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## Form **990-PF**

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052

2015

Open to Public Inspection

Department of the Treasury

Fo	r cal	endar year 2015 or tax year beginning		05/	01 ,2015	, and endin	a		04/30,2016
_		of foundation						Employer identifi	cation number
	TOH	NSON FAMILY FOUNDATION 15-36	45					31-	1542859
_		r and street (or PO box number if mail is not delivered		et address)		Room/suite	В	Telephone numbe	
	ח ח	DOV 0624					Ì	E1	2 (22 4(22
		BOX 0634 town, state or province, country, and ZIP or foreign pos	tal code	,				21	3-632-4633
•	ity Of	town, state of province, country, and 2n of foreign pos	itai codo	•			c	If exemption applicat	ion is
,		WALTER MT E2201 0624						pending, check here	
_	_	WAUKEE, WI 53201-0634 ck all that apply:   Initial return		Initial return	of a former r	ublia abarit			ــــا ،
G	Che	Final return	F	Amended ret	•	Jublic Cliant	y D	1 Foreign organizati	
		Address change	-	Name change				2 Foreign organizati 85% test, check he	
급	Cha	ck type of organization: X Section 501	c)(3) (	<del></del>				computation	▶ []
T				Other taxable pri			E	If private foundation	
1		ection 4947(a)(1) nonexempt charitable trust market value of all assets at J Acco		method: X Ca		rual	-	under section 507(b)	
•		C	_	r method. <u> </u>	asii [ Acc	iruai	F		a 60-month termination
		·		(d) must be on ca:	ch hasis l	<del></del>	-	under section 507(b)	(1)(B), check here .
0		Analysis of Revenue and Expenses (The			511 00313 /			<del></del>	(d) Disbursements
	ait i	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	, ,,	Revenue and expenses per books	(b) Net invo		(c)	Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule) .	_	1,710,000.		<del></del>			(ccom back only)
	2	Chack if the foundation is not required to							· · · · · · · · · · · · · · · · · · ·
	3	attach Sch B	]						
	4	Dividends and interest from securities	ļ	295,286.	2.9	5,072.			STMT 1
	-т 5а	Gross rents				-/			
	b	Net rental income or (loss)							<del></del>
ø)	6a			381,747.					
Revenue	Ď	Gross sales price for all 3,810,882							····
š	7	Capital gain net income (from Part IV, line 2) .			3.8	31,747.			
æ	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	C	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
_	12	Total. Add lines 1 through 11		2,387,033.	67	6,819.			
	13	Compensation of officers directors trusters atc	<u> </u>						<del>_</del>
nses	14	Other employee salaries and wages				NONE		NONE	
ë	15	Lension bignes sent biological survey of the	<b>S</b> I	<del></del>		NONE		<u>NONE</u>	
×	16a	Legal fees (attach schedule) STMT. 2	<u></u>	1,750.		NONE		NONE	1,750
Administrative Expe	b	Accounting fees (attach schedule) STMT 3	<del>[</del> ]	1,500.	<u> </u>	NONE		NONE	1,500
⋛	C	Other professional fees (attach scheding) 4.	<u> </u>	65,522.		8,969.			6,552
tra	17	Interest	<u>-</u>	<u> </u>		A 537			
n:	18	Taxes (attach schedule) (see instructions. 5.		63,744.		4,517.			
Ē	19	Depreciation (attach schedule) and depletion.	<u> </u>	<del></del>					
Ad	20	Occupancy	<del></del>			NIONIE	——	NONTE	
Ы	21 22	Travel, conferences, and meetings	<u> </u>	<del></del>		NONE NONE		NONE NONE	
ē	22	Printing and publications		207.	<del></del>	7.	_	INOINE	200
inc	23 24 25	Other expenses (attach schedule) STMT. 6.	<b>—</b>	207.	<del> </del>	<del>/-</del>			200
ī	24	Total operating and administrative expenses.		132,723.	/	3,493.		NONE	10,002
be		Add lines 13 through 23		651,025	<u> </u>	12, 123.			651,025
0		Contributions, gifts, grants paid	-	783,748.		3,493.		NONE	661,025
_	26	Total expenses and disbursements Add lines 24 and 25	<del>                                     </del>	103,140.	<del> </del>	101 <del>1</del> 70.		140111	001,027
	27	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements		1,603,285.					
	а b	Net investment income (if negative, enter -0-)		1,000,200.	61	13,326.			· · · · · · · · · · · · · · · · · · ·
		Adjusted net income (if negative enter -0-)			<del>                                     </del>				

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11

 Part 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 agree with end-of-year figure reported on prior year's return).
 1 11,050,352.

