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### DLN: 93491133029846

OMB No 1545-0052

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 instructions is at <u>www.irs.gov/form990pf</u>.

For	caler	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, ar	nd ending 1	2-31-2015	
	e of four	ndation DN FAMILY				A Employer ide	entification numbe	er
	ARITABL					20-7203295		
Num	ber and	street (or P O box number if mail is no	ot delivered to street address)	Room/suite		<b>B</b> Telephone nun	nber (see instruction	s)
10	813 EAST	WINDGATE PASS DRIVE				(480) 513-1125		
City	or town,	state or province, country, and ZIP or	foreign postal code			<b>C</b> If exemption	application is pendin	g, check here 🕨 🗀
SCO	ITSDALĖ,	AZ 85255						
G C	neck all	that apply   Initial return	Initial return of a fo	ormer public charity		<b>D 1</b> . Foreign on	ganizations, check h	ere 🕨 🗀
		∏Fınal return ∏Address changı	Amended return  Name change				ganizations meeting	·
u ch	ock tyr	pe of organization Section !	<u> </u>	o foundation			k here and attach co Indation status was t	mputation erminated
		947(a)(1) nonexempt charitable	le trust 「Other taxable	e private foundation			1 507(b)(1)(A), chec	. —
		t value of all assets at end	JAccounting method   Other (specify)	✓ Cash Accrual	'		tion is in a 60-mont	. —
		om Part II, col. (c), \$ 9,265,277	(Part I, column (d) must	be on cash basıs.)		under section	n 507(b)(1)(B), chec	k nere
Pa	rt I	Analysis of Revenue a	nd Expenses	Revenue and				Disbursements
		(The total of amounts in columns (E necessarily equal the amounts in co		expenses per	(b)	Net investment income	Adjusted net (c) income	for charitable purposes
		instructions) )	. , ,	(a) books	, í		. ,	(d) (cash basis only)
	1	Contributions, gifts, grants, et	c , received (attach					
		schedule)		65,827				 
	2	Check F   if the foundation is	s <b>not</b> required to attach					
	,	Sch B	orary cach investments	18,070		18,070		
	3 4	Dividends and interest from se	•	117,239		117,239		-
	- т 5а	Gross rents						_
	ь	Net rental income or (loss)						
<u>Φ</u>	6a	Net gain or (loss) from sale of	assets not on line 10	306,098				
<u>₽</u>	ь	Gross sales price for all asset	s on line 6a					
Revenue	_	623,942				206.000		
	7	Capital gain net income (from				306,098		
	8	Net short-term capital gain .  Income modifications						-
	10a	Gross sales less returns and						
		allowances						
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach s						
	11	Other income (attach schedul						
	12	Total Add lines 1 through 11		507,234	-	441,407		
	13	Compensation of officers, dire		0		0		0
. 6	14 15	Other employee salaries and v Pension plans, employee bene	_					
Š	16a	Legal fees (attach schedule).						
Expenses	ь	Accounting fees (attach schee		4,995		2,497		2,498
	c	Other professional fees (attac		<b>%</b> 16,062		16,062		0
Administrative	17	Interest				•		
trat	18	Taxes (attach schedule) (see		60,520		520		0
E	19	Depreciation (attach schedule	·					
를	20	Occupancy						
₹	21	Travel, conferences, and meet	tings					
and	22	Printing and publications						
	23	Other expenses (attach sched	dule)	1,125		303		302
Operating	24	Total operating and administra	ative expenses.					
<u>\$</u>		Add lines 13 through 23		82,702		19,382		2,800
U	25	Contributions, gifts, grants pa		505,144				505,144
	26	<b>Total expenses and disbursem</b> 25	ents.Add lines 24 and	587,846		19,382		507,944
	27	Subtract line 26 from line 12				17,302		307,344
	a	Excess of revenue over expens	ses and disbursements	-80,612				
	b	Net investment income (If neg	atıve, enter -0 - )			422,025		
	С	Adjusted net income(if negation	ve, enter - 0 - )					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	
_	_	Cash—non-interest-bearing	(a) Book Value 492,904	<b>(b)</b> Book Value 194,443	(c) Fair Market Value 194,443
	1	Savings and temporary cash investments	4,72,704	154,445	
	2				
	3	Accounts receivable 613	745	613	613
		Less allowance for doubtful accounts	745	613	613
	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 🟲			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)		516,703	591,729
	С	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)	5,445,128	5,627,402	8,478,492
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	6,460,773	6,339,161	9,265,277
	17	Accounts payable and accrued expenses		10,500	
	18	Grants payable			
<u>&amp;</u>	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
_	21	Mortgages and other notes payable (attach schedule)			
_	22	O ther liabilities (describe 🟲)	51,500	<b>%</b> 0	
	23	Total liabilities(add lines 17 through 22)	51,500	10,500	
_		Foundations that follow SFAS 117, check here 🕨 🦵			
ě		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
8	25	Temporarily restricted			
Ξ	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
2		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
ssets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
∢	29	Retained earnings, accumulated income, endowment, or other funds			
Ř	30	Total net assets or fund balances(see instructions)	6,409,273	6,328,661	
_	31	Total liabilities and net assets/fund balances(see instructions)	6,460,773	6,339,161	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree	
_		with end-of-year figure reported on prior year's return)	, ,,	·	6,409,273
2		Enter amount from Part I, line 27a			-80,612
3		Other increases not included in line 2 (itemize)		3	<u> </u>
4		Add lines 1, 2, and 3			6,328,661
5		Decreases not included in line 2 (itemize)		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F			6,328,661
-			, \ - // '	- 1 - 1	- , ,

