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# INTERNAL REVENUE SERVICE

**Form 990-PF**

 Department of the Treasury  
 Internal Revenue Service

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation  
 ► Do not enter social security numbers on this form as it may be made public.  
 ► Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf)

OMB No 1545-0052

**2014**

Open to Public Inspection

**For calendar year 2014 or tax year beginning**
**12/01, 2014, and ending**
**11/30, 2015**

Name of foundation <b>JANSON FOUNDATION</b> Number and street (or P O box number if mail is not delivered to street address) <b>BANK OF AMERICA, N.A. P.O. BOX 831041</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>DALLAS, TX 75283-1041</b>		<b>A Employer identification number</b> <b>91-6251624</b> <b>B Telephone number (see instructions)</b> <b>800-357-7094</b> <b>C If exemption application is pending, check here . . . . . ►</b> <b>D 1 Foreign organizations, check here . . . . . ►</b> <b>2 Foreign organizations meeting the 85% test, check here and attach computation . . . . . ►</b> <b>E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . ►</b> <b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . ►</b>										
<b>G Check all that apply:</b> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> </tr> <tr> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> </tr> <tr> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> <td style="width: 25px; height: 25px; border: 1px solid black;"></td> </tr> </table> <b>Initial return</b> <b>Final return</b> <b>Address change</b> <b>Initial return of a former public charity</b> <b>Amended return</b> <b>Name change</b>												
<b>H Check type of organization:</b> <input checked="" type="checkbox"/> <b>Section 501(c)(3) exempt private foundation</b> <input type="checkbox"/> <b>Section 4947(a)(1) nonexempt charitable trust</b> <input type="checkbox"/> <b>Other taxable private foundation</b>												
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 2,114,781.</b> <i>(Part I, column (d) must be on cash basis)</i>												
<b>Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</b>		<b>(a) Revenue and expenses per books</b> <b>(b) Net investment income</b> <b>(c) Adjusted net income</b> <b>(d) Disbursements for charitable purposes (cash basis only)</b>										
<b>Revenue</b>  <b>Operating and Administrative Expenses</b>  <b>RECEIVED</b>  <b>83-3 FEB 8 2016</b>  <b>OGDEN, UT</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	—	—									
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B . . . . .	—	—									
	3 Interest on savings and temporary cash investments . . . . .	—	—									
	4 Dividends and interest from securities . . . . .	46,922.	46,496.	STMT 1								
	5a Gross rents . . . . .	—	—	—								
	b Net rental income or (loss) . . . . .	—	—	—								
	6a Net gain or (loss) from sale of assets not on line 10 . . . . .	32,954.	—	—								
	b Gross sales price for all assets on line 6a . . . . .	324,278.	—	—								
	7 Capital gain net income (from Part IV, line 2) . . . . .	—	32,954.	—								
	8 Net short-term capital gain . . . . .	—	—	—								
	9 Income modifications . . . . .	—	—	—								
	10a Gross sales less returns and allowances . . . . .	—	—	—								
	b Less: Cost of goods sold . . . . .	—	—	—								
	c Gross profit or (loss) (attach schedule) . . . . .	—	—	—								
	11 Other income (attach schedule) . . . . .	38.	—	STMT 2								
	12 Total Add lines 1 through 10 . . . . .	79,876.	79,488.	—								
	13 Compensation of officers, directors, trustees, etc . . . . .	30,565.	18,339.	12,226.								
	14 Other employee salaries and wages . . . . .	—	NONE	NONE								
15 Pension plans, employee benefits . . . . .	—	NONE	NONE									
16a Legal fees (attach schedule) . . . . .	2,238.	NONE	NONE									
b Accounting fees (attach schedule) . . . . .	STMT 3.	—	2,238.									
c Other professional fees (attach schedule) . . . . .	STMT 4.	5,499.	5,499.									
17 Interest . . . . .	—	—	—									
18 Taxes (attach schedule) (see instructions) . . . . .	STMT 5.	1,685.	1,447.									
19 Depreciation (attach schedule) and depletion . . . . .	—	—	—									
20 Occupancy . . . . .	—	—	—									
21 Travel, conferences, and meetings . . . . .	—	NONE	NONE									
22 Printing and publications . . . . .	—	NONE	NONE									
23 Other expenses (attach schedule) . . . . .	STMT 6.	197.	1,058.									
24 Total operating and administrative expenses . . . . .	Add lines 13 through 23.	40,184.	20,844.									
25 Contributions, gifts, grants paid . . . . .	92,536.	NONE	92,536.									
26 Total expenses and disbursements Add lines 24 and 25 . . . . .	132,720.	20,844.	NONE									
27 Subtract line 26 from line 12 . . . . .	—	—	112,696.									
a Excess of revenue over expenses and disbursements . . . . .	-52,844.	—	—									
b Net investment income (if negative, enter -0-) . . . . .	—	58,644.	—									
c Adjusted net income (if negative, enter -0-) . . . . .	—	—	—									

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	73,598.	69,319.	69,319.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ►			
		Less allowance for doubtful accounts ►	NONE		
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments - U S and state government obligations (attach schedule) . . . . .			
	b	Investments - corporate stock (attach schedule) . <b>STMT 7.</b>	1,963,224.	1,926,803.	2,045,462.
	c	Investments - corporate bonds (attach schedule) . . . . .			
	11	Investments - land, buildings, and 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)				
15	Other assets (describe ►) . . . . .				
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	2,036,822.	1,996,122.	2,114,781.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ►) . . . . .			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		NONE	
		<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 27 through 31.				
27	Capital stock, trust principal, or current funds . . . . .	2,036,822.	1,996,122.		
28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .				
29	Retained earnings, accumulated income, endowment, or other funds . . . . .				
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	2,036,822.	1,996,122.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	2,036,822.	1,996,122.		
<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>					
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	2,036,822.		
2	Enter amount from Part I, line 27a . . . . .	2	-52,844.		
3	Other increases not included in line 2 (itemize) ► <b>PARTNERSHIP ADJUSTMENT</b>	3	50,663.		
4	Add lines 1, 2, and 3 . . . . .	4	2,034,641.		
5	Decreases not included in line 2 (itemize) ► <b>SEE STATEMENT 8</b>	5	38,519.		
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	1,996,122.		