 2 Enter amount from Part I, line 27a.
 2 1,603,285.

 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT
 3 267.

 4 Add lines 1, 2, and 3
 4 12,653,904.

 5 Decreases not included in line 2 (itemize) ► SAIN ON A CY SALE NOT SETTLED AT YE
 5 1,620.

 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30
 6 12,652,284.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List an 2-story b	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo , day, yr )		
1a PUBLICLY TRADED	SECURITIES	5.10 1.1.20 50 /	D - Donation	(mo , day, yr )	1,110,100,111
b	DECONTE LED				<del> </del>
C					
d					
<u>e</u>			ļ	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	i	(h) Gain or (lo (e) plus (f) min	
a 3,810,882.		3,429,135.			381,747.
b					
<u>c</u>			ļ		
<u>d</u>			ļ <u>.</u>		
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/21/69	<del> </del> -		
Complete only for assets	<del> </del>	<del></del>		Gains (Col (h) g. (k), but not less:	
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		Losses (from co	l (h))
a					381,747.
<u>b</u>			<del> </del> -		<del></del>
<u>c</u>			<del> </del>		
d			<del> </del>	<del></del>	
<u>e</u>		gain, also enter in Part Line 7	<del>                                     </del>		
2 Capital gain net income	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		381,747.
3 Net short-term capital ga	'' ain or (loss) as defined in sections 1	,	<del></del>		301,747.
	Part I, line 8, column (c) (see ins	`	1 1		
			3		
	Under Section 4940(e) for Red		ncome		
	, leave this part blank  r the section 4942 tax on the distrib  not qualify under section 4940(e).		ase perio	d?	Yes X No
	nount in each column for each year		g any ent	ries	
(a)	(b)	(c)	g diry one	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2014	656,336.	13,996,915.			0.046891
2013	374,011.	10,715,868.			0.034903
2012	300,204.	6,792,574.			0.044196
2011	311,371.	6,122,614.		<del></del>	0.050856
2010	287,099.	5,548,004.	<del>                                     </del>	<del></del>	0.051748
			_		
	(d)		2	<del>-</del>	0.228594
_	io for the 5-year base period - divide				0 045710
number of years the fou	indation has been in existence if les	s than 5 years	3		0.045719
4 5 4 46 4 44 4 4 4 4 4		and Dank V. Bara E	4	1.4	336,813.
4 Enter the net value of no	oncharitable-use assets for 2015 fro	om Fart X, line 5	-		,330,013.
E Multiply line 4 by line 2			5		655,465.
5 Multiply line 4 by line 3				<del></del>	000/100.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		6,133.
			_		661 500
<b>7</b> Add lines 5 and 6		• • • • • • • • • • • • • • • • • • • •	7		661,598.
Enter qualifying distribution	tions from Part XII, line 4		8		661,027.
	greater than line 7, check the box			using a 1% ta	

