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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2015 or tax year beginning 2015, and ending Name of foundation THE HELEN JOHNSTON FOUNDATION A Employer identification number C/O PATRICIA GREEN 46-5189521 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 8007 16TH AVE NE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SEATTLE, WA 98115-4361 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method. X Cash Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here. line 16) ▶ \$ 2,055,324 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and amounts in columns (b), (c), and (d) may not necessarily equal (b) Net investment for charitable (c) Adjusted net expenses per purposes (cash basis only) hooks ıncome the amounts in column (a) (see instructions)) income Contributions, gifts, grants, etc., received (attach schedule) 1,624,94 2 If the foundation is not required to attach Sch B Check ▶ 3 Interest on savings and temporary cash investments (759)(24d) 4 Dividends and interest from securities . 12,698 12,698 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 STM139 9,489 Gross sales price for all assets on line 6a 305,757 7 Capital gain net income (from Part IV, line 2) 18,715 8 Net short-term capital gain 9 income modifications . . 10a Gross sales less returns and allowances b Less: Cost of goods sold . . Gross profit or (loss) (attach schedule) . c 11 Other income (attach schedule) . . 12 Total. Add lines 1 through 11 1,646,7369 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages JUL 1 8 2016 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) 7,485 STM109 785 Interest 18 Taxes (attach schedule) (see instructions) STM110 2,307 19 Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings . Printing and publications STM103 Other expenses (attach schedule) 2,555 2,555 2,555 Total operating and administrative expenses. Add lines 13 through 23 . . 12,047 9,905 2,555 Contributions, gifts, grants paid 41,75d 41,750 26 Total expenses and disbursements. Add lines 24 and 25 53,797 9,905 44,305 27 Subtract line 26 from line 12 Ū Excess of revenue over expenses and disbursements 1,592,572 Net investment income (if negative, enter -0-) 21,268

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

) .

t r

P	art E	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	8,036	61,623	61,623
	2	Savings and temporary cash investments		396,742	410,334
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable	1 17.17		······································
	l	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			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations (attach State)		399,199	400,622
	Ь	Investments - corporate stock (attach schedule) STM137	451,993	1,195,037	1,182,745
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			11 1" 1" 11 11 11 11 11 11 11 11 11 11 1
		Less accumulated depreciation (attach schedule)		Ì	
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation (attach schedule)		ì	
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, ıtem i)	460,029	2,052,601	2,055,324
	17	Accounts payable and accrued expenses	100/023	270327001	2,033,324
	18	Grants payable			
es	19	Deferred revenue	·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
J	22	Other lightities (describe b			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
_	1	Temporarily restricted			
Ba	26	Permanently restricted	·		
힏		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Assets or Fund Ba	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
šše	29	Retained earnings, accumulated income, endowment, or other funds	460,029	2 052 601	
ĕ	30	Total net assets or fund balances (see instructions)		2,052,601	
Net	31	Total liabilities and net assets/fund balances (see	460,029	2,052,601	
_	31		460.000	2 252 524	
De	ert III	instructions)	460,029	2,052,601	
		net assets or fund balances at beginning of year - Part II, column (a), line 3	o (must agree with		
		of-year figure reported on prior year's return)			460,029
		r amount from Part I, line 27a		2	1,592,572
				3	
		ines 1, 2, and 3		4	2,052,601
		eases not included in line 2 (itemize)		5	
	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (a), iinė 30 .	6	2,052,601
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(a) List and describ	e the kind(s) of property sold (e.g., real	estate,	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold
	house; or common stock, 200 shs MLC	D-Donation	(mo , day, yr)	(mo , day, yr)	
ta CAPITAL GAIN DIST	RIBUTIONS				
c					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus exper			ain or (loss) s (f) minus (g)
a 9,226					9,226
<u>b</u>					
<u>c</u>		<u> </u>			
d e		 			
	ring gain in column (h) and owned b	v the foundation on 1	2/31/69		
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess	of col (i)	col (k), but n	Col (h) gain minus ot less than -0-) or (from col (h))
a					9,226
b			···		
С					
d					
		<u> </u>			
2 Capital gain net income or (net	raniai iossi 1	llso enter in Part I, lini enter -0- in Part I, lini		2	18,715
	loss) as defined in sections 1222(5				
	8, column (c) (see instructions). If	(loss), enter -0- ın	···}		
	nder Section 4940(e) for R	educed Tay on	Not Investme	ant Income	
If "Yes," the foundation does not qu	ection 4942 tax on the distributable ualify under section 4940(e) Do not	complete this part.			Yes X No
Enter the appropriate amount i (a)	n each column for each year, see the	ne instructions before	making any entri	es	(d)
Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying distributio	ns Net value of r	(c) noncharitable-use as	col. (b	stribution ratio b) divided by col (c))
2014			360,	045 0	0.0
2013 2012					
2011					
2010					
2 Total of line 1, column (d)				2 0	0.0
3 Average distribution ratio for th	e 5-year base period - divide the to	tal on line 2 by 5, or b	y the	T	
number of years the foundation	n has been in existence if less than	5 years		3 0	.0
4 Enter the net value of nonchar	stable-use assets for 2015 from Par	t X, line 5		4	845,395
5 Multiply line 4 by line 3				5	0
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)			6	213
7 Add lines 5 and 6				7	213
8 Enter qualifying distributions from				8	44,305
If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete	e that part using a	1% tax rate See th	e

