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Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491071005048

2017

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-20)17 , aı	nd ending 12-31-		
JW	JOHNS	indation SON FAMILY SLE TRUST		20-7203295	entification numbe	ır
		l street (or P O box number if mail is not delivered to street address) IST WINDGATE PASS DRIVE	Room/suite	B Telephone nu (480) 513-1125	mber (see instructio	ns)
		, state or province, country, and ZIP or foreign postal code E, AZ 85255		, ,	application is pendin	g, check here
G Ch	neck al	·	former public charity	D 1. Foreign or 2 Foreign or test, chec	ganizations, check he ganizations meeting k here and attach co undation status was t	ere
			e private foundation	under sectio	n 507(b)(1)(A), chec	ck here
Fai of	r mark year <i>(f</i>		☑ Cash ☐ Accru		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt 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) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	280,597			(cash basis only)
	2	Check ► ☐ If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	22,940	22,911		
	4	Dividends and interest from securities	124,604	124,604		
	5a	Gross rents				
	Ь	Net rental income or (loss)				
E	6a	Net gain or (loss) from sale of assets not on line 10	717,851			
Revenue	b	Gross sales price for all assets on line 6a 2,009,276				
Re	7	Capital gain net income (from Part IV, line 2)		717,851		
	8	Net short-term capital gain		,		
	9	Income modifications				
	10a b	Gross sales less returns and allowances Less Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)	<u>]</u>			
		Other income (attach schedule)				
	11		1 145 003	965 266		
	12	Total. Add lines 1 through 11	1,145,992			<u> </u>
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0	0		0
	14 15	Other employee salaries and wages				
Ses	16a	Legal fees (attach schedule)				
ē		Accounting fees (attach schedule)	4,995	2,497		2,498
Expenses	C	Other professional fees (attach schedule)	17,434			2,438
			17,454	17,434		,
Administrative	17 18	Interest	13,793	1,491		0
is S	19	Taxes (attach schedule) (see instructions)	23,733	1,151		, , ,
Ē						
Ad	20 21	Occupancy				
and	22	Printing and publications				
р Б	23	Other expenses (attach schedule)	3,229	10		3,219
Ē	24	Total operating and administrative expenses.	<u> </u>			
Operating	~ ~	Add lines 13 through 23	39,451	21,432		5,717
o	25	Contributions, gifts, grants paid	1,352,006			1,352,006
	26	Total expenses and disbursements. Add lines 24 and 25	1,391,457			1,357,723
	27	Subtract line 26 from line 12	1,222,107			_,==:,:29
	а	Excess of revenue over expenses and disbursements	-245,465			
	ь	Net investment income (If negative, enter -0-)		843,934		
	С	Adjusted net income(If negative, enter -0-)				
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289>	(For	rm 990-PF (2017)

1,098,091

4,281,940

5,890,849

5,600

5,600

5,885,249

5,885,249

5,890,849

889,839

4,225,189

5,644,784

5,000

5.000

5,639,784

5,639,784 5,644,784

2

3

4

5

6

5,885,249

5,639,784

5,639,784 Form 990-PF (2017)

