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# EXTENDED TO NOVEMBER 15, 2017 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.

OMB No 1545-0052

Form 990-PF Department of the Treasury

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

MAY 1, 2016 DEC 31, 2016 For calendar year 2016 or tax year beginning , and ending A Employer identification number Name of foundation THE JOHNSON CHARITABLE TRUST 47-5408548 Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number 503-227-0581 520 SW YAMHILL **1500** City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 97204 PORTLAND, OR G Check all that apply: X 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 check here and attach computation Address change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method; X Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16)

\$\Bigsim \text{36,640,130.} \text{ | \_\_\_ Other (specify) \_\_\_\_\_}
\$\Delta \text{36,640,130.} \text{ | (Part I, column (d) must be on cash basis)} under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements or charitable purposes (cash basis only) (a) Revenue and expenses per books (b) Net investment (c) Adjusted net income income 35,010,513 N/A 1 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 349,090. 349,090. STATEMENT 3 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Ō. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain RECEIVED Income modifications 10a and allowances 8 b Less Cost of goods sold c Gross profit or (loss) 11 Other income OGDENIU 349,090 35,359,603. Total Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, trustees, etc. 6,299. 7,410. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees
b Accounting fees
c Other professional fees
17 Interest
18 Taxes
19 Depreciation and depletion
20 Occupancy
21 Travel, conferences, and meetings 15,000. Ō. 7,500. STMT 4,500. 9,000. 4,500. STMT 3 STMT 4 187,268. 187,268. 0. 758 0. 524. STMT 5 0. 323. 323. and 22 Printing and publications STMT 6 23,230. 1,983. 19,568. 23 Other expenses 24 Total operating and administrative 38,714. 242,989 193,751 expenses. Add lines 13 through 23 715,000. 715,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 957,989 193.751 753,714. Add lines 24 and 25 27 Subtract line 26 from line 12: 34,401,614. 2 Excess of revenue over expenses and disbursements 155,339. b Net investment income (if negative, enter -0-) N/A

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2016)

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

		nd(s) of property sold (e.g., or common stock, 200 shs.			1( <b>D</b> ) H	ow ac Purch	quired nase	(c) Date ac (mo., day	quired	(d) Date sold (mo., day, yr.
2-Story Drick Wa	ar Griouse,	or common stuck, 200 SHS.	WILC CU.)		+ D	- Dona	tion		1 3' /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	-				†					<del></del>
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale		_			n or (loss) (f) minus (	
	ļ									
	<u> </u>		L		$\longrightarrow$					
Complete only for assets showing	1							(I) Gains (Co		
(i) F.M V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col (j), if any				ol. (k), but no Losses (f	rom col. (I	ı -∪-) <b>or</b> h)) ————
	<u> </u>							<del> </del>		·
····	<u> </u>									
		) { If gain, also enter of the lift (loss),	ın Part I, line	7	] [	_				
Capital gain net income or (net ca	apıtal loss	)	- ın Part I, line	7	J	2				
Net short-term capital gain or (lo	,	` ,	d (6):		1		ł			
If gain, also enter in Part I, line 8,		c).			١١		ĺ			
If (loss), enter -0- in Part 1, line 8	<u> </u>				1 1	- 2				
nice i waaniiGaliUii U	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inc	ome		<del>"</del>
or optional use by domestic private	e foundati	•					ent Inc	ome		N/A
or optional use by domestic privati section 4940(d)(2) applies, leave t as the foundation liable for the sec	e foundati his part b ction 4942	ons subject to the section 4 lank. tax on the distributable am	1940(a) tax on	ear in the base pe	ncome		ent Inc	come		N/A
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	990-PF (2016) THE JOHNSON CHARITABLE TRUST 47-5408 rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	548	F	age 4
	<del></del>	istruc	tions	<del>)</del>
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	-	3,10	7
ע	of Part I, line 27b		,,10	· ·
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2	<del></del>	3,10	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u>`</u>	<del>, _ \</del>	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,10	
6	Credits/Payments:		<del>-                                    </del>	<u> </u>
	2016 estimated tax payments and 2015 overpayment credited to 2016			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c 6,519.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d	(	6,5	19.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8		(	68.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,34	44.
_11	Enter the amount of line 10 to be: Credited to 2017 estimated tax			0.
Pa	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 participate or intervene in		Yes	
	any political campaign?	1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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	1 1		
	distributed by the foundation in connection with the activities	1.1		47
	Did the foundation file Form 1120-POL for this year?	1c_		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation  \$\infty\$ \$ 0 \cdot (2) On foundation managers. \$\infty\$ \$ 0 \cdot\$			
_		1 1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2	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			ļ
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes." attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	-{	ĺ	İ
	remain in the governing instrument?	6	X	
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	.		
	<u>OR</u>	.		
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	X	<b>├</b> —
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9_	<del> </del>	<u> </u>
10		10	X	(00:5
		orm 99	ひ-ピト	(2016)