	213 Relatived			,
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it]''' '' '	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		Ī	
	Instructions for the definition)?	1b		X
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
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 ▶ \$			
е	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?	2		Х
	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	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	מ	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	, ,	X
	If "Yes," attach the statement required by General Instruction T	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?	6	Х	
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	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			,
	DE 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	8b	Х	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9	Х	
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	
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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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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?

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4b

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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 2015.)

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Pa	rt VII-B Statements Regarding Activiti			m 472	0 May Be	Requi	red (continued	1)	
5a	During the year did the foundation pay or incur any air								
	(1) Carry on propaganda, or otherwise attempt to infl	luence le	gislation (secti	on 4945	(e))?		Yes X No		
	(2) Influence the outcome of any specific public elect				rry on,				
	directly or indirectly, any voter registration drive?				•		Yes X No		
	(3) Provide a grant to an individual for travel, study, or						Yes X No		
	(4) Provide a grant to an organization other than a ch	narıtable,	etc, organizat	ion desc	cribed in				
	section 4945(d)(4)(A)? (see instructions)					•	Yes X No		
	(5) Provide for any purpose other than religious, cha	rıtable, s	cientific, literary	, or edu	ıcatıonal				
	purposes, or for the prevention of cruelty to childr						Yes X No		
þ	If any answer is "Yes" to 5a(1)-(5), did any of the trans						ed in		,,
	Regulations section 53 4945 or in a current notice reg						· · · · · · <u>· ·</u>	5b	W/A
	Organizations relying on a current notice regarding di						▶ 📙		
С	If the answer is "Yes" to question 5a(4), does the four	ndation o	laım exemptior	from th	e tax				
	because it maintained expenditure responsibility for the	ne grant?					Yes No		
	If "Yes," attach the statement required by Regulations	section	53.4945-5(d).						
6a	Did the foundation, during the year, receive any funds	s, directly	or indirectly, to	pay pro	emiums		_		
	on a personal benefit contract?						Yes X No		
Ь	Did the foundation, during the year, pay premiums, di	rectly or	indirectly, on a	persona	al benefit con	tract?		6b	X
	If "Yes" to 6b, file Form 8870.								
	At any time during the tax year, was the foundation a						Yes X No		
	If "Yes," did the foundation receive any proceeds or h							7b	N/A
Pa	t VIII Information About Officers, Dir	ectors	, Trustees,	Found	dation Ma	nager	s, Highly Paid	Empl	oýeés,
	and Contractors								
_1 L	ist all officers, directors, trustees, foundation man								
	(a) Name and address		le, and average irs per week		ompensation not paid,		Contributions to oyee benefit plans		ense account,
			ed to position		nter -0-)		ferred compensation	other	allowances
	HAEL GREEN	DIR		İ				1	
	7 16TH AVE NE, SEATTLE, WA 98115		1.00		0		0		0
	RICIA GREEN	PRES/	DIR/SEC/T	Ŗ					
800.	7 16TH AVE NE, SEATTLE, WA 98115		1.00		0		0		0
		<u> </u>	_	<u> </u>			180_1	<u> </u>	
	compensation of five highest-paid employees (othe	r than th	nose included	on line	1 - see instr	uctions	. If none, enter		
	NONE."		,				, ·	·	·
	(a) Name and address of each analysis and asset to the		(b) Title, and a				(d) Contributions to employee benefit		nse account,
	(a) Name and address of each employee paid more than \$50	,000	hours per w devoted to po		(c) Comper	sation	plans and deferred	other a	allowances
	-		develou to p		ļ		compensation	<u> </u>	
NON	§								
								ļ	
					<u> </u>			ļ	
					_				
Total	number of other employees paid over \$50,000					<u>.</u>	<u> ▶</u>		0
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THE HELEN JOHNSTON FOUNDATION