Form 99	90-PF (2015)					Page
Part 1	Capital Gains and Lo	sses for Tax on Investme	ent Income	l		
		d(s) of property sold (e g , real es or common stock, 200 shs MLC		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr	Date sold ) (d) (mo , day, yr
1 a	AMG 1274-PUBLICLY TRAI	DED SECURITIES SHORT TERM		Р		
b	AMG 1274-PUBLICLY TRAI	DED SECURITIES LONG TERM		Р		
С	AMG 6510-PUBLICLY TRAI	DED SECURITIES SHORT TERM		Р		
d	d AMG 6510-PUBLICLY TRADED SECURITIES LONG TERM			Р		
e	CAPITAL GAINS DIVIDENI	os		Р		
(e	e) Gross sales price	Depreciation allowed (f) (or allowable)		or other basis expense of sale		n or (loss) s (f) mınus (g)
а	19,462			20,040		-578
ь	209,044			47,544	· I	161,500
С	49,033			70,630		-21,597
d	199,103		179,6		0 19,47	
e	147,300					147,300
Со	mplete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69		l (h) gaın mınus
(i)	FM V as of 12/31/69			ess of col (ı) col (յ), ıf any	col (k), but not less than -0-) o	
a						-578
ь						161,500
С						-21,597
d						19,47
е						147,300
2	Capital gain net income or (n			n Part I , line 7 in Part I , line 7	2	306,098
3	Net short-term capital gain o	or (loss) as defined in sections 12	222(5) and (6)	ľ		
	If gain, also enter in Part I, l in Part I, line 8	ne 8, column (c) (see instruction	s) If(loss), e	nter -0 -	3	
Part	V Qualification Under	Section 4940(e) for Redu	ced Tax on	Net Investme	nt Income	
(For opt	-	oundations subject to the section				
			_			

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

┌ Yes ┌ No

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

(a) Base period years Calendar year (or tax year beginning in)		<b>(b)</b> Adjusted qualifying distributions			(d) Distribution ratio (col (b) divided by col (c))
	2014	485,897	10,162,837		0 047811
	2013	431,750	7,164,630		0 060261
	2012	157,923	3,246,586		0 048643
	2011	2,150,065	4,383,131		0 490532
	2010	146,403	2,877,710		0 050875
2	<b>Total</b> of line 1, colum	n (d)		2	0 698122
3		ratio for the 5-year base period—div the foundation has been in existence		3	0 139624
4	Enter the net value o	f noncharitable-use assets for 2015	5 from Part X, line 5	4	9,838,279
5	Multiply line 4 by line	e 3		5	1,373,660
6	Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	6	4,220
7	Add lines 5 and 6.			7	1,377,880
8	8 Enter qualifying distributions from Part XII, line 4				507,944
	If line 8 is equal to o	ın Part VI, line 1b, and complete tha	t part	using a 1% tax rate See	

