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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Form **990-PF** 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. Department of the Treasury Internal Revenue Service For calendar year 2016 or tax year beginning , and ending

Nam	ne of foundation			A Employer identification	number		
BOB H. JOHNSON FAMILY FOUNDATION				73-6290757			
	ber and street (or P O box number if mail is not delivered to street ad	ldress)	•	B Telephone number			
4(06 S. BOULDER, SUITE 801		500	(918) 665-2663			
	or town, state or province, country, and ZIP or foreign pos ULSA , OK 74103	tal code		C if exemption application is p	ending, check here		
Cl	heck all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here		
	Final return	Amended return		2	atura the SEN/ toot		
	X Address change	Name change		Foreign organizations me check here and attach co	mputation		
C	heck type of organization; X Section 501(c)(3) exer	npt private foundation		E If private foundation sta	tus was terminated		
		ther taxable private foundat	ion	under section 507(b)(1)	(A), check here		
Fai	ır market value of all assets at end of year J Accounting	· · · · 	Accrual	F If the foundation is in a	60-month termination		
•		er (specify)		under section 507(b)(1)	(B), check here		
<u> </u>			asis)		(4)		
₽ <u>a</u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes		
_			RICOITIE		(cash basis only)		
	1 Contributions, gifts, grants, etc., received	108,396.		N/A			
	2 Check I It the foundation is not required to attach Sch B	35) F		լ Հայ արտարուս 1		
	3 Interest on savings and temporary cash investments	35.	35. 95,215.		STATEMENT 1 STATEMENT 2		
	4 Dividends and interest from securities	95,215.	90,410.		DINITIENT 4		
	5a Gross rents						
	b) Net rental income or (loss)	-46,424.					
9	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2, 207, 340.	-40,424.					
Revenue	- assets of fille oa		0.	-			
æ	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain						
	9 Income modifications		· · · · · · · · · · · · · · · · · · ·	RECE	V.30)		
-	Gross sales less returns			-	10		
	10a and allowances b Less Cost of goods sold			ISI DEC OT	2017		
	c Gross profit or (loss)						
	11 Other income	-	· · · · · · · · · · · · · · · · · · ·	000:	1001		
ļ	12 Total. Add lines 1 through 11	157,222.	95,250.	L GGC IN	. 61		
\dashv	13 Compensation of officers, directors, trustees, etc	0.1	0.		0.		
	14 Other employee salaries and wages		—····	· · · · · · · · · · · · · · · · · · ·			
	15 Pension plans, employee benefits						
ses	16a Legal fees	· · · · ·					
Expenses	b Accounting fees STMT 3	3,950.	3,950.		0.		
笳	c Other professional fees STMT 4	20,695.	20,695.		0.		
9	17 Interest						
rat	18 Taxes STMT 5	34,270.	143.		0.		
nist	19 Depreciation and depletion						
Ē	20 Occupancy .						
Ĭ	21 Travel, conferences, and meetings		•				
ä	22 Printing and publications						
<u>6</u>	23 Other expenses						
rati	24 Total operating and administrative	E0 015	04 500				
Operating and Administrative	expenses. Add lines 13 through 23	58,915.	24,788.	ļ ————	0.		
J	25 Contributions, gifts, grants paid	300,300.			300,300.		
	26 Total expenses and disbursements.	250 015	0.4 700		200 200		
	Add lines 24 and 25	359,215.	24,788.		300,300.		
	27 Subtract line 26 from line 12:	201 002		1			
	Excess of revenue over expenses and disbursements	-201,993.	70 462		 		
	b Net investment income (if negative, enter -0-)		70,462.	N/A	 		
	C Adjusted net income (if negative, enter -0-)	, see instructions.		L N/A	Form 990-PF (2016)		

3,465,634.

2,208.

Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ► PRIOR PERIOD ADJUSTMENT

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

Part IV Capital Gains and L	osses for Tax on In	ivestment	Income						
	kind(s) of property sold (e.g. ; or common stock, 200 shs			(b) I	low ac - Purc - Dona	quired hase ation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SE	CURĪTIES							-	
b PUBLICLY TRADED SE	CURITIES								
c CAPITAL GAINS DIVI	DENDS					•			
d								_	
е									
(e) Gross sales price (f	Depreciation allowed (or allowable)		st or other basis xpense of sale					ain or (loss) (f) minus (
a 262,202.			278,20						-15,999. -49,335.
ь 1,926,228.			1,975,56	3.					-49,335.
c 18,910.									18,910.
d									
е									
Complete only for assets showing gain in	column (h) and owned by	the foundation	on 12/31/69			()) Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			col		ot less that (from col. (
a									-15,999.
b			· · · · · · · · · · · · · · · · · · ·						-49,335.
С									18,910.
d									·
e									
2 Capital gain net income or (net capital los	If gain, also enter of If (loss), enter -0			}	2				-46,424.
3 Net short-term capital gain or (loss) as de			•	1			•		·
If gain, also enter in Part I, line 8, column		iu (0).		11					
If (loss), enter -0- in Part 1, line 8	(-)-			Ŋ	3			N/A	
Part V Qualification Under	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private founda	tions subject to the section 4	1940(a) tax on	net investment in	come	:.)				
If perting 4040(d)(0) applies leave the part	ala al								
If section 4940(d)(2) applies, leave this part t	лапк.								
Was the foundation liable for the section 494	2 tax on the distributable am	ount of any ye	ar in the base per	od?					Yes X No
If "Yes," the foundation does not qualify unde	r section 4940(e). Do not co	mplete this pa	rt.						
1 Enter the appropriate amount in each col	umn for each year, see the ir	estructions bef	fore making any er	ntries					
(a) Base period years	(b)			(c)				Distrib	(d) oution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying dis		Net value of no					(col. (b) div	ided by col. (c))
2015		3,500.				3,327			.024015
2014	14	7,243.		4	,00	9,061	•		.036728
2013		0,420.				1,270			.029279
2012	16	8,400.				9,707			.049100
2011		5,000.		3	,30	3,923	•		.001513
2 Total of line 1, column (d)							. 2		.140635
3 Average distribution ratio for the 5-year b	ase period - divide the total o	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existence if les	s than 5 years						3		.028127
					•				
4 Enter the net value of noncharitable-use a	ssets for 2016 from Part X,	line 5					4		3,848,900.
									·
5 Multiply line 4 by line 3							5		108,258.
6 Enter 1% of net investment income (1% of	of Part I, line 27b)	_					6		705.
·	•	•							
7 Add lines 5 and 6							7		108,963.
8 Enter qualifying distributions from Part XI							8		300,300.
If line 8 is equal to or greater than line 7, o	check the box in Part VI. line	1b. and comp	lete that part using	o a 19	% tax ı	rate.			

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	ns)
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)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 💹 and enter 1%		7	05.
	of Part I, line 27b			
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			4
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	<u> </u>		7	05.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			05.
6	Credits/Payments:			
	2 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)			
	Backup withholding erroneously withheld		2 0	0.0
	Total credits and payments. Add lines 6a through 6d		∠,∪	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tandria 15 the half of least 5 and 8 is more than 1 in 7.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1 2	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid The start to a mount of line 10 is the 10 over the day 10 is the 10 over the start to a mount overpaid.		1,4	95.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 1,295 • Refunded ▶ 11 art VII-A Statements Regarding Activities			0.
_		1	Yes	No
10	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1	163	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1a 1b		X
١	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	IB		
	distributed by the foundation in connection with the activities	1		
,	Did the foundation file Form 1120-POL for this year?	10	1	х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	16	 	<u> </u>
•	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •			
,	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$ 0.	1		
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	<u> </u>		
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
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	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			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	i		
	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	
88	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	OK .			
t	of 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	86	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "yes " attach a schedule listing their games and addresses STMT 8	10	X	

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Pa	art VII-A Statements Regarding Activities (continued)			
		1	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			l
	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?			۱,,
	If "Yes," attach statement (see instructions)	12	77	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	Website address ► N/A The books are in care of ► JEFFREY R. JOHNSON Telephone no. ► (918)	665	- 26	63
14	Located at \$\int 406\ S. \text{BOULDER}, \text{STE} 500, \text{TULSA}, \text{OK}			0,5
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			T
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,			No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pi	art 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
1:	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No (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 the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		ļ	
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
-	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 1		
	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			-
	before 2016? Yes X No		Ì	
	If "Yes," list the years			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1 26		
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3	la Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ū	during the year?			
	b If "Yes," did it have excess business holdings in 2016 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,		l	
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	X
	Fe	rm 99 0)-PF	(2016)