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> PUBLICLY TRADED SECURITIES					
<b>b</b> OTHER GAINS AND LOSSES					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 106,405.		80,976.	25,429.		
b 217,873.		210,348.	7,525.		
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a			25,429.		
b			7,525.		
c					
d					
e					
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	32,954.
<b>3</b> 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 instructions). If (loss), enter -0- in Part I, line 8				3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	106,560.	2,248,460.	0.047392
2012	97,015.	2,151,148.	0.045099
2011	103,449.	2,037,987.	0.050760
2010	93,693.	2,065,360.	0.045364
2009	98,358.	1,916,289.	0.051327

- 2 Total of line 1, column (d) . . . . . 2 0.239942
- 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . . 3 0.047988
- 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 . . . . . 4 2,157,826.
- 5 Multiply line 4 by line 3 . . . . . 5 103,550.
- 6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . . 6 586.
- 7 Add lines 5 and 6 . . . . . 7 104,136.
- 8 Enter qualifying distributions from Part XII, line 4 . . . . . 8 112,696.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>			
1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 . . . . .		
Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
3	Add lines 1 and 2 . . . . .		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		
<b>Credits/Payments</b>			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 . . . . .	6a 756.	
b	Exempt foreign organizations - tax withheld at source . . . . .	6b NONE	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c NONE	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d . . . . .		
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached . . . . .		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> ► 9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> ► 10 170.		
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> ► 170. Refunded ► 11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . .

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

1c Did the foundation file Form 1120-POL for this year? . . . . .

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation ► \$ \_\_\_\_\_ (2) On foundation managers ► \$ \_\_\_\_\_

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ \_\_\_\_\_

2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .

If "Yes," attach a detailed description of the activities

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .

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 that conflict with the state law remain in the governing instrument? . . . . .

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► WA

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 General Instruction G? If "No," attach explanation . . . . .

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV. . . . .

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

**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	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	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>NONE</u>	13	X
14	The books are in care of ► <u>BANK OF AMERICA, N.A.</u> Telephone no ► <u>(206) 358-3380</u> Located at ► <u>800 5TH AVE, 33RD FL, SEATTLE, WA</u> ZIP+4 ► <u>98104-3176</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . ► <u>15</u> and enter the amount of tax-exempt interest received or accrued during the year. . . . .		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FINCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the foreign country ►	16	Yes X No

**Part 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	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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input checked="" type="checkbox"/> X Yes	<input type="checkbox"/> No
(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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X 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). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X 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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <input type="checkbox"/>	1b	X
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 2014? . . . . .	1c	X
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
	If "Yes," list the years ►		
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 statement - see instructions) . . . . .	2b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
b	If "Yes," did it have excess business holdings in 2014 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 2014.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

**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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5b	X
Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <input type="checkbox"/>					
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6b	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(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
BANK OF AMERICA, N.A. P.O. BOX 24565, SEATTLE, WA 98124-4565	TRUSTEE 1	30,565.	-0-	-0-
TED CARNEY 800 FIFTH AVE, SEATTLE, WA 98104-3176	GRANT BOARD MEMB 1	-0-	-0-	-0-
HERB GEESLIN 800 FIFTH AVE, SEATTLE, WA 98104-3176	GRANT BOARD MEMB 1	-0-	-0-	-0-
RON WELLS, CHAIRMAN 1515 E COLLEGE WAY, MOUNT VERNON, WA 98273-5614	SCHOLARSHIP COMM 1	-0-	-0-	-0-
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 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		NONE	NONE	NONE
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 . . . . . ► <b>NONE</b>				

Form 990-PF (2014)

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
-----		
-----		
-----		
-----		
-----		
<b>Total number of others receiving over \$50,000 for professional services . . . . . ►</b>		<b>NONE</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	
-----	
2	
-----	
3	
-----	
4	
-----	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
-----	
2	
-----	
All other program-related investments. See instructions	
3 NONE	
-----	
<b>Total. Add lines 1 through 3 . . . . . ►</b>	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities . . . . .	1a 2,117,056.
b	Average of monthly cash balances . . . . .	1b 73,630.
c	Fair market value of all other assets (see instructions) . . . . .	1c NONE
d	<b>Total</b> (add lines 1a, b, and c) . . . . .	1d 2,190,686.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1e
2	Acquisition indebtedness applicable to line 1 assets . . . . .	2 NONE
3	Subtract line 2 from line 1d . . . . .	3 2,190,686.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) . . . . .	4 32,860.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2,157,826.
6	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	6 107,891.