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	74U(E),	01 4340—See	paye	- TO OL	the ms	LIUCLIO	115)	
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,			ļ	1			8	3,441
here ► Tand enter 1% of Part I, line 27b									
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 foun enter -0-)	idation	s only Others	5	2				0
3	Add lines 1 and 2				3			- {	3,441
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Other	s	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter - 0			5			{	3,441
6	C redits/P ayments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	34,	068					
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7			34	4,068
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🔽 If Form 2	220 is	attached 🕏		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	oaid		10			2 !	5,627
11		5,627	Refunded	<u> </u>	11				0
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislation	or di	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			ee In	structı	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any ma	iteria.	ls				
	published or distributed by the foundation in connection with the activities.								
	Did the foundation file Form 1120-POL for this year?	• •		•		•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		- ,	_					
_	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers			<u> </u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political formulation managers.	ilicai e	xpenditure ta	x iiiip	oseu				
2	on foundation managers * \$0  Has the foundation engaged in any activities that have not previously been rep	orted t	to the IDS2				2		No
2	If "Yes," attach a detailed description of the activities.	Jorteu	to the IKS						NO
3	Has the foundation made any changes, not previously reported to the IRS, in it	te aovo	rning instrum	ont	articlos				
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	_	_	-		,	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more di						4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction dur						-		No
_	If "Yes," attach the statement required by General Instruction T.	9	-,						
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) sa	tisfied either						
	By language in the governing instrument, or	,							
	By state legislation that effectively amends the governing instrument so the	at no n	nandatory dire	ectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	?If "Yes	s," complete Pa	rt II,	col. (c	),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
	▶AZ			_					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99								
	General (or designate) of each state as required by General Instruction G? If $^n$	"No," at	tach explanatio	on .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the n		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (so	ee inst	ructions for P	art X	IV)?				
	If "Yes," complete Part XIV						9	$\longmapsto$	No
10	Did any persons become substantial contributors during the tax year? If "Yes,"			_					
	and addresses.						10	1 1	No

Par	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►AMG NATIONAL TRUST BANK  Telephone no ►(303)	1694	-2190	
	Located at ▶6295 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE CO  ZIP+4 ▶8011149			
		<del></del>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(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 )			
Ь	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	41		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1.		NI
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
а	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
a	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> 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 allyears listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	► 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 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			
	ıf the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

Fel	Lt ATT-B	Statements Rega	arding Activities to	or wr	iich Form 4/20	мау	Be Required (Cont	inuea	)	
5a	During the	year did the foundation	n pay or incur any amo	unt to						
	<b>(1)</b> Carry	on propaganda, or othe	rwise attempt to influe	nce leg	ıslatıon (sectıon 49	45(e	)) <sup>?</sup>	√ No		
	(2) Influer	nce the outcome of any	specific public electio	n (see	section 4955), or to	car	ry			
	on, directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							√ No		
	(4) Provid	e a grant to an organiza	ation other than a char	table,	etc , organızatıon de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charita	ble, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelt	y to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No		
b	If any ans	werıs "Yes" to 5a(1)–(	(5), dıd <b>any</b> of the trans	actions	fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice rega	rding o	disaster assistance	(see	instructions)?	[	5b	
	O rganızatı	ions relying on a curren	nt notice regarding disa	steras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the found	ation c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for	the gr	ant?		<b>T</b> Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations sec	tion 53.	4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, d	ırectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	•						benefit contract?	. [	6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a pa	rty to a	a prohibited tax shel	lter t	ransaction?   Yes	√ No		
b	If yes, dıd	the foundation receive	any proceeds or have	any ne	t income attributable	e to t	the transaction?	. [	7b	
_		Information Abou	t Officers, Directo	rs, T	rustees, Founda	atio	n Managers, Highly	Paid	Empl	oyees,
		and Contractors			•					
1	List all offi	cers, directors, trustee	s, foundation manager	s and t	heir compensation (	see i		I		
			Title, and averag		Compensation( <b>If</b>		(d) Contributions to	   F	vnense	account,
	<b>(a)</b> Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			owances
			(b) devoted to position	"	-0-)	and	deferred compensation			
See	Additional E	Data Table								
			]							
			1							
2	Compensat	ion of five highest-paid	d employees (other tha	n thos	e included on line 1-	-see	instructions). If none, e	nter "N	ONE."	
		(a)	Title, and av	erade			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	account,
	more	e than \$50,000	(b) devoted to po	osition			(d) compensation	(e) <sup>0</sup>	ther an	lowances
NON	IE									
			<del> </del>							
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)	es, Foundation Managers, Highly	Paid Employees,
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>(b)</b> Type of service	(c) Compensation
NONE		
		0
Part IX-A Summary of Direct Charitable Activities		
ust the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1NOT APPLICABLE		0
2		
3		
4		
Part IX-B Summary of Program-Related Investments (	·	
Describe the two largest program-related investments made by the foundation during t	he tax year on lines 1 and 2	A mount
1 NOT APPLICABLE		0
2	-	
All other program-related investments See instructions		
3		
Fotal. Add lines 1 through 3		0

#### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	9,905,577
b	Average of monthly cash balances	1b	82,524
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	9,988,101
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	9,988,101
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ $\!$ of line 3 (for greater amount, see		
	ınstructions)	4	149,822
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,838,279
6	Minimum investment return. Enter 5% of line 5	6	491,914
Par	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cerebeck here ► ☐ and do not complete this part.)	rtaın fo	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	491,914
2a	Tax on investment income for 2015 from Part VI, line 5 2a 8,441		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	8,441
3	Distributable amount before adjustments Subtract line 2c from line 1	3	483,473
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	483,473
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	483,473
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	507,944
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	507,944
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	507,944
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see ins	tructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				483,473
	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			0	
b			0		
	Excess distributions carryover, if any, to 2015				
а	From 2010	7			
b	From 2011 1,958,75	4			
c	From 2012				
d	From 2013	8			
е	From 2014	0			
f	<b>Total</b> of lines 3a through e	2,052,399			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				483,473
е	Remaining amount distributed out of corpus	24,471			
5	Excess distributions carryover applied to 2015	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,076,870			
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		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
	Instructions			0	
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	0			
	be required - see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	3,637			
9	Excess distributions carryover to 2016.				
-	Subtract lines 7 and 8 from line 6a	2,073,233			
10	Analysis of line 9				
а	Excess from 2011 1,958,75	4			
b	Excess from 2012				
	Excess from 2013				
	Excess from 2014 11,44				
е	Excess from 2015 24,47	1			

	Private Operating Foundat	•			19)			
1a	If the foundation has received a ruling or determ							
	foundation, and the ruling is effective for 2015,							
	b Check box to indicate whether the organization is a private operating foundation described in section \( \begin{align*} 4942(j)(3) or \( \begin{align*} 4942(j)(5) \\ \end{align*} \]							
2a	nter the lesser of the adjusted net Tax year Prior 3 years				(e) Total			
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012			
	year listed							
<b>b</b> 8	35% of line 2a							
c	Qualifying distributions from Part XII,							
	line 4 for each year listed							
d	Amounts included in line 2c not used							
	directly for active conduct of exempt activities							
e	Qualifying distributions made directly							
•	for active conduct of exempt activities							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	alternative test relied upon							
а	"Assets" alternative test—enter							
	(1) Value of all assets		1					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test— enter 2/3		1					
-	of minimum investment return shown in							
	Part X, line 6 for each year listed							
C	"Support" alternative test—enter							
	(1) Total support other than gross							
	investment income (interest, dividends, rents, payments							
	on securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt organizations as provided in							
	section $4942(j)(3)(B)(iii)$							
	(3) Largest amount of support							
	from an exempt organization							
	(4) Gross investment income							
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in		
	assets at any time during the	<u>year—see ins</u>	tructions.)					
L a	<b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation		
	before the close of any tax year (but only if they					ideloli		
b	List any managers of the foundation who own 10				large portion of th	е		
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest				
	Total Control Control Control City	Cabalanak	:t- B					
2	Information Regarding Contribution, Grant, Gift							
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation							
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei		
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed			
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed			
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e			
C	Any submission deadlines							
_	A							
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ		

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 505,144 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activities	•	Γ		T
nter gross amounts unless otherwise indicated		siness income	Excluded by section	(e) Related or exempt function income	
<b>1</b> Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	<b>(d)</b> A mount	(See instructions )
a b					
c d					
e					
g Fees and contracts from government agencies Membership dues and assessments					
investments			14	18,070	
Dividends and interest from securities Net rental income or (loss) from real estate			18	117,239	
<ul><li>a Debt-financed property.</li><li>b Not debt-financed property.</li><li>.</li></ul>					
Net rental income or (loss) from personal property					
O ther investment income			18	306,098	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory				300,030	
Other revenue a  b					
c					
d e					
Subtotal Add columns (b), (d), and (e).				441,407	
Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify  art XVI-B Relationship of Activities to	calculations )			3	441,407
ine No. Explain below how each activity for wh the accomplishment of the foundation instructions )	ıch ıncome ıs rep	orted in column	(e) of Part XVI-A co	ntributed importa	