orm 990-PF (2016) THE JOHNSON CHARITABLE T			<u> 17-540854</u>	8 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be Re	equired (continu	ed)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye:	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indirect			1 1
any voter registration drive?			s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purpose	2003	Ye		
		16:	S AL NO	<b>}</b>
(4) Provide a grant to an organization other than a charitable, etc., organization	ion described in section	<del>г</del>	ভিল	
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or fo			I I
the prevention of cruelty to children or animals?		Ye	s X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described it	n Regulations		1 1
section 53.4945 or in a current notice regarding disaster assistance (see insti	ructions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check	here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ned		1 1
expenditure responsibility for the grant?		/A	s No	i i
• •		/ [10	· · ·	1 1
If "Yes," attach the statement required by Regulations section 53 494	• •			1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on	<u> </u>	[ <del>•</del> ] ∫	1 1
a personal benefit contract?		Ye	s X No	_
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?		[_6	b X
If "Yes" to 6b, file Form 8870				] ]
7a At any time during the tax year, was the foundation a party to a prohibited tax	x shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A 7	b
Part VIII Information About Officers, Directors, Trus	tees, Foundation Mar	nagers, Highly		
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and thei	r compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred	account, other allowances
A. CAMPION	PRESIDENT	UIKOI U	delitediteti	2.10 11 41.1000
520 SW YAMHILL ST #500	- REGIZENT			
PORTLAND , OR 97204	20.00	0.	0.	0.
	VICE PRESIDEN		ASURER	
MATT SEMLER	AICE LEGIDEN	T AND TREA	ASUKEK	
520 SW YAMHILL ST #500				_
PORTLAND , OR 97204	1.00	0.	0.	0.
GREG CHAILLE	DIRECTOR		İ	
520 SW YAMHILL ST #500			i i	
PORTLAND , OR 97204	1.00	0.	0.	0.
TRACI ROSE	SECRETARY			
520 SW YAMHILL ST #500			1	
PORTLAND , OR 97204	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in				
		T	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, other
NOTE:	devoted to position	<del> </del>	compensation	allowances
NONE			] .	
		<b> </b>	<b></b>	
		}	}	
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		<u> </u>	<del></del>	<u></u>
Total number of other employees paid over \$50,000				0
			Form	990-PF (2016)

	548 Page 7
, Highly	
<del></del>	
Type of service	(c) Compensation
<del></del>	
<del></del>	
	0
a ac the	<del></del>
i as tile	Expenses
<del></del>	
	<del></del>
_	
	Amount
	0.
	orm <b>990-PF</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	34,663,270.
	Average of monthly cash balances	1b	1,377,963.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d _	36,041,233.
е			
	1c (attach detailed explanation)	ĺ	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	36,041,233.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	540,618.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	35,500,615.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,191,472.
Р	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certaii	n
1	Minimum investment return from Part X, line 6	1	1,191,472.
2a	Tax on investment income for 2016 from Part VI, line 5		<del></del>
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,107.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,188,365.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,188,365.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,188,365.
P	art 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	<u>1a</u>	753,714.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	753,714.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income Enter 1% of Part I, line 27b	5_	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	753,714.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	s for the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