46-5189521

Total. Add lines 1 through 3

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	ation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional services (see instruct	ions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 CONTRIBUTIONS TO THE SEATTLE MEUSIEUM OF HISTORY AND		
INDUSTRY (MOHAI) AND ROAD SCHOLAR/ELDER HOSTEL		
		C
2		
2		
3		
4		
·		
Part IX-B Summary of Program-Related Investments (see instruct	ions)	
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		

Pa	rt X , Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	itions,
	see instructions.)		
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	733,875
b	Average of monthly cash balances	1b	48,149
C	Fair market value of all other assets (see instructions)	1c	76,245
d	Total (add lines 1a, b, and c)	1d	858,269
е	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	858,269
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	l i	
	instructions)	4	12,874
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	845,395
6	Minimum investment return. Enter 5% of line 5	6	42,270
Pa	Ti XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundation	ons
	and certain foreign organizations check here ▶ and do not complete this part.)	 ,	
1	Minimum investment return from Part X, line 6	1	42,270
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	213
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	42,057
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	42,057
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	42,057
Pai	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	44,305
Ь	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	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
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	44,305
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	213
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44,092
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundate	
	qualifies for the section 4940(e) reduction of tax in those years		

Fa	it with Chaistibated income (see list	uctions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
	line 7				42,057
2	Undistributed income, if any, as of the end of 2015		Ť	ļ	
а	Enter amount for 2014 only			744	
b	Total for prior years:,,				
3	Excess distributions carryover, if any, to 2015		1		
а	From 2010	_;	1	İ	
b	From 2011	:	1	[
С	From 2012	7	1	1	
d	From 2013	7	1	1	
е	From 2014	†	=	+	
f	Total of lines 3a through e	┪ 1	‡	+	
4	Qualifying distributions for 2015 from Part XII,				·····
·			1	1	
а	A I I		Ţ	7.4	
b	Applied to 2014, but not more than line 2a Applied to undistributed income of prior years	<u> </u>		744	
U	•		Į	1	
_	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election		1	1	
	required - see instructions)				
d	Applied to 2015 distributable amount				42,057
е	Remaining amount distributed out of corpus .	1,504			
5	Excess distributions carryover applied to 2015 .		-		
	(If an amount appears in column (d), the same		†		
	amount must be shown in column (a).)		<u>;</u>	1	
6	Enter the net total of each column as		1	1	
	indicated below:	-	1	1	
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5 .	1,504	\$	ļ	
b	Prior years' undistributed income. Subtract			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
	line 4b from line 2b	1	ţ	 	
С	Enter the amount of prior years' undistributed	- 			·
_	income for which a notice of deficiency has			•	
	been issued, or on which the section 4942(a)	[-	<u> </u>	
	tax has been previously assessed		ţ	Į.	
d	Subtract line 6c from line 6b. Taxable		<u> </u>		
u				1	
	amount - see instructions				
е	Undistributed income for 2014. Subtract line		1		
	4a from line 2a. Taxable amount - see		:	<u> </u>	
	instructions				•••••
f	Undistributed income for 2015 Subtract lines		‡		
	4d and 5 from line 1. This amount must be		1		
	distributed in 2016				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		Ţ	Ţ	
	170(b)(1)(F) or 4942(g)(3) (Election may be		1	1	
	required - see instructions)		Ī	1	
8	Excess distributions carryover from 2010 not		,,,	''' 	'
	applied on line 5 or line 7 (see instructions)		ŧ	‡	
9	Excess distributions carryover to 2016.				
-	Subtract lines 7 and 8 from line 6a	1,504	1	1	
10	Analysis of line 9:	1,504	····	······································	+
a	Excess from 2011	[‡	1	
a		1	Į.	1	
Đ	Excess from 2012	[!	‡	
C	Excess from 2013	!	ŧ	‡	
đ	Excess from 2014]	1	1	
<u>e</u>	Excess from 2015 1,504	\$			