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X

Par	t VIFA Statements Regarding Activities (continued)	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Yes No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11 X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X
	Website address ► N/A	
14	The books are in care of ► U.S. BANK, N.A. Telephone no ► (513) 632	-4633
	Located at ▶ PO BOX 1118, ML CN-OH-W10X, CINCINNATI, OH ZIP+4 ▶ 45201-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	▶ 🔲
10	and enter the amount of tax-exempt interest received or accrued during the year	Yes No
10	over a bank, securities, or other financial account in a foreign country?	<del></del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 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? Yes X No	
	(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 X No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	na Hill C
	the benefit or use of a disqualified person)?	7T H 15
	(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	
ı	termination of government service, if terminating within 90 days)	3 3 6
	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	17. 36.2
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	This
	were not corrected before the first day of the tax year beginning in 2015?	1c X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	H. 35 %
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	
ε	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	
	6e, Part XIII) for tax year(s) beginning before 2015?	h. <b>E</b>
	If "Yes," list the years	14 年 1
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b X
	all years listed, answer "No" and attach statement - see instructions)	ELE DE PAR
`	The provisions of section 4542(4)(2) are being applied to any of the years nated in 24, has the years need.	
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	
	at any time during the year?	
ŀ	o 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 if the	
	foundation had excess business holdings in 2015)	3b
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a X
	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 X
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(a) Name ar	ependent contractors for professional services (see instructions). If none, enter "NONE	"
	nd address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
S BANK NA		
O BOX 1118, ML CN-OH-W10X,	CINCINNATI, OH 45201-1118	65,522
		00/322
-		
		-
otal number of others rece	iving over \$50,000 for professional services	NON
art IA-A Summary	of Direct Charitable Activities	
List the foundation's four larges	at direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficia	aries served, conferences convened, research papers produced, etc	Expenses
1 NONE		
2		
3		
*		
4		
*		
Part IX-B Summary of	of Program-Related Investments (see instructions)	
	of Program-Related Investments (see instructions)  n-related investments made by the foundation during the tax year on lines 1 and 2	Amount
		Amount
Describe the two largest program		Amount
Describe the two largest program		Amount
Describe the two largest program  1 NONE		Amount
Describe the two largest program  1 NONE	m-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Describe the two largest program  1 NONE	m-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Describe the two largest program  1 NONE	m-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Describe the two largest program  1 NONE  2	m-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Describe the two largest program  1 NONE  2  All other program-related investr	m-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Describe the two largest program  1 NONE  2  All other program-related investr	m-related investments made by the foundation during the tax year on lines 1 and 2	Amount

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn tounda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
	Average monthly fair market value of securities		13,829,276.
	Average of monthly cash balances	1b	725,864.
C	Fair market value of all other assets (see instructions)		NONE
d	Total (add lines 1a, b, and c)	1d	14,555,140.
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	NONE
3	Subtract line 2 from line 1d	3	14,555,140.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)		218,327.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	14,336,813.
6	Minimum investment return. Enter 5% of line 5		716,841.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	716,841.
2 a	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	12,267.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	704,574.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	704,574.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	704,574.
-Part	-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	661,027.
b	Program-related investments - total from Part IX-B	1b	•
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	661,027.
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)		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	661,027.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when concluding for the section 4940(e) reduction of tax in those years	alculating	whether the foundation

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Par	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				704,574.
	Undistributed income, if any, as of the end of 2015				104,374.
-	Enter amount for 2014 only			415,783.	
	Total for prior years 20 13 ,20 ,20		NONE	1237703.	<del>-</del>
	Excess distributions carryover, if any, to 2015				
	From 2010 NONE				
	From 2011 NONE				
	From 2012 NONE				
	From 2013 NONE				
	From 2014 NONE				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$ 661,027.			ľ	
а	Applied to 2014, but not more than line 2a			415,783.	
ь	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
С	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
d	Applied to 2015 distributable amount				245,244.
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2015 -	NONE			NONE
	(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	NONE			
	Prior years' undistributed income Subtract				
U	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see				
	Instructions				
f	Undistributed income for 2015 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2016	····			<u>459,330.</u>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	11011			
	required - see instructions)	NONE			
8	Excess distributions carryover from 2010 not	NONE	,		
_	applied on line 5 or line 7 (see instructions)	INOINE			
9	Excess distributions carryover to 2016.  Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9	210112		<del></del>	
	Excess from 2011 NONE				
	Excess from 2012 NONE				
	Excess from 2013 NONE				
	Excess from 2014 NONE				
	Excess from 2015 NONE				
		· · · · · · · · · · · · · · · · · · ·	<del>'</del>	<del></del>	Eart 990 DE (2015)