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			_		_
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	- 1	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No	1	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			
the prevention of cruelty to children or animals?	, , ,		s X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described :				- [
section 53.4945 or in a current notice regarding disaster assistance (see instru		rioguiano ilo		5b	X
Organizations relying on a current notice regarding disaster assistance check h	•			+	- + -
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		inad	, _		
expenditure responsibility for the grant?		//A	s No	ŀ	
		1/A L1	"S NU		1
If "Yes," attach the statement required by Regulations section 53 494.					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		ਦਿ		
a personal benefit contract?		Ye	es X No	.	١,,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	6Ь	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acc	ount, other lowances
JEFFREY R. JOHNSON	CO-TRUSTEE	Cittor 0)	compensation	 "	
406 S. BOULDER, STE 500	COTROBIBB				
TULSA, OK 74103	3.00	0.	0		0.
STEVEN T. JOHNSON	CO-TRUSTEE	ļ		` }	
406 S. BOULDER, STE 500	COTROBLEE				
TULSA, OK 74103	1.00	0.	0		0
TULSA, OR /4103	1.00		0	-	0.
				1	
				-	
	<u></u>	<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(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	e (e) Expense ount, other
	devoted to position	(C) Compondution	and deferred compensation		lowances
NONE					
		-			
]				
		1			
				1	
	1				
		 -		+	
	1				
Total number of other employees paid over \$50,000	L	<u> </u>	<u> </u>	1	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	· · · · · · · · · · · · · · · · · · ·	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compens	atron
NONE			
		 	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	oformation such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced	, etc.	Expenses	
1 N/A			
2	· · · · · · · · · · · · · · · · · · ·		
3			—
		·	
4			
Part IX-B Summary of Program-Related Investments	— <u></u>		—
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount	
1 N/A			
2			
	· ··· · · · · · · · · · · · · · · · ·		
	····		
All other program-related investments. See instructions.			
3	<u>-</u>		
· .	- 		
Total. Add lines 1 through 3	•		0.

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P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	is, 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	3,763,819.
b	Average of monthly cash balances	1b	3,763,819. 141,974.
C	Fair market value of all other assets	1c	1,720.
d	Total (add lines 1a, b, and c)	1d	3,907,513.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,907,513.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	58,613.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,848,900.
6	Minimum investment return. Enter 5% of line 5	6	192,445.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here ☐ and do not complete this part.)	id certai	n
1	Minimum investment return from Part X, line 6	1	192,445.
2a	Tax on investment income for 2016 from Part VI, line 5		•
b	Income tax for 2016. (This does not include the tax from Part VI.)	1 1	
С	Add lines 2a and 2b	2c	705.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	191,740.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	191,740.
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	191,740.
E	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	r · · · · · · · · · · · · · · · · · ·	1a	300,300.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
t	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	300,300.
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	5	705. 299,595.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	299,595.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies	for the section

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Part XIII Undistributed Income (see	instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
Distributable amount for 2016 from Part XI, line 7				191,740.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			192,698.	
b Total for prior years:				
2014,,		107,197.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 300,300.			192,698.	
a Applied to 2015, but not more than line 2a		+	132,030.	
b Applied to undistributed income of prior		107,197.		
years (Election required - see instructions) *		107,137.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·			405.
d Applied to 2016 distributable amount	0.			403.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2016 (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;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.1			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				191,335.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
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			ļ	
c Excess from 2014				
d Excess from 2015				
a Excess from 2016				

	JOHNSON FAM				290757 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	r 2016, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described		4942(j)(3)_or4	4942(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) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		Ī -			T
line 4 for each year listed	1				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	İ				
e Qualifying distributions made directly		T			
for active conduct of exempt activities.	1				
Subtract line 2d from line 2c 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 "Endowment" alternative test - enter 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 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		· · · · · · ·		- .	+
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or m	nore in assets
at any time during t			ii tiio loulidatio		1010 111 433013
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed r	o have contributed more		tributions received by th	e foundation before the cl	ose of any tax
NONE					
b List any managers of the foundation whother entity) of which the foundation ha	o own 10% or more of th s a 10% or greater intere	ne stock of a corporation st.	(or an equally large por	tion of the ownership of a	partnership or
NONE	·				
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does	not accept unsolicited rec complete items 2a, b, c, ar	quests for funds. If nd d.
a The name, address, and telephone num	ber or e-mail address of t	the person to whom app	lications should be addr	essed:	
b The form in which applications should be	pe submitted and informa	tion and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s such as by geographic	al areas, chartable fields	kinds of institutions of	other factors:	
2 7 mg 1002 loading of minimulons on award	o, outin at by goograpilite	a, areae, enamanie neiu:	, ando or modulions, U	Carlot ractors,	