Part	XIV Private Operating Four	ndations (see instr	uctions and Par	t VII-A, question 9))	
1a	if the foundation has received a ruling or	determination letter that	it is a private operati	ing		
	foundation, and the ruling is effective for	2015, enter the date of the	he ruling		•	
b	Check box to indicate whether the foundation	ation is a private operatir	ng foundation describ	oed in section	4942(j)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	· · · · · ·	Prior 3 years	<u> </u>	
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed	d		147, 247,	(5) 2010	
	85% of line 2a			 		
-						
c	Qualifying distributions from Part XII, line 4 for each year listed	44,305		1		44,305
	•	44,303			 	44,303
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	44,305				44,305
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	ļ				
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	_28,180				28,180
С	"Support" alternative test - enter				1	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)				ļ <u>.</u>	
	(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 .			 	 	
Dart	XV Supplementary Informa	tion (Complete th	is part only if t	he foundation ha	d \$5 000 or mor	e in accete at
788 V	any time during the yea	-	•	ile loulidation lie	ta \$5,000 or mor	e III assets at
1	Information Regarding Foundation M		19./			
a	List any managers of the foundation who before the close of any tax year (but only HELEN JOHNSTON ESTATE	have contributed more				
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporat	tion (or an equally large	portion of the	
	ownership of a partnership or other entit					
2	Information Regarding Contribution,	Grant, Gift, Loan, Scho	olarship, etc., Progr	rams:		
	Check here ► X if the foundation only unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c	ndation makes gifts, grai				
a	The name, address, and telephone num		the person to whom	applications should be	addressed:	
b	The form in which applications should be	e submitted and informa	tion and materials the	ey should include.		
С	Any submission deadlines					
d	Any restrictions or limitations on awards factors:	, such as by geographic	al areas, charitable f	fields, kinds of institutio	ns, or other	

Part XV | Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year CLASSICAL KING FM RADIO 10 HARRISON ST STE 100 SEATTLE, WA 98109	NONE	PC	FURTURANCE OF PUBLIC RADIO.	250
MOHAI 860 TERRY AVE N			SUPPORT OF THE MUSIEUM OF	
SEATTLE, WA 98109	NONE	PC	HISTORY AND	21,500
ROAD SCHOLAR/ELDERHOSTAL 11 AVENUE DA LAFAYETTE BOSTON, MA 02111-1746	NONE	PC	SUPPORT OF TRAVEL FOR THE ELDERLY	20,000
Total	<u> </u>		> 3a	41,750
b Approved for future payment				
Total		*	► 3b	

Part XVI	A Analysis of Income-Producing	Activities				
	amounts unless otherwise indicated.		d business income	Excluded by se	ection 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
а				- 1		·····
. —				 		<u> </u>
_						
-						
f						
	and contracts from government agencies					
2 Member	rship dues and assessments .					
	on savings and temporary cash investments			14		
	ds and interest from securities			14	12,698	·····
	al income or (loss) from real estate.			<u> </u>		
	-financed property					
	debt-financed property					_
	al income or (loss) from personal property					
	vestment income					
	(loss) from sales of assets other than inventory			18	9,489	
	ome or (loss) from special events		-			
	rofit or (loss) from sales of inventory					
	evenue· a			 		
	7-7-0			 		
d				 		
е						
	Add columns (b), (d), and (e)				22,187	
			1	·		
						22.18
13 Total. A	Add line 12, columns (b), (d), and (e) .				13	22,18
13 Total. A					13	22,18
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) . neet in line 13 instructions to verify calculations.)	Accomp	lishment of Ex	empt Purpo	13 ses	
13 Total. A	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3
13 Total. A (See worksh Part XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.) -B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Exc led in column (e) of F	empt Purpo Part XVI-A contri	ses buted importantly to the	3