		(a)	(b)	(c)	(d)
	ļ	Corpus	Years prior to 2015	2015	2016
1	Distributable amount for 2016 from Part XI,			ļ	4 400 00-
	line 7		<del> </del>		1,188,365.
	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only			0.	
b	Total for prior years;		0		
_			0.		
	Excess distributions carryover, if any, to 2016:				
	a From 2011				
	From 2012				
	From 2013				
	1 From 2014				
	From 2015	2			
	Total of lines 3a through e	0.			
4	Qualifying distributions for 2016 from				
	Part XII, line 4: ► \$ 753,714.				
	Applied to 2015, but not more than line 2a	<del></del>		0.	
	Applied to undistributed income of prior		•		
	years (Election required - see instructions)		0.		
•	Treated as distributions out of corpus				
	(Election required - see instructions)	0.			752 714
	d Applied to 2016 distributable amount			<del> </del>	753,714.
	Be Remaining amount distributed out of corpus	0.	<del></del>	<u> </u>	
5	Excess distributions carryover applied to 2016 (if an amount appears in column (d), the same amount	0.	<del></del>		0.
6	must be shown in column (a) )  Enter the net total of each column as indicated below:				
	2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		ļ	
	b Prior years' undistributed income. Subtract		·····		
1	line 4b from line 2b		0.		
	c Enter the amount of prior years'				
,	undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
	d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		Ì
	e Undistributed income for 2015. Subtract line			<u></u>	
	4a from line 2a. Taxable amount - see instr			0.	<u></u>
	f Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2017				434,651.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by	:			
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)	0.		<u> </u>	
8	Excess distributions carryover from 2011				
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				
	a Excess from 2012				
	b Excess from 2013				
	c Excess from 2014				
	d Excess from 2015				
_	e Excess from 2016			<u> </u>	<u> </u>
	· — · — — · — — — — — — — — — — — — — —	·			5 000 DE

	NSON CHARITA		<del></del>		08548 Page 10
Part XIV Private Operating Fo			A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling or		. , .			
foundation, and the ruling is effective for	•	•	▶ └		
<b>b</b> Check box to indicate whether the found		g foundation described in		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					L
<b>b</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					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter;					
(1) Value of all assets					
***					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return			ı		
shown in Part X, line 6 for each year listed	1				
c "Support" alternative test - enter:					
(1) Total support other than gross				1	
investment income (interest,					
dividends, rents, payments on				1	
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<del></del>		<del></del>	<del>                                     </del>	<del> </del>
and 5 or more exempt	į.				
organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from				<del> </del>	<del></del>
, ,					
an exempt organization				<del>                                     </del>	<del> </del>
(4) Gross investment income  Part XV   Supplementary Info	rmation (Comple	te this part only i	the foundation	had \$5,000 or mo	re in assets
at any time during the			the roundation	παα φο,σσο στ ππο	,, o
·			<del> ·</del>		<del></del>
<ol> <li>Information Regarding Foundation</li> <li>List any managers of the foundation who</li> </ol>	•	than 20/ of the total contr	thuttone received by the	foundation before the clo	co of any tay
vear (but only if they have contributed m			inations received by the	ioundation before the cio	ise of any tax
NONE	, , , , , , , , , , , , , , , , , , ,				
b List any managers of the foundation who	o own 10% or more of th	a ctack of a corporation (	or an equally large portu	on of the ownership of a r	artnerchin or
other entity) of which the foundation has			or an equally large portion	on or the ownership or a p	an anoramp of
NONE	·				
	on Creat Cift Loop	Cahalayahin ata Dr			
2 Information Regarding Contribution Check here   ☐ If the foundation o		• • •	-	not account upperheated rea	usete for funds. If
the foundation makes gifts, grants, etc.	•		•	•	
	<del>```</del>			·	
a The name, address, and telephone numbers. JENNIFER SCHLUETER,					OPC
				TIADLEIRUSI	• ONG
520 SW YAMHILL ST.,				· · · · · · · · · · · · · · · · · · ·	
<b>b</b> The form in which applications should b	e submiπed and informa	tion and materials they st			
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	
_ ,,	,				
623601 11-23-16					Form <b>990-PF</b> (2016