-245,465

1,395,557

7,023,739

8,949,052

	i	/

4

5

6

7

8

9

10a

b

C

11

12

13

14

15 16

17

18

19

20 21

22 23

24

28

29

31

Part III

2

Liabilities

lances

Bal 25

Fund 26

ō

Assets 27

Net 30 Pledges receivable

Less allowance for doubtful accounts

Less allowance for doubtful accounts ▶

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe ▶ _

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Temporarily restricted

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

orm 9	90-PF (2017)						Page 3
Part	IV Capital Gains a	nd Losses for Tax on Invest	ment Income				
		(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	l Dat	(c) te acquired o , day, yr)	(d) Date sold (mo , day, yr)
1 a /	AMG 1274 - PUBLICLY TR	ADED SECURITIES LONG TERM					2017-07-01
b /	AMG 6510 - PUBLICLY TR	ADED SECURITIES SHORT TERM					2017-07-01
		ADED SECURITIES LONG TERM					2017-07-01
d (CAPITAL GAINS DIVIDENI	DS		Р			
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale		Gain o	h) r (loss)) mınus (g)
а	1,598	3,283		993,5	59	-	604,724
b	98	3,552		87,8	179		10,673
С	255	5,081		209,9	87		45,094
d	57	7,360					57,360
e							
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any	col	Gains (Col (l l (k), but not	h) gain minus less than -0-) or om col (h))
а							604,724
b							10,673
С							45,094
d							57,360
e							
3	• -	ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi			} 2		717,851
Part	V Qualification U	nder Section 4940(e) for Re	educed Tax on Net	Investment	Income		
	-	ivate foundations subject to the sec					
f section Was the	on 4940(d)(2) applies, lea e foundation liable for the " the foundation does not	ave this part blank section 4942 tax on the distributa t qualify under section 4940(e) Do	ble amount of any year not complete this part	n the base peri	od?		es 🗸 No
1		ount in each column for each year,	see instructions before	making any ent	ries		
	(a) e period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col	(d) Distribution rati (b) divided by c	
	2016	2,244,198		9,874,424			0 227274
	2015	507,944		9,838,279			0 051629
	2014	485,897		10,162,837			0 047811
	2013	431,750		7,164,630			0 060261
	2012	157,923		3,246,586			0 048643
3 A r 4 E	number of years the found Enter the net value of nor	for the 5-year base period—divide dation has been in existence if less icharitable-use assets for 2017 fron	the total on line 2 by 5 than 5 years n Part X, line 5	, or by the	3 4		0 435618 0 087124 7,884,601
					5		686,938
		nt income (1% of Part I, line 27b)			5		8,439
					7		695,377
I		ons from Part XII, line 4 , ater than line 7, check the box in Pa			3 Ising a 1%	√ tax rate Se	1,357,723 e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Form 990-PF (2017)				Page 7
Part VIII Information About Office and Contractors	cers, Directors, Trust	ees, Foundation Ma	inagers, Highly Paid Er	mployees,
1 List all officers, directors, trustees, f	oundation managers an	d their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid e	mployees (other than th	ose included on line 1	l—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$	50,000			0
3 Five highest-paid independent contr	•			
(a) Name and address of each person pa	ıd more than \$50,000	(b) Typ	e of service	(c) Compensation

otal number of other employees paid over \$50,0	000		•	C
3 Five highest-paid independent contract	ors for professional s	ervices (see instruction	ns). If none, enter "NO	NE".
(a) Name and address of each person paid n	nore than \$50,000	(b) Type	of service	(c) Compensation
IONE				
otal number of others receiving over \$50,000 fo	or professional services.			(
Part IX-A Summary of Direct Charita	able Activities			
ist the foundation's four largest direct charitable activitie		de relevant statistical informa	tion such as the number of	

Tota	I number of other employees paid over \$50,000			C
3	Five highest-paid independent contractors for professional s		NE".	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	
NON				
				_
-				
Tota	I number of others receiving over \$50,000 for professional services.			
	t IX-A Summary of Direct Charitable Activities the foundation's four largest direct charitable activities during the tax year. Inclu	J		
	ie roundation's four largest direct charitable activities during the tax year. Inclu Izations and other beneficiaries served, conferences convened, research papers		Expenses	
1	IOT APPLICABLE			0
2				_
3				_
4				—
	t IX-B Summary of Program-Related Investments	·		
	escribe the two largest program-related investments made by the foundation du	uring the tax year on lines 1 and 2	Amount	
1	IOT APPLICABLE			С
2				
Δ	other program-related investments See instructions			
3				
			1	

Total. Add lines 1 through 3

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

1.357.723

1.349.284

Form **990-PF** (2017)

8.439

385,791

385.791

Form 990-PF (2017)

0

(d)

2017

Form 990-PF (2017) Part XIII Undistributed Income (see instructions)

b Total for prior years

a From 2012.

b From 2013. . . . c From 2014. . .

d From 2015.

e From 2016.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

b Excess from 2014. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 1,357,723 a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

(a) Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

78,568

11 440

24.471 1,776,335

> 78.568 11,440

24.471

1,776,335

971.932

Corpus

Years prior to 2016

1.890.814

971.932

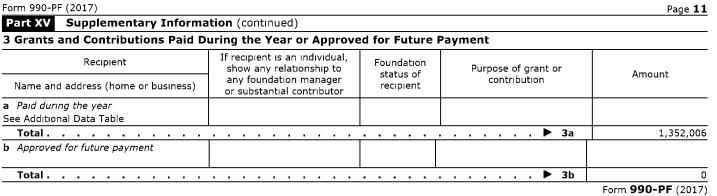
2,862,746

2,862,746

(b)

(c)