**Part XI 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.)

1	Minimum investment return from Part X, line 6 . . . . .	1 107,891.
2a	Tax on investment income for 2014 from Part VI, line 5 . . . . .	2a 586.
b	Income tax for 2014 (This does not include the tax from Part VI) . . . . .	2b
c	Add lines 2a and 2b . . . . .	2c 586.
3	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	3 107,305.
4	Recoveries of amounts treated as qualifying distributions . . . . .	4 NONE
5	Add lines 3 and 4 . . . . .	5 107,305.
6	Deduction from distributable amount (see instructions) . . . . .	6 NONE
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	7 107,305.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	1a 112,696.
b	Program-related investments - total from Part IX-B . . . . .	1b
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	2 NONE
3	Amounts set aside for specific charitable projects that satisfy the:	
a	Suitability test (prior IRS approval required) . . . . .	3a NONE
b	Cash distribution test (attach the required schedule) . . . . .	3b NONE
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 112,696.
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) . . . . .	5 586.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	6 112,110.

**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 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7 . . . . .				107,305.
2 Undistributed income, if any, as of the end of 2014			91,917.	
a Enter amount for 2013 only . . . . .				
b Total for prior years 20 12 ,20 ,20 . . . . .		NONE		
3 Excess distributions carryover, if any, to 2014				
a From 2009 . . . . .	NONE			
b From 2010 . . . . .	NONE			
c From 2011 . . . . .	NONE			
d From 2012 . . . . .	NONE			
e From 2013 . . . . .	NONE			
f Total of lines 3a through e . . . . .		NONE		
4 Qualifying distributions for 2014 from Part XII, line 4 ► \$ 112,696.			91,917.	
a Applied to 2013, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see instructions) . . . . .		NONE		
c Treated as distributions out of corpus (Election required - see instructions) . . . . .		NONE		
d Applied to 2014 distributable amount . . . . .				20,779.
e Remaining amount distributed out of corpus . . . . .		NONE		
5 Excess distributions carryover applied to 2014 . (If an amount appears in column (d), the same amount must be shown in column (a))		NONE		NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		NONE		
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .			NONE	
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 . . . . .			NONE	
d Subtract line 6c from line 6b Taxable amount - see instructions . . . . .			NONE	
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				86,526.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .		NONE		
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .		NONE		
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .		NONE		
10 Analysis of line 9:				
a Excess from 2010 . . . . .	NONE			
b Excess from 2011 . . . . .	NONE			
c Excess from 2012 . . . . .	NONE			
d Excess from 2013 . . . . .	NONE			
e Excess from 2014 . . . . .	NONE			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ►

**b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .				
<b>b</b> 85% of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon				
<b>a</b> "Assets" alternative test - enter				
(1) Value of all assets . . . . .				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .				
<b>c</b> "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)(ii) . . . . .				
(3) Largest amount of support from an exempt organization . . . . .				
(4) Gross investment income . . . . .				

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 11

**b** The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED STATEMENT FOR LINE 2

**c** Any submission deadlines.

SEE ATTACHED STATEMENT FOR LINE 2

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED STATEMENT FOR LINE 2

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>Name and address (home or business)</b>				
<i>a Paid during the year</i>				
JANSON SCHOLARSHIP FUND EMMANUEL BAPTIST CHUR 1515 E COLLEGE WAY MOUNT VERNON WA 98273	NONE	N/A	SCHOLARSHIPS	46,500.
PAGE AHEAD CHILDRENS LITERACY PROGRAM 1130 NW 85TH STREET SEATTLE WA 98117	N/A	PC	"BOOK UP SUMMER"	7,500.
SKAGIT PRESCHOOL AND RESOURCE CENTER 320 PACIFIC PLACE MOUNT VERNON WA 98273	N/A	PC	PLAYGROUND HILLSIDE SLIDE	2,000.
YOUTH DYNAMICS SKAGIT VALLEY P O BOX 486 BURLINGTON WA 98233	N/A	PC	OFFICE REMODEL - YOUTH CENTER	9,971.
NORTH CASCADES INSTITUTE 810 STATE ROUTE 20 SEDRO-WOOLLEY WA 98284	N/A	PC	AQUATIC FIELD SCIENCE CAPITAL	11,565.
SKAGIT GLEANERS 1021 RIVERSIDE DRIVE MOUNT VERNON WA 98273	N/A	PC	"KEEPING IT COOL IN 2015"	15,000.
<b>Total</b>			► 3a	92,536.
<i>b Approved for future payment</i>				
<b>Total</b>			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	
<b>1</b>	<b>Program service revenue</b>				
a					
b					
c					
d					
e					
f					
<b>g</b>	<b>Fees and contracts from government agencies</b>				
<b>2</b>	<b>Membership dues and assessments</b>				
<b>3</b>	<b>Interest on savings and temporary cash investments</b>				
<b>4</b>	<b>Dividends and interest from securities</b>			<b>14</b>	<b>46,922.</b>
<b>5</b>	<b>Net rental income or (loss) from real estate</b>				
a	Debt-financed property				
b	Not debt-financed property				
<b>6</b>	<b>Net rental income or (loss) from personal property</b>				
<b>7</b>	<b>Other investment income</b>				
<b>8</b>	<b>Gain or (loss) from sales of assets other than inventory</b>			<b>18</b>	<b>32,954.</b>
<b>9</b>	<b>Net income or (loss) from special events</b>				
<b>10</b>	<b>Gross profit or (loss) from sales of inventory</b>				
<b>11</b>	<b>Other revenue:</b> a				
b					
c					
d					
e					
<b>12</b>	<b>Subtotal Add columns (b), (d), and (e)</b>				<b>79,876.</b>
<b>13</b>	<b>Total Add line 12, columns (b), (d), and (e)</b>			<b>13</b>	<b>79,876.</b>

(See worksheet in line 13 instructions to verify calculations.)