3 Grants and Contributions Paid During the	e Year or Approved for Future	Payment		
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				
SMART	NONE	PUBLIC CHARITY	TO ENGAGE THE	
101 SW MARKET STREET			COMMUNITY TO PROVIDE	
PORTLAND, OR 97201	Ì		CRITICAL READING	
	ì		SUPPORT AND BOOKS TO	
			OREGON CHILDREN.	25,000
ROSEMARY ANDERSON POIC	NONE	PUBLIC CHARITY	TO RECONNECT ALIENATED	
717 N. KILLINGSWORTH CT	]		AT-RISK YOUTH AFFECTED	
PORTLAND, OR 97217	1		BY POVERTY, FAMILY	
	}	1	INSTABILITY AND	
		ļ	HOPELESSNESS WITH HIGH	50,000
READING RESULTS	NONE	PUBLIC CHARITY	PROVIDES	
3115 NE SANDY BLVD. #229		1	PROFESSIONALLY TRAINED	
PORTLAND, OR 97232			READING TUTORS TO WORK	
	(		WITH STRUGGLING	
			READERS IN LOW INCOME	10,000
PORTLAND TENNIS AND EDUCATION	NONE	DIIBI.TC CHARTTY	TO PROMOTE AND SUPPORT	
7519 N BURLINGTON AVENUE	HONE	TOBBIC CHARTIT	A CREATIVE EDUCATIONAL	
PORTLAND, OR 97203			TENNIS PROGRAM FOR	
			PORTLAND'S INNER CITY	•
		<u> </u>	YOUTH, AGES 6-18.	50,000
OREGON COMMUNITY FOUNDATION	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
1221 SW YAMHILL ST. #100			PURPOSES PRIMARILY IN	
PORTLAND, OR 97205			AND FOR THE BENEFIT OF	
CER (	ONTINUATION SHEE	em/C)	THE STATE OF OREGON.	250,000
total SEE (  b Approved for future payment	ONTINOATION SHEE	1(5)	<u>▶ 3a</u>	715,000
<b>4</b>				
NONE				
110112				
		<del>                                     </del>	<del> </del>	
Total		<del></del>	<b>▶</b> 3b	· · · · · · · · · · · · · · · · · · ·

Form **990-PF** (2016)

Form 990-PF (2016) THE JOHNSON CHA	RITABLE	TRUST		47-5	408548 Page 12
Part XVI-A Analysis of Income-Produc	ing Activitie	s			
Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income		section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	ļ				
b					<del></del>
C	<del></del>		+		<del></del>
d	<b></b>	<del></del>	+	~	<del></del>
e	<b></b>				<del></del>
f					
g Fees and contracts from government agencies 2 Membership dues and assessments			++-		
3 Interest on savings and temporary cash	<del>                                     </del>		+-+		·· <del>-</del>
Investments			14	349,090.	
Dividends and interest from securities			+		<del></del>
5 Net rental income or (loss) from real estate:			+ +	***************************************	<del></del>
Debt-financed property			<del>                                     </del>		
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other				],	
than inventory					
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory	<b></b>	<del></del>	+-+-		
11 Other revenue:					
â	<del></del>		+-+-	·····	
b	ļ —		+		
d			1-1-		
e		<del></del>			
12 Subtotal Add columns (b), (d), and (e)		. 0	•	349,090.	
13 Total. Add line 12, columns (b), (d), and (e)				13	349,090.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Accom	plishment of E	xempt Pu	rposes	
Line No Explain below how each activity for which inco	me is reported in	column (e) of Part XVI	-A contribute	I importantly to the accom	plishment of
the foundation's exempt purposes (other than				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
		- <u></u>			
				<del></del>	
				<del></del>	
	<del></del>	· <del></del>			<del></del>
	-	·			
		·	<del></del>	<del></del>	
<del></del>		<del></del>		<del></del>	<del></del>