Form 990-PF (2015) 31-1542859 Page 10 Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE 1a If the foundation has received a ruling or determination letter that it is a private operating b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or 4942(1)(5) Tax year Prior 3 years 2a Enter the lesser of the ad-(e) Total (a) 2015 (b) 2014 (c) 2013 (d) 2012 justed net income from Part I or the minimum investment return from Part X for each year listed . . . . . . . b 85% of line 2a . . . . . C Qualifying distributions from Part XII. line 4 for each year listed . d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets . . (2) Value of assets qualifying under section 4942(i)(3)(B)(i). . . b "Endowment" alternative testenter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . C "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)). or royalties). . . . . (2) Support from general public and 5 or exempt organizations as provided in section 4942 (j)(3)(B)(ai) . . . . . (3) Largest amount of support from an exempt organization. . . . . . (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) ARLYN T JOHNSON b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

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Part XV Supplementary Information	art XV Supplementary Information (continued)					
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	<del>,</del>		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year						
SEE STATEMENT 23				651,025.		
		1				
		1				
		1				
		İ				
				1		
				i		
		1				
Total	<u> </u>	<del></del>	▶ 3a	651,025.		
b Approved for future payment				•		
				İ		
			ľ			
			<u>L</u>			
Total		<u></u>	3b	<u> </u>		

Part XVI-A Analysis of Income-Produ	icing Acti	vities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by section 512, 513, or 514		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a		-			
b					
c					
d		-			
e		-			
ſ					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	295,286.	
5 Net rental income or (loss) from real estate					-
a Debt-financed property					
b Not debt-financed property · · · · · ·					
6 Net rental income or (loss) from personal property-					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	381,747.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c	-				
d					
e					
12 Subtotal Add columns (b), (d), and (e)				677,033.	
13 Total. Add line 12, columns (b), (d), and (e)				13	677,033.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the A	ccomplishment of Ex	kempt Pur	poses	
Line No. Explain below how each activit	v for whic	h income is reported i	n column (	e) of Part XVI-A contribu	uted importantly to the
▼ accomplishment of the foundation					The state of the s
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orm 990-PF	(2015)				31-154285	9		Page 13
Part XVII	Information R Exempt Organ	egarding Tra	nsfers To and Transac				charita	ble
1 Did t	he organization direct	v or indirectly e	ngage in any of the followi	ng with ar	ov other organ	ization described	No.	es No
			ection 501(c)(3) organization					38. 38
	nizations?	(,,	addition of the the transfer of Britishing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nating to pontical		4 4.
-								
			noncharitable exempt orga				Sec. 33	2.2
(1) C	ash						1a(1)	X
(2) O	ther assets		• • • • • • • • • • • • • • • • • • • •	<i>.</i>			1a(2)	X
b Other	r transactions:						Special 30 30 30 30 30 30 30 30 30 30 30 30 30	
(1) S	ales of assets to a non-	charitable exemi	ot organization				1b(1)	X
(2) P	urchases of assets from	n a noncharitabl	e exempt organization				15/21	X
(3) B	ental of facilities equir	ment or other i	assets				15/21	X
								X
			• • • • • • • • • • • • • • • • • • • •					
								X
			or fundraising solicitations					X
			s, other assets, or paid emplo					<u> X</u>
			," complete the following					
value	of the goods, other	assets, or servic	es given by the reporting f	oundation.	If the founda	tion received less	than fair	r market
value	in any transaction or	sharing arrange	ement, show in column (d)	the value	of the goods,	other assets, or s	ervices r	eceived.
(a) Line no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Des	cription of transfer	e, transactions, and shar	ng arrange	ments
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2a is the	foundation directly	or indirectly offi	liated with, or related to, or	ne or mor	re tay-evemnt	organizations		
			her than section 501(c)(3))				Yes	X No
b If "Ye	es," complete the follow	wing schedule.						
	(a) Name of organizatio	<u>n</u> [	(b) Type of organization		(c	Description of relations	hip	
	· · · · · · · · · · · · · · · · · · ·							
						·- · · · · · · · · · · · · · · · · · ·		
Unc	der penalties of perjury, I decis	re that I have examin	ed this return, including accompanying spayer) is based on all information of whice	schedules and	statements, and to	the best of my knowledg	e and belief	, it is true,
Sign 👗	- D.	C C C C C C C C C C C C C C C C C C C		AT PROPERTY.	any and who again	May the IRS	discuse t	his return
	Patricia of les	wew Knock	09/06/2016	CO-T	RUSTEE		sparer show	
Here s	ignature of officer or troube		Date	Title		(see Instruction	18)7 X Ye	<u>≖</u> No
l I	PATRICIA L JOHN	SON LIPCON				<u> </u>		
	Print/Type preparer's na		Praparar's signature		Date	Check If	אתי	
Paid	SCOTT MAIR,	VICE PRESTI	of .		09/06/2	11	P01251	603
Preparer		BANK N.A.	<del></del>			Firm's EIN > 31-		
Jse Only			MI. CN-OH-WIOX					<del>-</del>