2016



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	(e) Related or exempt	
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies rship dues and assessments.					
Intere	st on savings and temporary cash			14	22,940	
	ds and interest from securities			14	124,604	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notes in the state of the					
	nvestment income					
	r (loss) from sales of assets other than					
	ory			18	717,851	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
						
e			0		865 395	(
e Subtota Total.	al Add columns (b), (d), and (e)		0		865,395 B	
e Subtota Total. (See wo		lations)		13	865,395	865,395
e Subtota Total. , (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. / (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. / (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. / (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. / (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. / (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribut	ted importantly to	

orm 99	0-PF (2	2017)							Pa	ge 13
Part	XVII	Information Re Exempt Organi		ransfers To	and Transaction	ns and Rela	tionships With Nonchar	itable		
		anization directly or in Code (other than sectio					ation described in section 501 cal organizations?		Yes	No
a Tran	sfers f	om the reporting foun	dation to a n	oncharitable ex	xempt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
b Othe	er trans	actions								
(1)	Sales	of assets to a nonchar	ıtable exemp	t organization.				1b(1)		No
(2)	Purcha	ases of assets from a r	noncharitable	exempt organi	ızatıon			1b(2)		No
		of facilities, equipmer	•					1b(3)	 	No
		ursement arrangemen						1b(4)	 	No
٠.		or loan guarantees.						1b(5)	 	No
٠, ,		nance of services or m		-				1b(6)		No
	-	facilities, equipment, n		•			· · · · · · · · · · · · · · · · · · ·	1c		No
	ny tran:		ngement, sh	ow in column (e goods, other a	eived less than fair market val issets, or services received n of transfers, transactions, and sh		ngemer	nts
	_									
desc	ribed ii	dation directly or indire in section 501(c) of the implete the following si (a) Name of organizatio	Code (other	than section 5		tion 527?		☐ Yes	✓	No
										-
Sign	of my which	knowledge and belief preparer has any kno	, it is true, co		nplete Declaration	of preparer (ot	anying schedules and statemei her than taxpayer) is based or Mav		rmatioi	n of
Here	-	***** Ignature of officer or t	rustee		2018-02-26 Date	\rightarrow \begin{array}{c} ***** \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* retur with below	n the prepa	rer shov	wn
		T						/		
Paid		Print/Type preparer's CHRIS T MCNEILL		Preparer's Sig	gnature	Date	Check if self- employed ▶ ☐	P01379	9799	
_	arer	Firm's name AMC	NATIONALI	DUCT DANIZ			1			

Use Only Firm's name ► AMG NATIONAL TRUST BANK Firm's EIN ▶84-1595367 Firm's address ► 6295 GREENWOOD PLAZA BLVD Phone no (303) 694-2190 GREENWOOD VILLAGE, CO 801114908

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JOEL W JOHNSON TRUSTEE 1 00 10813 E WINDGATE PASS DRIVE SCOTTSDALE, AZ 85255 ELIZABETH B JOHNSON TRUSTEE 1 00 10813 E WINDGATE PASS DRIVE DR GEOFFREY B JOHNSON TRUSTEE ٥ 1 00 5453 HAWTHORN HILL LANE NE ROCHESTER, MN 55906

SCOTTSDALE, AZ 85255				
KATHERINE E JOHNSON POTTER	TRUSTEE	0	0	
4 SNOW STREET SHERBORN, MA 01770	1 00			

TRUSTEE 1 00

PETER 1 JOHNSON

7551 PLUM ST

NEW ORLEANS, LA 70118

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMEDICAN CANCED SOCIETY NONE EVEMBT SCIENCE

333 WILSHIRE BOULEVARD LOS ANGELES, CA 90010	NONE	EXEMP 1	SCIENCE	
AMERICAN RED CROSS 6135 N BLACK CANYON HWY PHOENIX, AZ 85015	NONE	EXEMPT	SCIENCE	5

500

5,000

135 N BLACK CANYON HWY HOENIX, AZ 85015				
HERISH CENTER1004 22ND STREET ILFORD, IA 51351	NONE	EXEMPT	COMMUNITY	
ICKINGON COUNTY EDIENDS OF THE	NONE	EVEMBT	COMMUNITY	

CHERISH CENTER1004 22ND STREET MILFORD, IA 51351	NONE	EXEMPT	COMMUNITY	600
DICKINSON COUNTY FRIENDS OF THE TRAIL PO BOX 304 OKOBOJI, IA 51355	NONE	EXEMPT	COMMUNITY	1,000