Part XV	Information R Noncharitable				actions	and Rela	tionships	With		
	organization directly or i 501(c) of the Code (oth	ndırectly enga	age in any of t	he following with					Ye	s No
organiza	ations?									
<b>a</b> Transfe	rs from the reporting fou	ndation to a no	oncharitable e	exempt organiza	tion of					
<b>(1)</b> Ca	sh								1a(1)	No
<b>(2)</b> Ot	herassets								1a(2)	No
<b>b</b> Other to	ransactions									
<b>(1)</b> Sal	les of assets to a noncha	ırıtable exemp	t organizatior	1					1b(1)	No
<b>(2)</b> Pu	rchases of assets from a	noncharitable	e exempt orga	inization				•	1b(2)	No
<b>(3)</b> Re	ntal of facilities, equipme	ent, or other as	ssets						1b(3)	No
<b>(4)</b> Re	ımbursement arrangemeı	nts							1b(4)	No
<b>(5)</b> Loa	ans or loan guarantees.								1b(5)	No
<b>(6)</b> Perf	ormance of services or n	nembership or	fundraising s	olicitations					1b(6)	No
<b>c</b> Sharing	of facilities, equipment,	mailing lists,	other assets,	or paid employe	es				1c	No
of the g ın any t	nswer to any of the above oods, other assets, or se ransaction or sharing arr	ervices given trangement, sh	oy the reporting ow in column	ng foundation If ( <b>d)</b> the value of	the found the goods	ation receiv , other asso	ved less thar ets, or servic	n fair marke ces receive	et value ed	
(a) Line No	(b) Amount involved	(c) Name of n	oncharitable exe	empt organization	(d) Des	scription of tra	nsfers, transact	ions, and sha	ring arrangen	nents
describ	oundation directly or indiced in section 501(c) of to the complete the following (a) Name of organization	he Code (othe schedule	r than sectior		n section			• • • • otion of relation	·	No
th	nder penalties of perjury, e best of my knowledge a formation of which prepa	and belief, it is	true, correct							
Sign Here	****			2016-04-25	**	****		return		
	Signature of officer or t	rustee		Date	— P —	tle		below	ne preparer sh nstr )? 🔽 <b>Yes</b> l	
•	Print/Type preparer's CHRIS T MCNEILL CPA		eparer's Sign	ature	Date	I .	eck if self- ployed <b>F</b>	PTIN PC	)1379799	
Paid Prepare Use	Firm's name AMG NATIONAL TRU	JST BANK				Firr	m's EIN ► 8	4-159536	7	
Only	6295 GREENWOOD GREENWOOD VILLA		114908			Pho	one no (303	5)694-219	0	

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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	Expense account, (e) other allowances
JOEL W JOHNSON	TRUSTEE	0	0	0
10813 E WINDGATE PASS DRIVE SCOTTSDALE, AZ 85255	1 00			
ELIZABETH B JOHNSON	TRUSTEE	0	0	0
10813 E WINDGATE PASS DRIVE SCOTTSDALE, AZ 85255	1 00			
KATHERINE E JOHNSON POTTER	TRUSTEE	0	0	0
4 SNOW STREET SHERBORN, MA 01770	1 00			
DR GEOFFREY B JOHNSON	TRUSTEE	0	0	0
5453 HAWTHORN HILL LANE NE ROCHESTER, MN 55906	1 00			
PETER J JOHNSON	TRUSTEE	0	0	0
7551 PLUM ST NEW ORLEANS, LA 70118	1 00			