CINCINNATI

45201-1118

513-632-4393 Form **990-PF** (2015)

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

**Schedule of Contributors** 

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

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

Employer identification number

JOHNSON FAMILY FOUNDA	TION 15-3645	31-1542859				
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 four	ndation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on				
	501(c)(3) taxable private foundation					
Check if your organization is cov- Note. Only a section 501(c)(7), ( instructions	ered by the <b>General Rule</b> or a <b>Special Rule</b> . 8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II See instruction tributions.					
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)						

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

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

Name of organization
JOHNSON FAMILY FOUNDATION 15-3645

Employer identification number 31-1542859

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ARLYN JOHNSON  PO BOX 1118, ML CN-OH-W10X  CINCINNATI, OH 45201-1118	\$\$	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

JOHNSON FAMILY FOUNDATION 15-3645

Employer identification number 31-1542859

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	5500 UNITS OF PROCTOR & GAMBLE	_	
		\$\$10,685.	11/16/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No.	(b)	(c) FMV (or estimate) (see instructions)	(d)

SECURITIES	
FROM	11 11 11 11 11
INTEREST	
AND	11 11 11 11
DIVIDENDS	
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PART I	11 11 11 11 11 11
)RM 990PF,	
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NET INVESTMENT INCOME	1 1 1 1 1	295,072.	295,072.	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	295,072.	295,286.	
			TOTAL	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1	DIVIDEND AND INTEREST INCOME RETURN OF CAPITAL		

15-3645

FEES
LEGAL
1
Н
PART
990PF,
FORM

CHARITABLE PURPOSES	1,750. 1,750.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,750. 1,750.
	TOTALS
DESCRIPTION	LEGAL FEES

7

			I
	NET INVESTMENT INCOME		NONE
	REVENUE AND EXPENSES PER BOOKS	1,500	1,500.
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS

1,500.

CHARITABLE PURPOSES

ADJUSTED NET INCOME

1,500.

NONE

Μ

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	6,552. 
NET INVESTMENT INCOME	58,969.
REVENUE AND EXPENSES PER BOOKS	65,522.
DESCRIPTION	US BANK FEES AS AGENT FOR TRUS

15-3645

TAXES	
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NET INVESTMENT INCOME	1 1 1 1	4,517.	4,517.
REVENUE AND EXPENSES PER BOOKS	   1	4,517. 37,354. 21,873.	63,744.
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES	TOTALS

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FORM 990PF, PART I - OTHER EXPENSES

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STATEMENT

REVENUE AND EXPENSES PER BOOKS	200.	207.	
DESCRIPTION	OH STATE FILING FEE INVESTMENT EXPENSES	TOTALS	

200.

CHARITABLE PURPOSES

NET INVESTMENT INCOME

200.

CORPORATE STOCK	
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ΙΙ	11 11
PART	
990PF,	
FORM	

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
AMGEN INC AT&T INC	3,49	53,496. 78,176.	142,470. 95,458.
BAAIBA INIL INC BECTON DICKINSON & CO CHEVRON CORPORATION	, 95 , 95	34,956.	80,630.
CHURCH AND DWIGHT INC CISCO SYS INC	1,42	121,420. 25,271.	185,400. 82,470.
ECOLAB INC EMERSON ELEC CO	33,684. 54,059.	33,684. 54,059.	114,980. 81,945.
EAAON MOBIL CORF GENERAL MILLS INC ILLINOIS TOOL WKS INC	0,30 5,83 9,45	5,83 9,45	2,68 4,52
INTEL CORP JOHNSON & JOHNSON KIMBERI,Y CLARK CORP	, 24 , 48	42,248. 70,482.	60
MICROSOFT CORP	77, 77 75 16 77	71, 71 29 16 72	9,48 9,48
PEPSICO INC PROCTER & GAMBLE CO	2,72 2,87 7,48	4 7 4	82,36 11,42
V F CORP VERIZON COMMUNICATIONS	8,41	8,41	75,66
WELLS FARGO & CO LAUDUS INTL MRKTMASTERS	54,49 43,32	54,49	09,95
AFFLE INC ISHARES MSCI EMERGING QUALCOMM INC	40 40 87	105,239.	262,472.
ALTRIA GROUP INC NEXTERA ENERGY INC	10,05 28,36	110,055. 28,365.	219,485.

