSEVILLE, MN 55113		DIRECTOR 1.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	6,	PART VIII	0.	0.	0.	

45-3808606

SUMMARY OF DIRECT CHARITABLE ACTIVITIES FORM 990-PF

STATEMENT

3

ACTIVITY ONE

THIS CORPORATION IS ORGANIZED, AND SHALL BE OPERATED, EXCLUSIVELY FOR CHARITABLE PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

0.

Form 8868 (Rev 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check the	s box		▶ X
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously i	iled Form	8868	
 If you are filing for an Automatic 3-Month Extension, comp 				<u> </u>	
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no	copies nee	ded).
		Enter filer's	identify	ng number, s	see instructions
Type or Name of exempt organization or other filer, see ins	tructions		Employe	er identificatio	n number (EIN) or
print THE JOHNNIE AND SHIRLEY JO	HNSON				
File by the FAMILY FOUNDATION			X	45-38	08606
ue date for ling your structions Soc 2705 EAST RIM CLUB DRIVE				ecurity numbe	er (SSN)
City, town or post office, state, and ZIP code. For a	a foreign add	dress, see instructions			
PAYSON, AZ 85541					
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)			0 4
Application	Return	Application		-	Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A	-		08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a prev	iously fil	ed Form 886	8
JOHNNIE D. JO	HNSON				
 The books are in the care of ➤ 2705 EAST RIM 	CLUB	<u> DRIVE - PAYSON, AZ</u>	8554	11	
Telephone No ▶ <u>612-751-1750</u>		FAX No ▶			
 If the organization does not have an office or place of business. 	ess in the Ur	nited States, check this box			▶ ∟
• If this is for a Group Return, enter the organization's four dig	nt Group Exe	emption Number (GEN)	lf this is fo	or the whole g	roup, check this
box ► If it is for part of the group, check this box ►			f all memi	oers the exter	nsion is for.
4 I request an additional 3-month extension of time until					
5 For calendar year 2011 , or other tax year beginning	 -		- -	-	
6 If the tax year entered in line 5 is for less than 12 months	, check reas	on I Initial return	Final	return	
Change in accounting period					
7 State in detail why you need the extension	~				
ADDITIONAL TIME IS NEEDED TO	GATHE.	R INFORMATION TO P	REPAI	RE A CO	MPLETE
AND ACCURATE RETURN.					
0	0.000			T	
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	u, or 6069, e	enter the tentative tax, less any	0-		1
nonrefundable credits See instructions	·Ot		8a	\$	4.
b If this application is for Form 990-PF, 990-T, 4720, or 606	•				
tax payments made Include any prior year overpayment	allowed as a	a credit and any amount paid		┤ ૣ	4
previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your	novmont we	th this form if required by using	8b	\$	4.
EFTPS (Electronic Federal Tax Payment System) See in:		in this form, if required, by using	8c	s	0.
		st be completed for Part II		<u> </u>	
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare this	luding accomp	· · · · · · · · · · · · · · · · · · ·	-	of my knowledç	ge and belief,
		ስ ድእጥ	Dat	۰ 🛌	
Signature ► Title ► PRESIDENT Date ►					

Form 886	68 (Rev. 1-2012)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check this	s box		▶ X	
Note. On	ly complete Part II if you have already been granted an	automatic	3 month extension on a previously fi	led Form	8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II				al (no	copies need	led)	
L	· · · · · · · · · · · · · · · · · · ·				· ·	e instructions	
Type or	Name of exempt organization or other filer, see instru	ıctions					
					a identification	number (EIN) or	
print	THE TOUNTE AND CUTDIES EAM	TTV E	OTTATO	X	₩ 4E 3000606		
File by the due date for	THE JOHNNIE AND SHIRLEY FAM						
filing your	Number, street, and room of suite no if a P O box, see instructions.			Social si	ecurity number	(SSN)	
return See instructions	2705 EAST RIM CLUB DRIVE						
	City, town or post office, state, and ZIP code For a f	oreign add	iress, see instructions				
	PAYSON, AZ 85541						
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			. 0 4	
							
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990)	01					
Form 990	-BL	02	Form 1041-A			08	
Form 990	EZ	01	Form 4720			. 09	
Form 990	IPF	04	Form 5227	_		10	
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	T (trust other than above)	06	Form 8870			12	
STOP! D	o not complete Part II if you were not already granted		natic 3-month extension on a previ	ously file	ed Form 8868.		
	JOHNNIE D. JOH						
	ooks are in the care of > 2705 EAST RIM	CLUB 1	DRIVE - PAYSON, AZ	8554	1		
Teleph	ione No ► 612-751-1750		FAX No. 🕨				
	organization does not have an office or place of busines					ightharpoonup	
• If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole gro	oup, check this	
box 🕨	. If it is for part of the group, check this box 🕨 🔝	and atta	ch a list with the names and EINs of	all memb	ers the extens	ion is for	
4 I re	quest an additional 3-month extension of time until	NOVEM!	BER 15, 2012				
5 For	calendar year 2011, or other tax year beginning		, and ending			-	
6 If th	e tax year entered in line 5 is for less than 12 months, o	heck reaso	on Initial return	Final i	eturn		
	Change in accounting period						
7 Sta	te in detail why you need the extension						
AL	DITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION TO PR	REPAR	E A COM	PLETE	
<u>A1</u>	D ACCURATE RETURN.			•			
8a If th	is application is for Form 990-BL, 990 PF, 990-T, 4720,	or 60 <mark>69,</mark> ei	nter the tentative tax, less any				
пол	refundable credits. See instructions			8a	\$	4.	
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
tax	payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid	1			
pre	viously with Form 8868.			8b	\$	4.	
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	yment with	this form, if required, by using				
EFT	PS (Electronic Federal Tax Payment System) See instru	uctions		8c	\$	0.	
	Signature and Verificat	ion mus	t be completed for Part II or		-		
Under pena it is true, co	ilties of perjury, I declare that I have examined this form, includ prect, and complete, and that I am authorized to prepare this fo	ing accomp	anying schedules and statements, and to	the best o	f my knowledge a	and belief,	
		""CPA	_		· 8/15/	/12	
Signature	Munew 1- Kingwell Title	- 111		Date	<u>▶ 0/10/</u>	1	