Form 990-PF (2015) THE HELEN JOHNSTON FOUNDATION 46-5189521 Page **13** Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: Х (1) Cash . 1a(1) (2) Other assets 1a(2) X Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements . . . 1b(4) (5) Loans or loan guarantees . 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c 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. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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? b If "Yes," 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 May the IRS discuss this return -\G-16 PRES/DIR/SEC/TREAS PATRICIA GREEN Here Signature of officer or trustee

Preparer's signature

LYONS TAX SERVICE INC

Renton WA 98056-3180

Firm's address ▶ 2806 NE SUNSET BLVD SUITE A

Date

07-12-2016

Paid

Preparer

Use Only

Print/Type preparer's name

JAMES E LYONS

Firm's name

P00002260

self-employed

425-228-5295

Firm's EIN

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

Department of the Treasury

Internal Revenue Service Name of the organization

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

Schedule of Contributors

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

*2*015

Employer identification number

OMB No 1545-0047

THE HELEN JOHNSTON FOUNDATION 46-5189521 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ≤ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** Kill For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Name of organization
THE HELEN JOHNSTON FOUNDATION

Employer identification number 46-5189521

Parti	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELEN JOHNSTON TRUST 8007 16TH AVE NE SEATTLE, WA 98115-4361	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HELEN JOHNSTON TRUST 8007 16TH AVE NE SEATTLE, WA 98115-4361	\$ 297,116	Person 🗓 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Name of organization Employer identification number
THE HELEN JOHNSTON FOUNDATION 46-5189521

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spac	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	300 SHS BERKSHIRE HATHAWAY INC BRK-B	\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	751 SHS BLACK HILLS CORP BKH	\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	461 SHS BRISTOL MYERS SQAUIBB CO BMY	\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	500 SHS CHEVRON CVX	\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	400 SHS COCO COLA CO KO	\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	500 SHS COLGATE-PALMOLIVE CO CL	\$\$	10/14/2015

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if	additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given		(c) or estimate) structions)	(d) Date received
1	500 SHS COSTCO WHOLESALE CORP COST			
		\$	75468	10/14/2015
(a) No. from Part I	(b) Description of noncash property given		(c) r estimate) structions)	(d) Date received
1	500 SHS DU PONT E I DE NEMOURS DD			
		\$	28078	10/14/2015
(a) No. from Part I	(b) Description of noncash property given		(c) r estimate) structions)	(d) Date received
1	500 SHS EMERSON ELECTRIC CO EMR			
		\$	23170	10/14/2015
(a) No. from Part I	(b) Description of noncash property given		(c) r estimate) structions)	(d) Date received
1	500 SHS EXXON MOBIL CORP XOM			
		\$	39815	10/14/2015
(a) No. from Part I	(b) Description of noncash property given		(c) r estimate) structions)	(d) Date received
1	1000 SHS GENERAL ELECTRIC CO GE			
		\$	27720	10/14/2015
(a) No. from Part I	(b) Description of noncash property given		(c) r estimate) structions)	(d) Date received
1	531 SHS GENUINE PARTS CO GPC			
		\$	44506	10/14/2015

Name of organization **Employer identification number** THE HELEN JOHNSTON FOUNDATION 46-5189521 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) **500 SHS INTEL CORP INTC** __1 15945 10/14/2015 (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I **500 SHS INTERNATIONAL PAPER CO IP** 1 10/14/2015 21153 (a) No. (b) (d) FMV (or estimate) (see instructions) from Description of noncash property given **Date received** Part I 500 SHS JP MORGAN CHASE & CO JPM 1 30128 10/14/2015 (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I 340 MEAD JOHNSON NUTRITION CO MJN 1 24424 10/14/2015 (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 200 SHS MONSANTO CO NEW MON __1 5552 10/14/2015 (c) FMV (or estimate) (a) No. (b) from Date received Description of noncash property given (see instructions) Part I 725 SHS NORFOLK SOUTHERN CORP 1 57025 10/14/2015