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FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	EGINNING OOK VALU	ENDING BOOK VALUE	ENDING FMV
P P G INDS INC	3,07	3,07	8,312
SIMON PROPERTY GROUP INC	57,701.	57,701.	100,585.
DISNEY WALT CO	6,79	6,79	3,260
EXPRESS SCRIPTS HLDGS	5,98		
SCOUT INTERNATIONAL FUND	10,00		
ISHARES DJ US REAL ESTATE E T	3,08	643,081.	752,202.
ABERDEEN FDS EMERGN MKT INSTL	60,00		·
AMERICAN WATER WORKS CO INC	6,04	6,04	16,416
F+7	1,15	81,159.	110,630.
BOSTON PPTYS INC	1,60		
CELGENE CORP	0,62	110,620.	144,774.
CSX CORP	1,85		
Н	8,19		
RES INC	5,15		
GILEAD SCIENCES INC	60'0	0,09	05,852
INCYTE CORP	1,69	111,690.	216,810.
MACYS INC	9,81		
MASTERCARD INC	7,62	7,62	5,786
MICROCHIP TECHNOLOGY INC	1,00	20,609.	24
MONDELEZ INTERNATIONAL W I	5,71	5,71	5,920
NIKE INC	2,09	5,09	6,092
PRECISION CASTPARTS CORP	7,72		•
STRYKER CORP	1,10	4,10	0,81
VALERO ENERGY CORP	72,84	2,84	88,305
VISA INC	5,01	116,015.	185,376.
WALGREENS CO	9,26	9,26	5,136
	7,73		
NOVARTIS AG A D R	3,73	48,736.	66,550.
SCHLUMBERGER LTD	5,93		

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JOHNSON FAMILY FOUNDATION 15-3645

FORM 990PF, PART II - CORPORATE STOCK 

DESCRIPTION  VALEANT PHARMACEUTICALS INTE ISHARES RUSSELL MIDCAP INDEX E ISHARES MSCI EAFE ETF ACTAVIS PLC VANGUARD STRATEGIC EQUITY VANGUARD TOTAL STOCK MKT INDX ISHARES MSCI EAFE VALUE INDEX VANGUARD SMALL CAP INDEX VANGUARD SMALL CAP INDEX ISHARES CORE S P SMALL CAP ETF		BEGINNING BOOK VALUE 220,000. 1,215,585. 737,288. 33,550. 650,000. 700,000. 161,941. 1,000,000.	ENDING BOOK VALUE 1,720,801. 1,897,584. 700,000. 161,941. 1,000,000. 450,000. 432,718.	ENDING FMV : 1,793,922. 1,770,429. 697,855. 138,930. 1,000,981. 444,288.
	TOTALS	10,926,178.	9,680,566.	11,910,883.

15-3645

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FORM 990PF, PART II - OTHER INVESTMENTS			
	COST/		
	FMV	ENDING	ENDING
DESCRIPTION	C OR F	BOOK VALUE	FMV
	1 1 1 1 1 1		t 1
CHUBB LID	บ	87,735.	141,432.
SPDR S P 500 ETF	บ		
Н	TOTALS	2,415,357.	2,462,654.