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
AMERICAN CANCER SOCIETY 333 WILSHIRE BOULEVARD LOS ANGELES,CA 90010	NONE	EXEMPT	SCIENCE	500
AMERICAN RED CROSS 6135 N BLACK CANYON HWY PHOENIX,AZ 85015	NONE	EXEMPT	SCIENCE	5,000
ARIZONA DISABLED SPORTS 59 E BROADWAY RD MESA,AZ 85210	NONE	EXEMPT	COMMUNITY	5,000
CHERISH CENTER 1004 22ND STREET MILFORD,IA 51351	NONE	EXEMPT	COMMUNITY	250
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON,MA 02215	NONE	EXEMPT	MEDICAL	2,000
DOCTORS WITHOUT BORDERS 337 7TH AVENUE NEW YORK,NY 100015004	NONE	EXEMPT	MEDICAL	500
DORSET CONGREGATIONAL CHURCH 200 MAPLE HILL LN DORSET,VT 05251	NONE	EXEMPT	RELIGIOUS	50
DORSET PLAYERS INC 173 CHENEY RD DORSET,VT 05251	NONE	EXEMPT	COMMUNITY	500
DOVER SHERBORN MIDDLE SCHOOL MUSIC 157 FARM STREET DOVER,MA 020300400	NONE	EXEMPT	EDUCATION	500
EKWANOK SCHOLARSHIP TRUST PO BOX 467 MANCHESTER,VT 05254	NONE	EXEMPT	EDUCATION	500
FRIENDS OF JC HORMEL NATURE CENTER 1304 21ST STREET NE AUSTIN,MN 55912	NONE	EXEMPT	COMMUNITY	500
HABITAT FOR HUMANITY 115 E WATKINS PHOENIX,AZ 85004	NONE	EXEMPT	COMMUNITY	500
HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON,MA 02163	NONE	EXEMPT	EDUCATION	500
HISTORIC ARNOLDS PARK 37 LAKE STREET ARNOLDS PARK,IA 51331	NONE	EXEMPT	COMMUNITY	250
HORMEL FOUNDATION 329 NORTH MAIN STREET SUITE 102L AUSTIN, MN 559123478	NONE	EXEMPT	HEALTH	20,000
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	ĺ	1	

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

			<u> </u>	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
KJZZ 2323 WEST 14TH STREET TEMPE,AZ 85281	NONE	EXEMPT	COMMUNITY	100
LAS FAMILIAS DEL PUEBLO 307 E 7TH ST LOS ANGELES, CA 90014	NONE	EXEMPT	COMMUNITY	250
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS,NY 10605	NONE	EXEMPT	SCIENCE	250
MAYO CLINIC 200 FIRST ST SW ROCHESTER,MN 55905	NONE	EXEMPT	SCIENCE	50,000
MUSICAL INSTRUMENT MUSEUM 4725 E MAYO BLVD PHOENIX,AZ 85050	NONE	EXEMPT	EDUCATION	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK,NY 10163	NONE	EXEMPT	HEALTH	250
OKOBOJI FOUNDATION PO BOX 593 OKOBOJI,IA 51355	NONE	EXEMPT	COMMUNITY	5,000
OPPORTUNITY INTERNATIONAL 2122 YORK RD 340 OAK BROOK,IL 60523	NONE	EXEMPT	COMMUNITY	26,800
PACELLI CATHOLIC SCHOOLS 311 4TH ST NW AUSTIN,MN 55912	NONE	EXEMPT	EDUCATION	500
PINE HILL COMMUNITY SCHOOL ASSOCIATION 10 PINE HILL LANE SHERBORN,MA 01770	NONE	EXEMPT	EDUCATION	2,500
POTACH FOUNDATION 2217 17TH ST SE AUSTIN,MN 55912	NONE	EXEMPT	MEDICAL	5,000
RILEY RINK ANNUAL FUND PO BOX 835 MANCHESTER CENTER,VT 05255	NONE	EXEMPT	COMMUNITY	100
RONALD MCDONALD HOUSE ONE KROC DRIVE OAK BROOK,IL 60523	NONE	EXEMPT	COMMUNITY	250
SALVATION ARMY-AUSTIN 409 ST AVE NE AUSTIN,MN 55912	NONE	EXEMPT	COMMUNITY	1,000
SALVATION ARMY-VALLEY OF THE SUN 2707 E VAN BUREN ST PHOENIX,AZ 85008	NONE	EXEMPT	COMMUNITY	1,000
Total			▶ 3a	505,144

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SANTA CLARA PARENT'S FUND 500 EL CAMINO REAL SANTA CLARA,CA 95053	NONE	EXEMPT	EDUCATION	500
SHEPHERD OF THE HILLS UCCC 5524 E LAFAYETTE BLVD PHOENIX,AZ 85018	NONE	EXEMPT	RELIGIOUS	17,494
SHERBORN PLAYGROUND COMMITTEE PO BOX 818 SHERBORN, MA 01770	NONE	EXEMPT	COMMUNITY	10,000
THE EXPERIMENT IN INTERNATIONAL LIVING PO BOX 676 1 KIPLING ROAD BRATTLEVORO,VT 05302	NONE	EXEMPT	COMMUNITY	1,000
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON,NY 13323	NONE	EXEMPT	EDUCATION	86,100
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	NONE	EXEMPT	CHARITABLE	500
UNITED WAY OF MOWER COUNTY 301 NORTH MAIN ST AUSTIN,MN 55912	NONE	EXEMPT	COMMUNITY	5,000
USSGA MEMORIAL FUND 88 FIELD POINT RD GREENWICH,CT 06830	NONE	EXEMPT	COMMUNITY	500
WASUSA PO BOX 621023 LITTLETON,CO 80162	NONE	EXEMPT	COMMUNITY	500
WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY,MA 02481	NONE	EXEMPT	EDUCATION	252,500
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	NONE	EXEMPT	MILITARY	500
Total				505,144