TRAIL PO BOX 304 OKOBOJI, IA 51355				
DORSET THEATRE104 CHENEY RD	NONE	EXEMPT	COMMUNITY	500

OKOBOJI, IA 51355				
DORSET THEATRE104 CHENEY RD DORSET, VT 05251	NONE	EXEMPT	COMMUNITY	500

OKOBOJI, IA 51355				<u> </u>
DORSET THEATRE104 CHENEY RD DORSET, VT 05251	NONE	EXEMPT	COMMUNITY	
Total				1,352,006

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DS METRO SCHOLARSHIP FUND NONE **EXEMPT FDUCATION** 3,000 1198 11TH STREET DENVER, CO 80204 NONE 250 EXPERIMENT IN INTERNATIONAL EXEMPT **EDUCATION** LIVIING 1015 15TH STREET NW WASHINGTON, DC 20005 NONE FRIENDS OF JC HORMEL NATURE **EXEMPT** COMMUNITY 250 CENTER 1304 21ST STREET NE AUSTIN, MN 55912 HABITAT FOR HUMANITY NONE **EXEMPT** COMMUNITY 500 115 F WATKINS PHOENIX. AZ 85004 1,000

NONE **EXEMPT EDUCATION**

HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON, MA 02163

Total

1,352,006 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HELP IN HEALING HOME FOUNDATION NONE **EXEMPT** COMMUNITY 12,500 5811 EAST MAYO BLVD

PHOENIX, AZ 85054				
HISTORIC ARNOLDS PARK 37 LAKE STREET ARNOLDS PARK, IA 51331	NONE	EXEMPT	COMMUNITY	2,244
HORMEL INSTITUTE-UNIVERSITY OF MN 801 16TH AVE NE	NONE	EXEMPT	COMMUNITY	10,000

ORMEL INSTITUTE-UNIVERSITY OF MN 801 16TH AVE NE AUSTIN, MN 55912	NONE	EXEMPI	COMMUNITY	
HOSPICE OF THE VALLEY 1.510 E FLOWER STREET PHOENIX, AZ 85014	NONE	EXEMPT	HEALTH	

За

HOSPICE OF THE VALLEY 1510 E FLOWER STREET PHOENIX, AZ 85014	NONE	EXEMPT	HEALTH	250
IOWA GREAT LAKES ASSOCIATION	NONE	EXEMPT	COMMUNITY	350

PHOENIX, AZ 85014				
IOWA GREAT LAKES ASSOCIATION 2005 18TH STREET	NONE	EXEMPT	COMMUNITY	3:

PHOENIX, AZ 85014				
IOWA GREAT LAKES ASSOCIATION 2005 18TH STREET	NONE	EXEMPT	COMMUNITY	

SPIRIT LAKE, IA 51360 Total . 1,352,006

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JUNIOR ADAPTIVE ATHLETES IN NONE EXEMPT COMMUNITY 7,500 MOTION 727 E MARYLAND AVE PHOENIX, AZ 85014 KARATU EDUCATION FUNDPO BOX 1424 NONE **EXEMPT EDUCATION** 100 DELLEVILE WAY 000001424

BELLEVUE, WA 980091424				
KJZZ2323 WEST 14TH STREET TEMPE, AZ 85281	NONE	EXEMPT	COMMUNITY	250
LAKES AREA EXTRICATION AND RESCUE UNIT 1801 N AVE MILFORD, IA 51351	NONE	EXEMPT	COMMUNITY	500
MARCH OF DIMES 1275 MAMARONECK AVENUE	NONE	EXEMPT	EDUCATION	250

1,352,006

WHITE PLAINS, NY 10605

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAYO CLINIC200 FIRST ST SW NONE EXEMPT SCIENCE 50,000 ROCHESTER, MN 55905

METCO SCHOLARSHIP FUND 155 FARM STREET DOVER, MA 02030	NONE	EXEMPT	EDUCATION	2,500
MULTIPLE SCLEROSIS SOCIETY	NONE	EXEMPT	MEDICAL	250

900 S BROADWAY DENVER, CO 80209	NONE	EXEMPI	MEDICAL	250
MUSICAL INSTRUMENT MUSEUM 4725 E MAYO ST PHOENIX, AZ 85050	NONE	EXEMPT	EDUCATION	2,500
			I .	

PHOENIX, AZ 85050				
OPPORTUNITY INTERNATIONAL 2122 YORK RD 340 OAK BROOK, IL 60523	NONE	EXEMPT	EDUCATION	50,000

1,352,006

PHOENIX, AZ 85050				
OPPORTUNITY INTERNATIONAL 2122 YORK RD 340	NONE	EXEMPT	EDUCATION	50

Total.