NOT APPLICABLE

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1	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?	Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash . . . . .	1a(1)	X
(2)	Other assets . . . . .	1a(2)	X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization . . . . .	1b(1)	X
(2)	Purchases of assets from a noncharitable exempt organization . . . . .	1b(2)	X
(3)	Rental of facilities, equipment, or other assets . . . . .	1b(3)	X
(4)	Reimbursement arrangements . . . . .	1b(4)	X
(5)	Loans or loan guarantees . . . . .	1b(5)	X
(6)	Performance of services or membership or fundraising solicitations . . . . .	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	1c	X
d	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		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

b If "Yes," complete the following schedule

If so, complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign  
Here

correct, and complete Declaration of preparer

12/15/2015

Dat

**► TRUSTEE**

### Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

BANK OF AMERICA, N.A.					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

## FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
USGI REPORTED AS NONQUALIFIED DIVIDENDS	276.	276.
FOREIGN DIVIDENDS	7,282.	7,282.
NONDIVIDEND DISTRIBUTIONS	678.	
DOMESTIC DIVIDENDS	21,667.	21,667.
OTHER INTEREST	3,173.	3,173.
FOREIGN INTEREST	176.	176.
U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE)	537.	537.
NON-TAXABLE FOREIGN INCOME	-252.	
NONDISTRIBUTIVE DIVIDENDS	391.	391.
NONDISTRIBUTIVE FOREIGN DIVIDENDS	1,066.	1,066.
NONQUALIFIED FOREIGN DIVIDENDS	2,285.	2,285.
NONQUALIFIED DOMESTIC DIVIDENDS	9,643.	9,643.
<b>TOTAL</b>	<b>46,922.</b>	<b>46,496.</b>

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
PARTNERSHIP INCOME		38.
TOTALS		38.

## FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE - BOA	2,238.		2,238.	
TOTALS	2,238.	NONE	NONE	2,238.

## FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
GRANTMAKING FEES - BOA	5,499.	5,499.
TOTALS	5,499.	5,499.

## FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FOREIGN TAXES	1,430.	1,430.
EXCISE TAX ESTIMATES	238.	
FOREIGN TAXES ON QUALIFIED FOR	13.	13.
FOREIGN TAXES ON NONQUALIFIED	4.	4.
TOTALS	1,685.	1,447.

## FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
STATE FILING FEE	25.	25.	
OTHER CHARITABLE EXPENSES	172.		
PARTNERSHIP EXPENSES		1,058.	
TOTALS		197.	197.

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
464287507 ISHARES CORE S&P MID	52,702.	43,529.	65,187.
464287655 ISHARES RUSSELL 2000	33,882.	50,196.	65,743.
921943858 VANGUARD FTSE DEVELO	55,779.	71,275.	76,821.
922908553 VANGUARD REIT ETF	124,946.	107,406.	128,056.
466001864 IVY ASSET STRATEGY F	106,584.	106,763.	92,449.
693390841 PIMCO HIGH YIELD FD	22,185.	22,052.	20,918.
202671913 AGGREGATE BOND CTF	184,198.	164,928.	162,349.
207543877 SMALL CAP GROWTH LEA	36,128.	33,863.	44,811.
29099J109 EMERGING MARKETS STO	144,587.	113,016.	113,626.
302993993 MID CAP VALUE CTF	70,193.	50,315.	53,933.
303995997 SMALL CAP VALUE CTF	39,505.	40,179.	48,356.
323991307 MID CAP GROWTH CTF	74,293.	52,553.	55,819.
45399C107 DIVIDEND INCOME COMM	179,927.	177,359.	203,353.
992466163 HIGH QUALITY CORE CO	88,440.	84,431.	100,223.
992466197 INTERNATIONAL FOCUSE	191,350.	189,519.	215,605.
992501647 STRATEGIC GROWTH COM	178,055.	168,922.	203,959.
73935S105 POWERSHARES DB COMMO	187,451.	95,283.	50,772.
38145C646 GOLDMAN SACHS STRATE	193,019.	160,182.	149,031.
464287200 ISHARES CORE S&P 500		149,867.	151,526.
97717X701 WISDOMTREE EUROPE HE		45,165.	42,925.
TOTALS	1,963,224.	1,926,803.	2,045,462.

## FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
CTF ADJUSTMENT	5,492.
COST BASIS ADJUSTMENT - VANGUARD	1,568.
COST BASIS ADJUSTMENT - UPDATES	31,457.
ROUNDING	2.
<b>TOTAL</b>	<b>38,519.</b>