# **TY 2015 Accounting Fees Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEE	4,995	2,497		2,498

# **TY 2015 Investments Corporate Stock Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Name of Stock	End of Year Book Value	End of Year Fair Market Value
3 M COMPANY	3,606	8,586
ABBVIE INC	12,498	12,914
ALLIANZ AG-ADR	6,363	6,680
AMERICAN INTERNATIONAL	17,767	20,698
BANK OF AMERICA	18,426	17,857
вв&т	19,022	18,792
BP AMOCO PLC	20,222	13,286
CANON INC ADR	18,817	15,788
CISCO SYSTEMS	18,671	23,055
CITIGROUP	12,874	23,857
COCA-COLA CO	6,291	12,716
EATON CORP PLC	12,135	12,542
ENI S P A	23,933	18,327
ERSTE BANK DER OSTERRECHISCHEN	12,597	15,859
EXXON MOBIL CORP COM	7,522	8,497
FEDERATED INVESTORS	12,744	15,041
FOMENTO ECONOMICO MEX	18,460	20,132
GENERAL ELECTRIC	19,332	23,892
GLAXO SMITHKLINE PLC ADR	23,129	21,022
HEWLETT-PACKARD CO	3,779	6,034
HP INC	3,390	4,700
IBM CORP	19,599	17,340
ING GROUP NV SPONSORED ADR	18,989	18,467
INTEL CORP	11,695	21,772
INTESA SANPAOLO ADR	18,388	21,455
JOHNSON & JOHNSON	18,554	23,523
JPMORGAN CHASE & CO	15,209	22,120
KIMBERLY-CLARK CORP	5,679	12,730
KONINKLIKE PHILIPS ELECTRIC N.V.	18,474	17,993
LAS VAGAS SANDS CORP	18,872	19,421

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MICROSOFT CORPORATION	9,432	18,752
PHILIP MORRIS INTERNATIONAL	14,397	18,637
SEIMENS AG SPONSORED ADR	21,834	18,258
SUN LIFE FINANCIAL	13,727	15,163
UNILEVER PLC ADR	11,544	12,505
WELLS FARGO & COMPANY	8,732	13,318

### **TY 2015 Investments - Other Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALLIANCEBERNSTEIN GLOBAL BOND FUND INC	AT COST	32,040	30,539
BLACKROCK STRATEGIC INCOME OPPORTUNITIES	AT COST	209,923	199,084
BUFFALO MID CAP FUND	AT COST	78,608	67,372
BUFFALO SMALL CAP FUND #1444	AT COST	38,281	23,961
CAUSEWAY INTERNATL VALUE FUND INST #1271	AT COST	285,982	247,086
CHAMPLAIN SMALL CO FD-ADV	AT COST	59,615	67,835
DIAMOND HILL LARGE CAP FD	AT COST	200,040	199,442
DODGE & COX STOCK FUND #145	AT COST	114,681	118,532
ECOLAB INC	AT COST	1,635,865	4,716,459
ETFS PALLADIUM TRUST	AT COST	27,927	20,585
ETFS PLATINUM TRUST	AT COST	54,977	39,482
FAMOUS DAVE'S OF AMERICA	AT COST	88,769	138,800
FMI COMMON STOCK FUND	AT COST	47,367	44,761
FPA NEW INCOME INC FUND	AT COST	248,620	239,008
HARBOR MID CAP VALUE FUND #023	AT COST	51,906	83,104
HARDING LOEVNER EMERG MKTS	AT COST	112,160	93,360
ISHARES MSCI EAFE INDEX FUND	AT COST	134,669	128,186
ISHARES MSCI EMERGING MARKET	AT COST	74,099	53,950
ISHARES MSCI EMU	AT COST	49,595	43,800
ISHARES RUSSELL MIDCAP INDEX	AT COST	49,277	44,850
ISHARES S&P PREF STK INDX FN	AT COST	50,232	48,563
ISHARES SILVER TRUST	AT COST	27,969	22,687
ISHARES TRUST RUSSELL 2000	AT COST	59,932	72,302
JENSEN PORTFOLIO CL I	AT COST	145,120	148,329
MANNING & NAPIER WORLD OPPORTUNITIES FUND	AT COST	20,780	16,485
MARSICO FOCUS FUND #40	AT COST	112,530	93,055
OAKMARK INTERNATIONAL FUND (HARRIS) #109	AT COST	258,120	233,660
ROYCE PREMIER FUND	AT COST	87,200	63,331
RS GLOBAL NATURAL RESOURCE # 1474	AT COST	236,379	100,335
RS VALUE FUND - A	AT COST	151,427	153,084