Part XV Supplementary Information Grants and Contributions Paid During the Y		Payment		
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	Purpose of grant or contribution	Amount
a Paid during the year				
ALL SOULS UNITARIAN CHURCH	NONE	PC	SCHOLARSHIP PROGRAM	
2952 S PEORIA AVE TULSA, OK 74114				15 000
TODDIN, ON THE	-			15,000
AUGUSTINE CHRISTIAN ACADEMY	NONE	PC	GENERAL SUPPORT	
6310 E. 30TH STREET				
TULSA, OK 74114				10,000
BERKELEY ROSE SCHOOL 2138 CEDAR ST	NONE	PC	GENERAL SUPPORT	
BERKELEY, CA 94709				80,000
CAMP LOUGHRIDGE	NONE	PC	CLASSROOM PROJECT	
4900 W 71ST ST			SUPPORT	
TULSA, OK 74131	<u>-1</u>			5,000
CHRIST'S KINGDOM BUILDERS MINISTRIES	NONE	PC	GENERAL SUPPORT	
1801 BALTIMORE AVE	10.12		DENEME BOTTON	
MUSKOGEE, OK 74403	INTERNIT ON CHIEF	[4,300
Total SEE COI b Approved for future payment	NTINUATION SHEE	Tr(S)	▶ 3a	300,300
NONE				
NONE				
		_		
				·
		ļ		
Total	1	1	▶ 3b	0

BOB H. JOHNSON FAMILY FOUNDATION

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contabolion	
CROSSOVER HEALTH SERVICES	NONE	PC	GENERAL SUPPORT	
P.O. BOX 6010				
TULSA, OK 74148				5,000
FIRST MENNONITE CHURCH OF IOWA CITY 405 MYRTLE AVE	NONE	PC	GENERAL SUPPORT	
IOWA CITY, IA 52246-2024				15,000
FOOD FIRST	NONE	PC	SCHOLARSHIPS AND OTHER	
398 60TH STREET			GENERAL SUPPORT	
OAKLAND, CA 94618				45,000
RIVER OAKS PRESBYTERIAN CHURCH 5150 E 101ST	NONE	PC	GENERAL SUPPORT	
TULSA, OK 74137				5,000
SISTER INDIA	NONE	PC	GENERAL SUPPORT	
P.O. BOX 701287				
TULSA, OK 74170-1287		ļ <u> </u>	-	10,000
TANGIPAHOA PARISH SCHOOL SYSTEM	NONE	PC	GENERAL SUPPORT	
59656 PULESTON ROAD AMITE LA 70422				5,000
				<u> </u>
THE SACRED MONASTERY OF ST. NINA	NONE	PC	GENERAL SUPPORT	
9002 CLEMSONVILLE RD	10112		55.15.12.12	
UNION BRIDGE, MD 21791				101,000
				
Total from continuation sheets	_1	J		186,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by 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			 		
b					·
C			1 1		
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					-
investments			14	35.	
4 Dividends and interest from securities		<u> </u>	14	95,215.	•
5 Net rental income or (loss) from real estate;					
a Debt-financed property					
b Not debt-financed property	f				
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	-46,424.	
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)		0	•	48,826.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	48,826.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt F	Purposes	
Line No. Explain below how each activity for which inco			A contribute	ed importantly to the accomp	olishment of
the foundation's exempt purposes (other than	ı by providing fun	ds for such purposes).			
					or -
		·			
				· · · · · · · · · · · · · · · · · · ·	
					
			·		
1					

Form 990		016) BOB H	. JOHNSON	FAMIL	Y FOUNDATION	Ī	73-6	5290757	Pa	age 13
Part)	(VII			sfers To a	and Transactions a	and Relation	nships With Nor	ncharitable	е	
		Exempt Organ								T
					g with any other organization		ection 501(c) of		Yes	No
					7, relating to political organ	nizations?				
		from the reporting found	ation to a noncharita	ible exempt or	ganization of:			1a(1)		,,
٠,	(1) Cash (2) Other assets								ļ	X
								1a(2)		X
		sactions;	shio ayamat araanga	tion				16(1)	1	x
	 (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 									X
		l of facilities, equipment,	•	nyamzanom				1b(2) 1b(3)	\vdash	X
		oursement arrangements						1b(4)		X
		or loan guarantees	•					1b(5)		X
		mance of services or me	embershin or fundrai	sına solicitatio	ne			1b(6)		X
		facilities, equipment, ma						10		X
					dule. Column (b) should alv	ways show the fa	ir market value of the or		ets	
					ed less than fair market valu				,,,,	
) the value of the goods,				, , , , , , , , , , , , , , , , , , , ,	J	,		
(a)Line no	<u>, T</u>	(b) Amount involved	(c) Name o	f noncharitable	exempt organization	(d) Descrip	tion of transfers, transaction	s, and sharing an	rangeme	ents
	1			N/A						
	\top								_	
	T				·					
	\perp									
	_									
	1_									
	1_									
		<u></u> .								
										