JANSON FOUNDATION  
Schedule D Detail of Long-term Capital Gains and Losses

91-6251624

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
<b>OTHER GAINS AND LOSSES</b>					
1135.836 AGGREGATE BOND CTF	10/31/2012	08/31/2015	19,073.00	19,589.00	-516.00
265.341 SMALL CAP GROWTH LEADERS CTF	10/31/2012	08/31/2015	5,885.00	4,533.00	1,352.00
312.374 EMERGING MARKETS STOCK COMMON TRUST FUND	02/28/2014	03/31/2015	15,031.00	13,998.00	1,033.00
216.894 EMERGING MARKETS STOCK COMMON TRUST FUND	02/28/2014	05/31/2015	10,658.00	9,858.00	800.00
517.132 MID CAP VALUE CTF	11/30/2013	12/31/2014	15,456.00	15,645.00	-189.00
290.421 MID CAP VALUE CTF	11/30/2013	03/31/2015	8,830.00	9,020.00	-190.00
85.067 MID CAP VALUE CTF	10/31/2012	03/31/2015	2,586.00	2,255.00	331.00
842.835 MID CAP GROWTH CTF	10/31/2012	12/31/2014	22,878.00	19,016.00	3,862.00
522.755 MID CAP GROWTH CTF	10/31/2012	03/31/2015	15,093.00	12,351.00	2,742.00
222.673 DIVIDEND INCOME COMMON TRUST	09/30/2013	12/31/2014	11,571.00	10,545.00	1,026.00
83.657 DIVIDEND INCOME COMMON TRUST	10/31/2012	12/31/2014	4,347.00	3,567.00	780.00
2656. POWERSHARES DB COMMODITY INDEX	10/31/2012	12/31/2014	48,537.00	48,939.00	-402.00
671. POWERSHARES DB COMMODITY INDEX	02/28/2013	12/31/2014	12,262.00	11,999.00	263.00
630.503 HIGH QUALITY CORE COMMON TRUST FUND	09/30/2013	05/31/2015	8,758.00	8,019.00	739.00
23.453 INTERNATIONAL FOCUSED EQUITY	09/30/2013	05/31/2015	301.00	260.00	41.00
107.969 STRATEGIC GROWTH COMMON TRUST FUND	09/30/2013	12/31/2014	1,363.00	1,214.00	149.00
841.651 STRATEGIC GROWTH COMMON TRUST FUND	04/30/2013	12/31/2014	10,623.00	8,687.00	1,936.00
1015.943 STRATEGIC GROWTH COMMON TRUST FUND	04/30/2013	05/31/2015	13,871.00	10,853.00	3,018.00
<b>TOTAL OTHER GAINS AND LOSSES</b>			227,123.00	210,348.00	16,775.00
<b>Totals</b>			227,123.00	210,348.00	16,775.00

JSA  
4F0370 1 000

## GAINS AND LOSSES FROM PASS-THRU ENTITIES

---

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS  
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	-5,157.00
	-----
TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)	-5,157.00
	=====

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS  
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	46,570.00
PARTNERSHIPS, TRUSTS, S CORPORATIONS	-50,663.00
	-----
TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)	-4,093.00
	=====

JANSON FOUNDATION  
FORM 990PF, PART XV - LINES 2a - 2d  
=====

91-6251624

RECIPIENT NAME:

JANSON SCHOLARSHIP FUND, RON WELLS, CHAIRMAN  
ADDRESS:

EMMANUEL BAPTIST CHURCH, 1515 E COLLEGE WAY  
MOUNT VERNON, WA 98273-5614

RECIPIENT'S PHONE NUMBER: 360-848-7470

E-MAIL ADDRESS: N/A

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED APPLICATION

SUBMISSION DEADLINES:

ON OR BEFORE APRIL 15th OF THE APPLICATION YEAR

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SCHOLARSHIP APPLICANTS MUST BE RESIDENTS OF  
SKAGIT COUNTY, WA. RELATIVES OF EMMANUAL BAPTIST CHURCH TRUSTEES  
OR JANSON SCHOLARSHIP COMMITTEE MEMBERS ARE INELIGIBLE.

RECIPIENT NAME:

JANSON FDN GRANT FUND COMMITTEE

ADDRESS:

BANK OF AMERICA NA, 800 5TH AVE  
SEATTLE, WA 98104-3176

RECIPIENT'S PHONE NUMBER: 206-358-3380

E-MAIL ADDRESS: TX.PHILANTHROPIC@USTRUST.COM

FORM, INFORMATION AND MATERIALS:

ONLINE WWW.BANKOFAMERICA.COM/GRANTMAKING

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

ORGANIZATION MUST OPERATE IN SKAGIT COUNTY WASHINGTON  
FOR THE BENEFIT OF CITIZENS WITHIN THE COUNTY.