Form **990-PF** (2016)

623621 11-23-16

Form 990-PF (20 <b>Part XVII</b>				E TRUST nd Transactions ar	nd Relationship	47-540 ps With Noncha		Pa	ge <b>13</b>
-	ganization directly or indi	rectly engage in any o	_	with any other organization, relating to political organi		n 501(c) of		Yes	No
a Transfers to (1) Cash (2) Other	from the reporting founda assets	ation to a noncharitab	le exempt orga	anization of:			1a(1) 1a(2)		X
(2) Purch	sactions: of assets to a noncharital nases of assets from a noi il of facilities, equipment,	ncharitable exempt or					1b(1) 1b(2) 1b(3)		X X X X X
(5) Loans (6) Perfo	bursement arrangements s or loan guarantees rmance of services or me f facilities, equipment, ma	•	-				1b(4) 1b(5) 1b(6) 1c		X X X
or services column (d	s given by the reporting fo	oundation. If the foun other assets, or servi	dation receive ces received.	dule Column (b) should alv d less than fair market valu	e in any transaction o	r sharing arrangement,	show in		
(a) Line no	(b) Amount involved	(c) Name of	noncharitable N/A	exempt organization	(d) Description of	of transfers, transactions, an	d sharing arr	angemer	ts
Qa la the four	ndeten directly or indirec	the offiliated with or	alated to one	or more toy exempt ergon	zations described			- · <del>-</del> -	
ın section	501(c) of the Code (othe omplete the following sch	r than section 501(c) edule.	•		zations described		Yes	X	No
	(a) Name of org	ganization		(b) Type of organization	(	c) Description of relation	onship		
Sign Here Sign	Corract and son	nplete Declaration of pre		accompanying schedules and staxpayer) is based on all informations and staxpayer. The based on all informations are stated as a second and second as a		is any knowledge	May the IRS return with the shown below	ne prepai v (see ins	rer
Paid	Print/Type preparer's na		Preparer's s	gnature	Date (/ /8/17		00540		)
Preparer Use Only	Firm's name ► MCD Firm's address ► 5.2			.C.		Firm's EIN ▶ 93-			
		ORTLAND, O		•		Phone no (503	) 227 Form <b>99</b>		