Name of organization

THE HELEN JOHNSTON FOUNDATION

Employer

Employer identification number 46-5189521

Part II	Noncash Property (see instructions). Use duplicate copie	s of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1000 SHS NORTHWEST NATURAL GAS CO NWN		
		\$ 46795	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 SHS PROCTOR & GAMBLE CO PG		
		\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	200 SHS SCHLUMBERGER LTD SLB		
		\$ 14911	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	300 SHS SIEMENS A G SPONS ADR SIEGY		
		\$\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 SHS SMUCKER JM CO NEW SJM		
		\$59625	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	300 SHS 3M COMPANY		
		\$ 44676	10/14/2015

Name of organization Employer identification number
THE HELEN JOHNSTON FOUNDATION 46-5189521

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spac	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	800 SHS UNION PACIFIC CORP UNP	\$	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 SHS UNITED TECHNOLOGIES CORP UTX	\$ 46655	10/14/2015
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	20000 CLARK CNTY NB PASSENGER CHG REV LAS VEGAS B/E MCCARRAN A 1 AMBAC AMT CPN 5.000% DUE 07/01/24 DTD 04/27/07 FC 01/01/08 CALL 07/01/17 @100,000 CUSIP: 181006EB9	\$ 21364	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	20000 KING CNTY WA PUB HSP DST 001 RFDG SER A ASRD GTY B/E OID @98.169 5.12 CPN 5.000% DUE 12/01/37 DTD 02/28/08 FC 06/01/08 CALL 06/01/18 @ 100.000 CUSIP: 494782JL0	\$21453	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	25000 MEDFORD OR HSP FACS AUTH REV ASANTE HLTH SYS A AGM B/E OID @97.404 CPN 5.000% DUE 8/15/40 DTD 11/17/05 FC 08/15/10 CALL 08/15/20 @ 100.000 CUSIP: 584283FM2	\$26749	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	5000 OREGON ST PRIVATE ACTIV SER B B/E OID 98.657 4.85% AMT DB CPN 4.750% DUE 08/01/20 DTD 10/01/98 FC 02/01/99 CALL 11/24/15 @ 100.000 CUSIP: 68607FXK1	\$5013	10/14/2015

Name of organization
THE HELEN JOHNSTON FOUNDATION

Employer identification number

46-5189521

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	10000 PORT TACOMA WA REV MBIA NPFG B/E AMT CPN 5.000% DUE 12/01/22 DTD 08/30/05 FC 12/01/05 PRE12/01/15 @ 100.000 CUSIP: 735439KY6	-	•
		\$10155	10/14/2015
a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	35000 UTAH TRANS AUTH SALES TAX REV RFDG SER A NPFG		
1	BHAC CUSTDL RCPT CPN 5.000% DUE 06/15/35 DTD 06/19/07		
1	FC 12/15/07		
	CUSIP: 917565KD4	\$ 42764	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	25000 WASHINGTON ST HC FACS AUTH REV PROVIDENCE HLTH SVCS SER A B/E 5.13% CPN 5.000% DUE 10/01/39 DTD 07/01/10 FC 10/01/10 CALL 04/01/20 @ 100.000		
	CUSIP: 93978E7W6	\$ 27293	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	25000 WSHINGTON ST UNIVERSITY REVS SER A AMBAC B/E CPN 5.000% 10/01/38 DTD 05/24/06 FC 10/01/06		
	PRE 04/01/16 @ 100.000]	
	CUSIP: 940093P68	\$ 25795	10/14/2015
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	30000 WASHINGTON ST HEALTHCARE FACS AUTH REV CHILDRENS		
1	HOSP REGL MED CTR B/E CPN 5.375 DUE 10/01/31 DTD 05/29/08]	
	FC 10/01/08 PRE 10/01/18 @100.000	[
	CUSIP: 93978ES78	\$ 34146	10/14/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	25000 WASHINGTON ST HC FACS AUTH REV PROVIDENCE HLTH		
	A NPFG B/E REOF 94.551 CPN 4.500% DUE 10/01/35 DTE 06/22/06	1	
1 1	A NFFG B/E REOF 34.331 CFN 4.300% DUE 10/01/33 D1E 00/22/00		
1	FC 10/01/06 CALL 10/01/2016 @ 100.000		