	+									
	-						-·			
	<u>.Ļ.</u>									
					or more tax-exempt organi	izations described	1		TV-	7
		501(c) of the Code (other)(3)) or in sect	ion 5277			L Yes	LA	No
	es, co	mplete the following sch (a) Name of org			(b) Type of organization		(c) Description of rela	ationehin		
		N/A	ganization		(b) Type of organization		(c) beautipuon on ten	ationship		
		11/21								
										
						 				
						+	<u>_</u>			
					g accompanying schedules and					
Sign					n taxpayer) is based on all inform			May the IRS of return with the	e prepar	rer
Here		1 Allan 1	u ann		111-27-1	7 .		shown below X Yes] No
	Sign	ature of onliner or trustee	-		Date	Title				
		Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check if	PTIN		
				i		1	self- employed			

JOY K. ONDRACEK

07/26/17

Phone no. (918) 745-2333 Form **990-PF** (2016)

P00400741

Firm's EIN ▶ 73-1413977

Paid

Preparer

Use Only

JOY K. ONDRACEK

Firm's name ► HOGANTAYLOR LLP

Firm's address ► 2222 S. UTICA PL., SUITE 200 TULSA, OK 74114-7002

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

Department of the Treasury Internal Revenue Service

Name of the organization

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 www.lrs.gov/form990 .

OMB No 1545-0047

Employer identification number

B(OB H. JOHNSON FAMILY FOUNDATION	73-6290757					
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	S01(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions					
(TEXT)	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	1 \$5 000 or more (in money or					
-	y one contributor Complete Parts I and II See instructions for determining a contributor						
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 Don't 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. * ** ** ** ** ** ** *							
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 1990 PROFE or 1990 PROFE O						

LHA 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) (2016)

Name of organization

Employer identification number

BOB H. JOHNSON FAMILY FOUNDATION

73-6290757

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT H. JOHNSON CHARITABLE LEAD ANNUITY TRUST 406 S. BOULDER, STE 500 TULSA, OK 74103	 \$108,396.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash 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 Oncash Oceann (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

BOB H. JOHNSON FAMILY FOUNDATION

73-6290757

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		
		-			
(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		
		 \$;			
623453 10-1	8-16	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)		

Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)		Page 4
Name of orga	nization		Employer identification number
BOB H.		tributions to organizations described in se	73-6290757 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations
	completing Part III, enter the total of exclusively religiou	us, chantable, etc., contributions of \$1,000 or less fo	
- () 81	Use duplicate copies of Part III if addition	nal space is needed	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			
<u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
.			····
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Relationship of transferor to transferee

(a) No. from Part I

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1	
SOURCE		(A REVE PER B	NUE NET II	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
MORGANSTANLEY			35.	35.		
TOTAL TO PART I, LI		35.				
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST MENT INCOM		
MORGANSTANLEY - VARIOUS SECURITIES & MUTUAL FUNDS	114,125	. 18,91	0. 95,215	. 95,21	5.	
TO PART I, LINE 4	114,125	. 18,91	0. 95,215	95,21	5.	
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING FEES	_	3,950.	3,950.		0.	
TO FORM 990-PF, PG	1, LN 16B =	3,950.	3,950.		0.	
FORM 990-PF	0'	THER PROFES	SIONAL FEES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES	
INVESTMENT FEES OTHER FEES		19,327. 1,368.	19,327. 1,368.		0.	
TO FORM 990-PF, PG	1, LN 16C	20,695.	20,695.		0.	

FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
FEDERAL EXCISE TAX FOREIGN TAX PAID FORM 4720 TAX	1,968. 143. 32,159.	0 143 0	•	0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	34,270.	143	•	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK			412,354.	756,431.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		412,354.	756,431.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7
DESCRIPTION		LUATION ETHOD B	OOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS EXCHANGE TRADED FUNDS		FMV FMV	2,410,176. 732,625.	2,406,160. 741,237.
TOTAL TO FORM 990-PF, PART I	I, LINE 13		3,142,801.	3,147,397.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

ADDRESS

ROBERT H JOHNSON CHARITABLE LEAD 406 S. BOULDER, STE 801 ANNUITY TRUST

TULSA, OK 74103