31-1542859

JOHNSON FAMILY FOUNDATION 15-3645

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS 

NAME AND ADDRESS

ARLYN JOHNSON PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

PATRICIA L JOHNSON LIPCON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

JESSE LIPCON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

GWENDOLYN KESS JOHNSON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

DAVID B HAMILTON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

CHARLOTTE JOHNSON LILLY

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

CROSLEY JOHNSON SIGMON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

JOHANNA THEISS JOHNSON BRUN

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

ZACHARY JOHNSON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

LAUREN LIPCON DALE

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

SCOTT LIPCON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

OFFICER NAME:

TODD LIPCON

ADDRESS:

PO BOX 1118, ML CN-OH-W10X CINCINNATI, OH 45201-1118

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 00

PC

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HOLISTIC LIFE FOUNDATION ADDRESS: 2601 NORTH HOWARD STREET BALTIMORE, MD 21218 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 35,000. RECIPIENT NAME: LOVIN SPOONFULS, INC ADDRESS: 418 COMMONWEALTH AVENUE BOSTON, MA 02215 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 50,000. RECIPIENT NAME: MT OFFICE OF ENGINEERING OUTREACH -PROGRAMS ADDRESS: 77 MASSACHUSETTS AVENUE BOSTON, MA 02215 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID .....

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MORE THAN WORDS ADDRESS: 376 MOODY STREET WALTHAM, MA 02453 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 35,000. RECIPIENT NAME: NEW LIFE FURNITURE INC. ADDRESS: 11431 WILLIAMSON ROAD CINCINNATI, OH 45241 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 26,500. RECIPIENT NAME: NEXT ONE UP FOUNDATION ADDRESS: P.O. BOX 22503 BALTIMORE, MD 21203 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING

PC

FOUNDATION STATUS OF RECIPIENT:

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ONE WAY FARM INC ADDRESS: 6131 E RIVER ROAD FAIRFIELD, OH 45014 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:
PARTNERS FOR YOUTH WITH DISABILITIES
ADDRESS:
95 BERKELEY STREET
BOSTON, MA 02116
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ...... 20,000.

RECIPIENT NAME:
A WIDER CIRCLE
ADDRESS:
4808 MOORLAND LANE
BETHESDA, MD 20814
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MISSIONSAFE A NEW BEGINNING ADDRESS: P.O. BOX 201060 ROXBURY, MA 02120 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID ..... 45,000. RECIPIENT NAME: WELCOME PROJECT ADDRESS: 530 MYSTIC AVE, #111 SOMERVILLE, MA 02145 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 25,000. RECIPIENT NAME: YOUNG AUDIENCES OF MASSACHUSETTES ADDRESS: 255 ELM ST, STE 302 SOMERVILLE, MA 02114 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

RECIPIENT NAME:
BREAK THROUGH CINCINNATI
C/O KEVIN KOLLER

ADDRESS:
6905 GIVEN RD
CINCINNATI, OH 45243

RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID ......

RECIPIENT NAME:
HAMILTON LIVING WATER MINISTRY
ADDRESS:
734 SYCAMORE ST
CINCINNATI, OH 45011
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING

RECIPIENT NAME:
CAMP STARFISH
C/O ANNE BEARDSLEY
ADDRESS:
440 TOTTEN POND ROAD
WALHAM, MA 02451
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CRAYONS FOR COMPUTERS C/O HEATHER EGAN ADDRESS: 1350 TENNESEE AVE CINCINNATI, OH 45229 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 25,000. RECIPIENT NAME: BE CONCERNED C/O SISTER MARY JENNINGS ADDRESS: 714 WASHINGTON ST COVINGTON, KY 41011 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: CRITICAL EXPOSURE ADDRESS: 1816 12 STREET NORTHWEST WASHINGTON, DC 20009 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: UNIVERSITY OF CINCINNATI FOUNDATION ADDRESS: P O BOX 19970 CINCINNATI, OH 45219 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 21,600. RECIPIENT NAME: FAMILIES FIRST PARENTING PROGRAMS 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 30,000. RECIPIENT NAME: MAYWEHELP ORG ADDRESS: 7525 WOOSTER PIKE CINCINNATI, OH 45227 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 

JOHNSON FAMILY FOUNDATION 15-3645 31-1542859 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INNER CITY YOUTH OPPORTUNITIES ADDRESS: 1821 SUMMIT RD, STE 210 CINCINNATI, OH 45237 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 12,000. TOTAL GRANTS PAID: 651,025.

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