THE JOHNSON CHARITABLE TRUST 47-5408548

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
OPEN SCHOOL	NONE	PUBLIC CHARITY	TO PROVIDE AN	
7633 N. WABASH AVENUE	1	}	ALTERNATIVE SCHOOL FOR	
PORTLAND, OR 97217	<u> </u>	<del> </del>	PROBLEM STUDENTS.	20,000
MONTESSORI INSTITUTE NORTHWEST	NONE	DUBLIC CHARIMY	TO PROVIDE MONTESSORI	
	NONE	FUBLIC CHARITI	į į	
622 SE GRAND AVENUE		}	TEACHER TRAIING	55 000
PORTLAND, OR 97204			"T 222 - DDD24"	55,000
I HAVE A DREAM FOUNDATION	NONE	PUBLIC CHARITY	THE "I HAVE A DREAM"	
2916 NE ALBERTA ST		1	FOUNDATION PROVIDES	
PORTLAND, OR 97211			LONG-TERM SUPPORT TO	
		1	CHILDREN AND YOUTH	
<del></del>		<del> </del>	LIVING IN	10,000
CLACKAMAS SERVICE CENTER	NONE	PUBLIC CHARITY	TO PROVIDE	
8800 SE 80TH AVE			TRANSPORTATION,	
PORTLAND, OR 97206			FACILITIES, AID,	
			SERVICE, EDUCATION,	
			RECREATION AND	75,000
BRIDGE MEADOWS	NONE	PUBLIC CHARITY	BRIDGE MEADOWS	
8502 N. WAYLAND AVE			DEVELOPS AND SUSTAINS	
PORTLAND, OR 97203			INTERGENERATIONAL	
			NEIGHBORHOODS FOR	
			ADOPTIVE FAMILIES OF	20,00
BOYS AND GIRLS CLUB OF PORTLAND	NONE	PUBLIC CHARTTY	BOYS AND GIRLS CLUBS	
8203 SW 7TH AVENUE			ARE A SAFE PLACE TO	
			LEARN AND GROW - ALL	
PORTLAND, OR 97202			WHILE HAVING FUN.	100.00
NEW AVENUES FOR VOUBU	NONE	PUBLIC CHARITY	<del>+</del>	100,00
NEW AVENUES FOR YOUTH	NONE	POBLIC CHARITI		
314 SW 9TH AVENUE			WITH OUR COMMUNITY TO	
PORTLAND, OR 97205			PREVENT YOUTH	
	j		HOMELESSNESS AND	
			PROVIDE HOMELESS YOUNG	50,00
				<del></del>

THE JOHNSON CHARITABLE TRUST 47-5408548 Part XV   Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - ROSEMARY ANDERSON POIC
TO RECONNECT ALIENATED AT-RISK YOUTH AFFECTED BY POVERTY, FAMILY
INSTABILITY AND HOPELESSNESS WITH HIGH SCHOOL EDUCATION THROUGH
ROSEMARY ANDERSON HIGH SCHOOL AND CAREER TRAINING THROUGH POIC WORK
OPPORTUNITY TRAINING PROGRAMS.
NAME OF RECIPIENT - READING RESULTS
PROVIDES PROFESSIONALLY TRAINED READING TUTORS TO WORK WITH STRUGGLING
READERS IN LOW INCOME INNER CITY PORTLAND SCHOOLS.
NAME OF RECIPIENT - I HAVE A DREAM FOUNDATION
THE "I HAVE A DREAM" FOUNDATION PROVIDES LONG-TERM SUPPORT TO CHILDREN
AND YOUTH LIVING IN UNDER-RESOURCED COMMUNITES TO ACHIEVE THEIR FULL
POTENTIAL, BY PROMOTING FROM AN EARLY AGE, VALUES OF HIGHER EDUCATION
AND CAREER SUCCESS, WITH OPPORTUNITY GUARANTEED THROUGH FINANCIAL
RESOURCES, AND OTHER SERVICES.
NAME OF RECIPIENT - CLACKAMAS SERVICE CENTER
TO PROVIDE TRANSPORTATION, FACILITIES, AID, SERVICE, EDUCATION,
RECREATION AND ASSISTANCE PROGRAMS FOR THE UNDERPRIVILEGED (ESPECIALLY
CHILDREN).
NAME OF RECIPIENT - BRIDGE MEADOWS
BRIDGE MEADOWS DEVELOPS AND SUSTAINS INTERGENERATIONAL NEIGHBORHOODS
FOR ADOPTIVE FAMILIES OF YOUTH FORMERLY IN FOSTER CARE THAT PROMOTE

623655 04-01-16

PERMANENCY, COMMUNITY AND CARING RELATIONSHIPS WHILE OFFERING SAFETY

AND MEANINGFUL PURPOSE IN THE DAILY LIVES OF OLDER ADULTS.