ORGANIZATION MUST MAINTAIN A NONPROFIT STATUS AS DEFINED BY IRS

STATEMENT 11

## FEDERAL FOOTNOTES

THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

STATEMENT 12

Last Name	First Name	College	Attention	Street
<b>Burroughs</b>	Madeline	New Saint Andrews College	Financial Aid Office	405 S. Main St.
<b>Bergfalk</b>	Kyle	University of Washington	Financial Aid Office	PO Box 24967
<b>Bessler</b>	Lucy	Azusa Pacific University	Financial Aid Office	PO Box 7000
<b>Bethea</b>	Petra	William Woods University	Financial Aid Office	One University Ave.
<b>Christianson</b>	Emma	Gonzaga University	Financial Aid Office	502 E. Boone Ave.
<b>Corp</b>	Isaiah	Seattle Pacific University	Financial Aid Office	3307 3rd Ave. W.
<b>Donovan</b>	Katie	Montana State University	Financial Aid Office	1500 University Dr.
<b>Douglass</b>	Nataie	Northwest University	Financial Aid Office	5520 108th Ave. NE
<b>Duquaine</b>	Jerika	Trinity Western University	Financial Aid Office	7600 Glover St.
<b>Ellers</b>	Carly	Corban University	Financial Aid Office	5000 Deer Park Dr. SE
<b>Giles</b>	Michael	Harvard College	Student Receivables Office	1350 Massachusetts Ave.
<b>Greenwood</b>	Cara	California Baptist University	Financial Aid Office	8432 Magnolia Ave.
<b>Hubbard</b>	Iris	Western Washington University	Financial Aid Office	516 High St., Old Man 265
<b>Keltner</b>	Mattie	Northwest University	Financial Aid Office	PO Box 579
<b>Kuipers</b>	Melanie	Dordt College	Financial Aid Office	498 4th Ave. NE
<b>LeDuc</b>	Miranda	Pacific Lutheran University	Financial Aid Office	12180 Park Ave. S.
<b>McKeen</b>	Elizabeth	University of Washington	Financial Aid Office	1410 NE Campus Parkway
<b>Messmer</b>	Lauren	Corban University	Financial Aid Office	5000 Deer Park Dr. SE
<b>Miller</b>	Elizabeth	George Fox University	Financial Aid Office	414 N. Meridian St.
<b>Nelson</b>	Alexandra	Saint Martin's University	Financial Aid Office	5000Abey Way SE
<b>Noren</b>	Kada	Western Washington University	Financial Aid Office	516 High St.
<b>Olson</b>	Erikka	Williams College	Financial Aid Office	PO Box 37
<b>Osiychuk</b>	Olga	Skagit Valley College	Financial Aid Office	2405 E. College Way
<b>Ostrom</b>	Baylee	Rocky Mountain College	Financial Aid Office	1511 Poly Dr.
<b>Pollett</b>	Nataie	University of Washington	Financial Aid Office	PO Box 355880
<b>Schmidt</b>	Hayden	Washington State University	Financial Aid Office	PO Box 641067
<b>Schubkegel</b>	Kyler	George Fox University	Financial Aid Office	414 N. Meridian St. #6068
<b>Snyder</b>	Shayna	Whitworth University	Financial Aid Office	300 W. Hawthorne Rd.
<b>Wilk</b>	Sabrina	Pomona College	Financial Aid Office	333 N. College Way
<b>McNealey</b>	Haley	Western Washington University	Financial Aid Office	516 High St.
<b>Welk</b>	Jillian	George Fox University	Financial Aid Office	414 N. Meridian St.

City	State	Zip	SSN	Award
Moscow	ID	83873	531-37-2641	\$1,500.00
Seattle	WA	98124	534-37-8274	\$1,500.00
Azusa	CA	91702	536-37-8343	\$1,500.00
Fulton	MO	65251	539-29-0181	\$1,500.00
Spokane	WA	99258-0102	539-47-4986	\$1,500.00
Seattle	WA	98119	535-37-7031	\$1,500.00
Billings	MT	59101	533-37-6400	\$1,500.00
Kirkland	WA	98033	534-37-1980	\$1,500.00
Langley	BC	V2Y 1Y1	393-13-6498	\$1,500.00
Salem	OR	97317-9392	532-35-3985	\$1,500.00
Cambridge	MA	2138	532-37-6968	\$1,500.00
Riverside	CA	92504	615-98-1364	\$1,500.00
Bellingham	WA	98225	538-41-4948	\$1,500.00
Kirkland	WA	98083	544-45-4137	\$1,500.00
Sioux Center	IA	51250	538-31-9323	\$1,500.00
Tacoma	WA	98447	533-37-6665	\$1,500.00
Seattle	WA	98105	536-33-675	\$1,500.00
Salem	OR	97317	532-37-2590	\$1,500.00
Newberg	OR	97132	537-33-9756	\$1,500.00
Lacey	WA	98503-3200	539-35-4804	\$1,500.00
Bellingham	WA	98225	535-37-3823	\$1,500.00
Williamstown	MA	1267	538-37-9465	\$1,500.00
Mount Vernon	WA	98273	534-51-6491	\$1,500.00
Billings	MT	59102	536-29-0743	\$1,500.00
Seattle	WA	98195-5880	536-31-7180	\$1,500.00
Pullman	WA	99164-1067	533-37-3885	\$1,500.00
Newberg	OR	97132	606-96-3532	\$1,500.00
Spokane	WA	99251	538-37-2250	\$1,500.00
Claremont	CA	91711	537-37-0194	\$1,500.00
Bellingham	WA	98225	535-39-7391	\$1,500.00
Newberg	OR	97132	539-33-4501	\$1,500.00

**The Janson Foundation  
Bank of America  
701 Fifth Avenue, Suite 2200  
Seattle, WA 98104**

**INFORMATION FOR GRANT APPLICATIONS**

**General Information**

The Janson Foundation is a trust created under the terms of the Last Will and Testament of the late Edward W. Janson. During his lifetime Mr. Janson was a longtime public servant of Skagit County, displaying the utmost in high character and ideals and untiring in his service to the citizens of the county. He wanted to perpetuate this service through this trust fund, by assisting and fostering worthwhile and deserving charitable organizations and projects, which he authorized to be determined from year to year by the Foundation Grant Committee.

**Grant Policy**

The direct grants administered by the Janson Foundation are limited to:

- (1) ~~Capital funds for the purchase of equipment or the building of facilities or land for the facilities needed for a community service.~~
- (2) ~~Capital funds for the major repair or replacement of facilities and/or equipment needed to expand or improve a community service.~~
- (3) ~~Grant sums will be limited to amounts not exceeding \$10,000 but generally are expected to be in the range of \$1,000 to \$2,500.~~

*It is not the intention of the Foundation to make grants to be used for operating purposes for any organization or community service.*

**Grant Application Procedure**

- (1) The organization must maintain a nonprofit status as defined and approved by the Internal Revenue Service.
- (2) The organization must effectively and efficiently contribute to the improvement in the well-being and welfare of residents in the community.
- (3) The organization's service must be open to all members of the community regardless of race, religion, political affiliation, abilities to pay, or other background.
- (4) The organization must operate in Skagit County for the benefit of citizens within the county.