Federal Supporting Statements 2015 PG01 Name(s) as shown on return THE HELEN JOHNSTON FOUNDATION __46-5189521

FORM 990PF - PART VII-A - LINE 10 SUBSTANTIAL CONTRIBUTORS SCHEDULE

STATEMENT #114

NAME ADDRESS

ESTATE OF HELEN JOHNSTON C/O P GREEN 8007 16TH AVE NE SEATTLE, WA 98115-4361

FORM 990PF - PART II - LINE 10(A) STATEMENT #136 INVESTMENTS: STATE AND LOCAL GOVERNMENT OBLIGATION SCHEDULE

PG01

CATEGORY	BOOK VALUE (BOY)	BOOK VALUE (EOY)	FMV (EOY)
OREGON ST PRIVATE ACTXXX		5,002	5,000
WASHINGTON ST UNIVERSITY REVS		25,293	25,282
WASHINGTON ST HEALTHCARE FACS		33,523	33,525
CLARK CNTY NV IMPT DIST SPL		26,037	25,998
ORANGE CNTY CA SAN DIST COPS		20,699	20,692
CLARK CNTY NV PASSENGER CHG		21,054	21,122
LOS ANGELES CA MUN IMPT CORP		25,939	25,929
KING CNTY WA SWR REV RFDG 2ND		20,763	20,773
NEW YORK NY CITY MUN FIN ATH		25,372	25,372
TEXAS ST TRANSN DB B/E UNREF		52,204	51,988
UTAH TRAN AUTH SALES TAX REV		42,869	43,792
WASHINGTON ST HC FACS AUTH REV		25,474	25,495
KING CNTY WA PUB HSP DST 001		21,186	21,532
WASHINGTON ST HC FACS AUTH REV		27,122	27,286
MEDFORD OR HSP FACS AUTH REV		26,662	26,836
TOTALS		399,199	400,622

Federal Supporting Statements

2015 PG01

STATEMENT #137

Name(s) as shown on return

THE HELEN JOHNSTON FOUNDATION

46-5189521

FORM 990PF - PART II - LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

<u>INVESTMENTS: 0</u>	CORPORATE STOCK SC	<u>HEDULE</u>	
CATEGORY	BOY	BOOK VALUE	EOY FMV
AB SVENSK EKPORTKREDIT SWEDISH	10,585		
AMERICAN CENTURY MID CAP VALUE	14,776		
CLEARBRIDGE SMALL CAP GROWTHC	9,218	6,838	7,802
DREMAN CONTRARIAN SMALL CAP VA	9,762	9,827	8,801
EATON VANCE STRUCTURED EMERGIN	13,538	•	·
FPA NEW INCOME FUND CLASS A	54,201		
HARTFORD DIVIDEND & GROWTH CL	43,965	43,922	42,559
INTERNATIONAL GROWTH & INCOME	13,929	13,014	11,295
JP MOREGAN CORE BD FD CLASS	39,695		,
MAINSTAY FLOATING RATE FD CL	36,118	34,077	35,058
NATIONWIDE GENEVA MID CAP GROW	15,237		,
T ROWE PRICE BLUE CHIP GROWTH	36,797	28,418	35,182
TEMPLETON GLOBAL BD	23,361	21,876	21,075
THORNBURG GLOBAL VALUE FUND CL	19,360	_,,,,,	,,
THORNBURG LIMITED TERM INCOME	22,521		
VANGUARD FTSE DEVELOPED MARKET	22,229		
VANGUARD GROWTH ETF	35,631		
VANGUARD VALUE ETF	31,070		
VANGUARD FTSE DEVELOPED ETF	31,070	20,209	19,351
CS COMMODITY RETURN STRATEGY		11,374	9,609
EATON VANCE PARAMETRIC EMG MKT		12,467	10,096
JANUS ENTERPRISE		14,224	14,373
MFS MID CAP VALUE		14,290	13,925
THORNBERG INTL VALUE		20,290	18,589
BERKSHIRE HATHAWAY INC		38,746	39,612
BLACK HILLS CORP		34,869	34,869
BRISTOL MYERS SQUIBB CO		27,575	31,712
CHEVRON CORP		49,961	44,980
COCO-COLA COMPANY		14,868	17,184
COLGATE-PALMOLIVE COMPANY		31,455	33,310
COSTCO WHOLESALE CORP		40,400	48,450
DUPONT E.I.DE NEMOURS & CO		30,943	33,300
EMERSON ELECTRIC COMPANY		26,213	23,915
EXXON MOBIL CORP		39,546	38,975
GENERAL ELECTRIC COMPANY		12,190	15,575
GENUINE PARTS COMPANY		44,406	45,608
INTEL CORP		14,585	17,225
INTERNATIONAL PAPER COMPANY		34,395	18,850
JPMORGAN CHASE & COMPANY		28,463	33,015
MEAD JOHNSON NUTRITION COMPANY		30,263	26,843
MONSANTO COMPANY NEW		21,542	19,704
NORFOLK SOUTHERN CORP		69,409	61,328
NORTHWEST NATURAL GAS COMPANY		44,280	50,610
PROCTOR & GAMBLE COMPANY		36,822	39,705
SCHLUMBERGER LTD			· ·
OLI DECOER HID		16,658	13,950