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	THE JOHNSON CHARITABLE TRUST 47-5408548
Organization type (chec	k 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	X 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	on is covered by the General Rule or a Special Rule.
	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
•	
General Rule	
[ <b>▽</b> ]	4 41 C 000 000 F7 000 PF 4-4 d duna 4-4 4-4-1 45 000 ou move (n
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions
property) nome	any one contributor complete rand in secondarions for determining a contributor of total contributions
Special Rules	
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 outor, 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, -EZ, line 1 Complete Parts I and II
year, total cont	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, ent purpose Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

Employer identification number

HE J	OHNSON CHARITABLE TRUST		7-5408548
Part I	Contributors (See instructions) Use duplicate copies of Part I if	additional space is needed	<del></del>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELEN K. AND ARTHUR E JOHNSON FOUNDATION  1700 BROADWAY	\$35,010,513.	Person X Payroll Noncash (Complete Part II for noncash contributions)
	DENVER, CO 80290		Horicash 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
		\$	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
			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)

Name of organization

Employer identification number

#### THE JOHNSON CHARITABLE TRUST

47-5408548

art !I	oncash 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			
		   \$				
(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			
		\ \ \$				

lame of orga	nization	Employer identification number					
гнв јог	HNSON CHARITABLE TRUST		47-5408548				
Part III	the year from any one contributor. Complete c	olumns (a) through (e) and the folio	d in section 501(c)(7), (8), or (10) that total more than \$1,000 fo				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	or less for the year (Enter this info once)				
(a) No.	Use duplicate copies of Part III if additiona	I space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
, aiti		<del></del>					
] ]							
.							
-							
		(e) Transfer of gi	μπ				
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
Γ.							
(a) No.		<del></del>	<del></del>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
} .							
<u>}</u>		(e) Transfer of g	aift				
	(c) transier of gire						
-	Transferee's name, address, ar	Relationship of transferor to transferee					
			<del></del>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4), 41, 41, 41, 41, 41, 41, 41, 41, 41, 41	(0,000					
_							
		(e) Transfer of g	gift				
}	Transferee's name, address, a	Relationship of transferor to transferee					
	Transfered 3 name, address, an	1021777	Treated samp of dunater of to dunatoree				
1							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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-		(e) Transfer of g	gift				
]		(e) Hansiel Or g	a				
	Transferee's name, address, a	Relationship of transferor to transferee					
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t							

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1	
SOURCE	(A REVEI PER BO	NUE NET I	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
DIVIDEND INCOME		7,022.	317,022.		
INTEREST INCOME		2,068.	32,068.		
TOTAL TO PART I, LINE 3		9,090.	349,090.		
FORM 990-PF	LEGAL	FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	15,000.	0.	,	7,500.	
TO FM 990-PF, PG 1, LN 16A	15,000.	0.	•	7,500.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES	
ACCOUNTING FEES	9,000.	4,500	•	4,500.	
TO FORM 990-PF, PG 1, LN 16B	9,000.	4,500	•	4,500.	
FORM 990-PF C	OTHER PROFES	SIONAL FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT MGMT FEES	187,268.	187,268	•	. 0.	
TO FORM 990-PF, PG 1, LN 16C	187,268.	187,268	•	0.	
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FORM 990-PF	TAXES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES AND LICENSE FEES PAYROLL TAXES	141. 617.	0.		0. 524.
TO FORM 990-PF, PG 1, LN 18	758.	0.		524.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE GENERAL ADMINISTRATIVE OFFICE EXPENSE CONSULTING	3,966. 11,066. 3,170. 5,028.	0. 0.		1,983. 9,406. 3,151. 5,028.
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FORM 990-PF	OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED	FMV	35,549,618.	35,549,618.
TOTAL TO FORM 990-PF, PART II,	LINE 13	35,549,618.	35,549,618.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 8
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
CREDIT CARD LIABILITIES		0.	630.
TOTAL TO FORM 990-PF, PART II,	LINE 22	0.	630.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

**ADDRESS** 

HELEN K. AND ARTHUR E. JOHNSON FOUNDATION

1700 BROADWAY

DENVER, CO 80290