The request must be submitted on the Grant Application form furnished by the Foundation by an authorized official of the requesting agency and signed by the Board President or Chairperson. In addition, if the request involves one branch or division of an agency with multiple branches or divisions, then the request must be counter-signed by an authorized headquarters official to certify that the request represents a priority need of the agency as a whole.

**Applications are to be submitted in triplicate copy.**

**JÅNSEN FOUNDATION**  
**Grant Application**

**DATE** \_\_\_\_\_

**AGENCY NAME**  
\_\_\_\_\_

**AGENCY ADDRESS**

(Street)

(City)

(State)

(Zip)

**NAME AND ADDRESS OF BOARD  
PRESIDENT OR CHAIRPERSON**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND ADDRESS OF  
EXECUTIVE DIRECTOR**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have a "determination" letter from the Internal Revenue Service addressed to the agency or organization applying for the grant, indicating its exemption from Federal Income Tax and including the following statement, or its equivalent?

"Contributions to you are deductible by donors under  
Section 170(c) of the Internal Revenue Code." Yes        No       

If so, please attach a photocopy of the letter to this application.

- Are you aware of any action taken or anticipated by the IRS to cancel or terminate the qualification of the agency or organization as a proper recipient of deductible contributions? Yes        No

If so, please provide full particulars, including action to remedy the deficiency.

- Do you have all the necessary permits or licenses to legally provide service to the public? Yes        No

Please explain or list type, issuing agency, and expiration date of each:

JANSON FOUNDATION  
Grant Application  
Page 2

- Where applicable to your request, answer the following:

Do you own, rent, lease or have a mortgage on the buildings currently housing your agency? Yes        No       

**If you rent or lease, please attach or specify terms of agreement.**

- Briefly describe the purpose(s) and major program(s) of the agency (use attachments as necessary):

- Amount requested from the Janson Foundation: \$ \_\_\_\_\_
- Describe the programs(s) to be supported by the requested grant; itemize the specific uses of Janson Foundation funds:
- Have funds for this purpose been requested from other sources?  
Yes        No        Itemize, list purpose and date of confirmation of funds being requested or anticipated from other sources.

JANSON FOUNDATION  
Grant Application  
Page 3

- What Client group will be served by the program(s) involved in this grant request?
- What is the rationale for the proposal need? Why is your agency well qualified to provide this need?
- Are the same or similar needs offered by any other agencies to this client group? Explain:
- If this grant request involves the purchase of article(s) of equipment, how many hours per day and how many days per week will the equipment be in active use?

JANSON FOUNDATION

Grant Application

Page 4

- Since this grant request is for capital funds, you will need to include Certificate of Need, if applicable, and proof that plans meet appropriate city codes. Explain how maintenance and operating expenses will be met after the capital fund project is completed.

- If Janson Foundation makes a grant to your agency, what is the time schedule for expenditure of these funds?

- If Janson Foundation makes a grant to your agency, will you be willing to provide expenditure receipts and periodic reports required by the Foundation Board?

Yes        No       

- List the names, addresses and telephone numbers of three individuals outside your organization who are knowledgeable about your program(s):

(1) \_\_\_\_\_

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Phone: \_\_\_\_\_

(2) \_\_\_\_\_

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Phone: \_\_\_\_\_

(3) \_\_\_\_\_

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Phone: \_\_\_\_\_

JANSON FOUNDATION  
Grant Application  
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- Provide the following information on the financial status of your agency:
  1. Date of latest financial audit; who performed?
  2. Latest balance sheet (listing assets and liabilities).
  3. Formal cost estimates or bids supporting the grant request.
  4. Other available financial data about your organization in support of this request.

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**The Grant Committee reserves the right to request such further information as may be necessary to give consideration to your request.**

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Signature of Executive Director

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Date

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Signature of Board President/Chairperson

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Date

## **2016 JANSON SCHOLARSHIP APPLICATION**

Applications must be submitted on a 2016 application form.

Applicants must be residents of Skagit County.

Applicants for second or subsequent awards of a Janson Scholarship must comply with the Reapplication Procedures specified in Section IV of the attached Janson Scholarship Fund Guidelines.

Scholarships for undergraduate, post high school studies will be awarded *upon the following criteria:*

- Scholastic ability
- Good moral character
- Financial need

Relatives of Emmanuel Baptist Church Trustees or Janson Scholarship Committee Members are not eligible to receive scholarships.

### **1. FAMILY DATA**

Miss

Student's name Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ US Citizen? (Please circle one) Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Number of dependent children in family (besides yourself) \_\_\_\_\_ (names & ages listed below):

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

## 2. EDUCATION

School(s) attended - ninth grade and above. Attach copies of OFFICIAL/STAMPED/SEALED high school or college transcript(s). Previous Janson Scholarship recipients need not provide high school transcripts, just their college one.