Federal Supporting Statements 2015 PG02 Name(s) as shown on return THE HELEN JOHNSTON FOUNDATION 46-5189521

FORM 990PF - PART II - LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

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STATEMENT #137

CATEGORY	BOY	BOOK VALUE	EOY FMV
SIEMENS A G SPONS ADR		29,398	28,853
SMUCKER JM COMPANY NEW		52,869	61,670
UNION PACIFIC CORP		78,197	62,560
UNITED TECHNOLOGIES CORP		52,806	48,035
3M COMPANY		43,352	45,192
TOTALS	451,993	1,195,037	1,182,745

PG01 STATEMENT #139

FORM 990PF - PART I - LINE 6(A) GAIN(LOSS) FROM SALE OF OTHER ASSETS SCHEDULE PUBLICLY TRADED SECURITIES NAME TERM Short-Term DATE ACQUIRED HOW ACQUIRED DATE SOLD **PURCHASER** GROSS SALES \$ 50,713 \$ 49,992 BASIS ACCUMULATED DEPRECIATION SALES EXPENSE TOTAL NET \$721 NAME PUBLICLY TRADED SECURITIES TERM Long-Term

DATE ACQUIRED HOW ACQUIRED DATE SOLD **PURCHASER**

GROSS SALES \$ 245,818 BASIS \$ 237,050 ACCUMULATED DEPRECIATION SALES EXPENSE

TOTAL NET \$8,768

		Federal Su	Federal Supporting Statements	nents	2015 PG01	
Name(s) as shown on return THE HELEN JOHNSTON FOUNDATION					Your Social Security Number 46-5189521	1 .1
	FORM 990PF - PART I	- PART I - LINE 23	- LINE 23 - OTHER EXPENSES SCHEDULE	EDULE	STATEMENT #103~	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
ADMINISTRATION FEES CHANGE OF REGISTERED AGENT FEE CTF OF REG AGENT CHANGE FEE	2,500	2,500 5 50	0 0	2,500 5 5		
TOTALS	2,555	2,555	0	2,555		
						<u> </u>
	FORM 990PF - PART I - LINE		16(C) - OTHER PROFESSIONAL FEES SCHEDULE	ES SCHEDULE	PG01 STATEMENT #109~	
DESCRIPTION BROKER FEES	REVENUE AND EXPENSES 7,185	NET INVESTMENT 7,185	ADJUSTED NET INCOME	CHARITABLE PURPOSE 0		
TOTALS	7,185	7,185		0		

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TOTALS 1.20 FOLK STATE	Name(s) as shown on return		Federal Su	Federal Supporting Statements	ments	2015 PG01 Your Social Security Number
REVENUE NET ADJUSTED CHARITABLE AND EXPENSES 1, 917 225 0 165 1, 577 165 2, 307 165 0 0 0 0 0 164 165 165 165 165 165 165 165	NDA I ION	FORM 99		18 - TAXES SCHEDULE		46-5189521 STATEMENT #110~
	:014 TAX	REVENUE AND EXPENSES 1,917 225	NET INVESTMENT 0 0 165			
		2,307	165	0	0	