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SCOUT UNCONSTRAINED BOND-Y	AT COST	56,120	53,411
SPDR GOLD TRUST	AT COST	73,504	64,934
T ROWE PRICE INSTITUTIONAL FLOATING RATE	AT COST	135,256	132,045
T ROWE PRICE INTERNATIONAL BOND # 76	AT COST	68,756	58,442
T ROWE PRICE MID-CAP GROWTH #64	AT COST	120,256	147,336
THORNBURG THORNBURG INTL VALUE CL A	AT COST	90,080	75,606
TWEEDY BROWNE GLOBAL VALUE FUND #1	AT COST	203,080	193,252
USAA PRECIOUS METALS AND MINERALS FUND	AT COST	18,800	4,717
VANGUARD ENERGY FUND INVESTOR SHS #51	AT COST	71,620	152,300
VANGUARD TOTAL BOND MARKET INDEX INV #84	AT COST	45,840	44,422
			-

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# **TY 2015 Other Expenses Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOUNDATION & OTHER EXPENSES	1,125	303		302

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# **TY 2015 Other Liabilities Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Description	Beginning of Year - Book Value	End of Year - Book Value
DEPOSITS IN TRANSIT	51,500	0

### **TY 2015 Other Professional Fees Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT MGT FEES	16,062	16,062		0	

### **TY 2015 Taxes Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	520	520		0
2014 990-PF TAX ESTIMATE	26,000	0		0
2015 990-PF TAX ESTIMATE	34,000	0		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491133029846

LN. 93491133029040

OMB No 1545-0047

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

JW JOHNSON FAMILY

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015

**Employer identification number** 

CHARI	TABLE TRUST		20-7203295		
Organ	ization type (check o	ne)			
Filers	of:	Section:			
Form 990 or 990-EZ		☐ 501(c)( ) (enter number) organization			
			ı		
		☐ 527 political organization			
Form 990-PF		√ 501(c)(3) exempt private foundation			
		□ 501(c)(3) taxable private foundation			
Gener 「マ		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II See instructions for determining a			
Specia	al Rules				
Γ	under sections 509(a received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% suppl(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part e contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that		
Γ	during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals. Complete Parts I, II, and III			
Γ	during the year, contr this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive abutions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excludete any of the parts unless the <b>General Rule</b> applies to this organization becatic, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively		

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

990-EZ, or 990-PF)

Cat No 30613X

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization JW JOHNSON FAMILY CHARITABLE TRUST

Employer identification number 20-7203295

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1			Person	r
	JOEL AND ELIZABETH JOHNSON 10813 EAST WINDGATE PASS DRIVE	\$ 20,504	Payroll	Г
	SCOTTSDALE, AZ85255		Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2			Person	I✓
	JOEL AND ELIZABETH JOHNSON 10813 EAST WINDGATE PASS DRIVE	\$ 45,323	Payroll	Г
	SCOTTSDALE, AZ85255		Noncash	F
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
	-	\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
	_		Person	Γ
	-	\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions)	or noncash

Name of organization JW JO HNSON FAMILY		Employer identification n	Employer identification number		
CHARITABLE TR		20-7203295	20-7203295		
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
1	2,563 SHARES LIFE TIME FITNESS	\$ 181,973	2015-03-31		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
2	890 SHARES ECOLAB	\$ 100,441	2015-12-14		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<u> </u>			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<u> </u>			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
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me of organization / JOHNSON FAMILY HARITABLE TRUST			loyer identification number
total more line entry. For \$1,000 or	than \$1,000 for the year from any or	ions to organizations described ne contributor. Complete columr I, enter the total of exclusively re nation once. See instructions.)	in section 501(c)(7), (8), or (10) that as (a) through (e) and the following ligious, charitable, etc., contributions
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
(a)			
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