Name of School	Period Attended	Cumulative GPA
Name of School	Period Attended	Cumulative GPA
Name of School	Period Attended	Cumulative GPA

## 3. FINANCIAL STATEMENT

College: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Quarters/semesters you plan to attend in 2016-2017 school year: \_\_\_\_\_

### A. Needs for the 2016-2017 school year (2 semesters or 3 quarters):

- \* Tuition \_\_\_\_\_
- \* Mandatory Fees \_\_\_\_\_
- \* Books \_\_\_\_\_
- \* Room and Board \_\_\_\_\_
- \* Transportation to and from school \_\_\_\_\_
- \* Other (please specify) \_\_\_\_\_

\* TOTAL NEEDS \_\_\_\_\_

### B. Projected funds for 2016-2017 school year:

- \* Personal savings \_\_\_\_\_
- \* Family contributions \_\_\_\_\_
- \* Job during school year \_\_\_\_\_
- \* Scholarships (except Janson) \_\_\_\_\_
- \* Loans \_\_\_\_\_
- \* Grants \_\_\_\_\_
- \* Other (please specify) \_\_\_\_\_

\* TOTAL AVAILABLE \_\_\_\_\_

### C. DIFFERENCE BETWEEN A & B (TOTAL NEEDS - TOTAL AVAILABLE)

#### 4. ESSAY

Write an essay telling us about yourself. It may be typed or handwritten. Attach the essay to your application form. You must include the following information each and every year you apply:

- A. Your education/personal background and special interests.
- B. Financial status of your family and your plans for financing your college education.
- C. Name of college you hope to attend and your reasons for selecting it.
- D. Your career plans, expectations and purpose.

#### 5. RECOMMENDATIONS

- At least two letters of recommendation from current/recent faculty are required. A current teacher must write one of these letters.
- College students: two letters of recommendation from current/recent college instructors are required.
- Additional recommendations may be made by educators or non-educators.
- Please inform Persons submitting letters of recommendation: THEY MUST identify themselves and their relationship to the applicant.
- Recommendations are to be mailed by the recommenders. Do **not** attach to the application form. All letters must be mailed to the address below and be postmarked by April 15, 2016.

*Applicants: It is your responsibility to verify that all recommendations are mailed by the due date.*

#### 6. SIGNATURE STATEMENT

"I affirm that the information contained herein is accurate to the best of my knowledge and that the scholarship committee may take any necessary and reasonable measures to verify it and gather additional necessary data."

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Date

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Signature of Applicant

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Date

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Signature of Parent or Guardian if applicant is legally dependent

Mail application, transcripts and letters of recommendation to: Janson Scholarship Fund Committee

Ron Wells, Chairman

c/o Emmanuel Baptist Church

1515 East College Way

Mount Vernon, WA 98273

#### **DEADLINE: Applications must be postmarked by mail on or before April 15, 2016.**

Note: Mail deposited at a post office on April 15, may not be postmarked until the next day or the date on the postmark may not be legible. Unless you mail your application several days in advance of the deadline, we recommend you ask a postal counter clerk to postmark your application in your presence and show you that the date is legible. This will ensure that you are not disqualified for missing the application deadline.

## **JANSON SCHOLARSHIP FUND GUIDELINES**

**(Retain these pages for future reference and use and DO NOT include with packet submitted with Application.)**

### **I. REPORTING REQUIREMENTS**

Failure to comply with the following reporting requirements will jeopardize scholarship awards.

- A. All correspondence should be directed to: Janson Scholarship Fund  
Ron Wells, Chairman  
c/o Emmanuel Baptist Church  
1515 East College Way  
Mount Vernon, WA 98273
- B. The Committee must be promptly notified of address changes.

### **II. PAYMENT RULES**

- A. Scholarship funds will be forwarded to the school's Office of Financial Aid.
- B. The school will divide the money equally among the quarters or semesters for the year and apply it to school expenses. Institutions may expend scholarships less than \$400 without prorating if the school finds prorating to be unfeasible.
- C. Scholarships are based upon a standard academic year of full-time student status.
- D. If a student loses standard student status or is not enrolled, a return of the appropriate percentage of the scholarship will be required from a student as of the time standard student status ended.

### **III. PROCEDURE AND CALENDAR**

- A. Applications must be made on current forms, which may be obtained from the office of Emmanuel Baptist Church or the Janson Scholarship Committee address.
- B. Scholarships are for one year only and all applicants must follow the same application procedure every year.
- C. Calendar for the application process:
  - March 1 Application period opens. Forms are not available until this date.
  - April 15 Deadline - postmarked by mail at Janson Scholarship Committee address.

### **IV. REAPPLICATION REQUIREMENTS**

- A. Undergraduate pre-baccalaureate status.
- B. Cumulative transcript from college.
- C. Skagit County residence status.
- D. Completed current application form, recommendations and related requirements.

Please complete the following checklist **BEFORE** mailing in your application.(ONLY FOR YOUR USE. DO NOT FORWARD)

Last year over 40% of the applicants were disqualified because they failed to comply with the requirements necessary to be considered for the Janson Scholarship. Please check your application to insure that you have included each of the following items.

1. \_\_\_\_\_ An **OFFICIAL/SIGNED/SEALED** transcript from your high school and/or college
2. \_\_\_\_\_ At least two letters of recommendation from your recent instructors
  - a. These **must** be postmarked no later than April 15, 2016 to be considered.
  - b. Instructors **must** identify themselves and their relationship to you.
  - c. These recommendations **are to be mailed** in by the instructors, PLEASE check with them before the deadline to verify that they have been sent.
3. \_\_\_\_\_ An essay telling us about yourself. It **MUST** include the following:
  - \_\_\_\_\_ A. Educational background and special interests
  - \_\_\_\_\_ B. Financial status of your family and your plans for financing your college education
  - \_\_\_\_\_ C. Name of the college that you hope to attend and your reasons for selecting it.
  - \_\_\_\_\_ D. Your career plans, expectations and purpose.Check over your essay to be sure that it includes all points A, B, C, and D
4. \_\_\_\_\_ Be sure that all of the amounts on the Needs part of the application have been verified. Please do not guess at these amounts
5. \_\_\_\_\_ Have all signatures required and mail by April 15, 2016. Please reread the "Deadline" information on the bottom of page 3.