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POTACH FOUNDATION2217 17TH ST SE NONE **EXEMPT** MEDICAL 5,000 AUSTIN, MN 55912 RELAY FOR LIFE NONE **EXEMPT** MEDICAL 20 333 WILSHIRE BOULEVARD

LOS ANGELES, CA 90010				
RONALD MCDONALD HOUSE ONE KROC DRIVE OAK BROOK, IL 60523	NONE	EXEMPT	COMMUNITY	100
SALVATION ARMY615 SLATERS LANE ALEXANDRIA, VA 22313	NONE	EXEMPT	COMMUNITY	850
SANTA CLARA UNIVERSITY	NONE	EXEMPT	EDUCATION	500

П	SALVATION ARMY615 SLATERS LANE ALEXANDRIA, VA 22313	NONE	EXEMPT	COMMUNITY	850
	SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	NONE	EXEMPT	EDUCATION	500

Total. 1,352,006

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
SHEPHERD OF THE HILLS UCCC 5524 E LAFAYETTE BLVD PHOENIX, AZ 85018	NONE	EXEMPT	RELIGIOUS	10,000		
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON, NY 13323	NONE	EXEMPT	EDUCATION	1,050,000		
UNITED CHURCH OF DORSET AND EAST RUPERT PO BOX 263 DORSET, VT 05251	NONE	EXEMPT	RELIGIOUS	6,000		
UNITED WAY OF MOWER COUNTY 301 NORTH MAIN ST AUSTIN, MN 55912	NONE	EXEMPT	COMMUNITY	1,000		
USSGA MEMORIAL FUND 88 FIELD POINT RD GREENWICH, CT 06830	NONE	EXEMPT	COMMUNITY	500		

1,352,006

Total . .

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Recipient
Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Amount
Purpose of grant or contribution

WELLESLEY, MA 02481	NONE	EXEMPT	EDUCATION	125,242
YALE DIVINITY COLLEGE 409 PROSPECT ST NEW HAVEN, CT, 06511	NONE	EXEMPT	RELIGIOUS	1,000

EVENIOT

EDUCATION

125 242

1,352,006

WELLECLEY COLLECEIOC CENTRAL CT

Total .

3a

NICHIE

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	D	LN: 93491071005048		
TY 2017 Accounting Fees Schedule							
	Name:	JW JOHN	ISON FAMILY				
CHARITABLE TRUST							
	EIN:	20-7203	295				
Accounting Fees Schedule							
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAX PREP FEE		4,995	2,497		2,498		

TY 2017 Investments Corporate Stock Schedule

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

EIN: 20-7203295

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC	18,048	31,141
ABOTT LABORATORIES	7,855	11,813
AMERICAN INTERNATIONAL	14,589	16,504
BANK OF AMERICA	14,793	26,155
BB&T	14,486	19,291
BP AMOCO PLC	15,910	14,753
CISCO SYSTEMS	9,984	17,427
CITIGROUP	8,328	22,993
CREDIT SUISSE GROUP ADR	21,129	24,062
DIEBOLD INC.	10,455	7,178
EATON CORP PLC	10,574	17,066
ENI S P A	23,196	21,341
ERSTE BANK DER OSTERRECHISCHEN	12,826	22,262
GLAXO SMITHKLINE PLC ADR	21,676	18,019
HORMEL FOODS CORP	520,800	873,360
HP INC	4,711	11,282
IBM CORP	9,902	10,586
ING GROUP NV SPONSORED ADR	17,754	24,478
INTEL CORP	8,405	24,142
INTESA SANPAOLO ADR	21,136	27,541
JOHNSON & JOHNSON	5,360	12,715
JPMORGAN CHASE & CO	8,916	22,030
KONINKLIKE PHILIPS ELECTRIC N.V.	15,258	22,869
LAS VAGAS SANDS CORP	15,143	24,808
NOKIA CORPORATION	18,179	16,934
PBF ENERGY INC	7,426	12,266
QUALCOMM INC	14,606	20,102
TARGET CORP	6,394	8,287
TOTAL SA-SPON	12,000	14,152

TY 2017 Investments - Other Schedule

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

EIN: 20-7203295

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALLIANCEBERNSTEIN GLOBAL BOND FUND INC	AT COST	74,749	74,638
BANCO BILBAO VIZCAYA ARGENTARIA, SA	AT COST	13,881	13,481
BLACKROCK STRATEGIC INCOME OPPORTUNITIES	AT COST	106,073	102,552
CARILLON REAMS UNCONSTRAINED BOND FUND CL	AT COST	24,439	24,844
CHAMPLAIN SMALL CO FD-ADV	AT COST	59,615	85,222
DIAMOND HILL LARGE CAP FD	AT COST	200,040	245,948
DODGE & COX STOCK FUND #145	AT COST	114,681	148,272
ECOLAB INC	AT COST	818,938	2,936,932
ENEL SPA UNSPON ADR	AT COST	9,245	13,595
FAMOUS DAVE'S OF AMERICA	AT COST	88,769	131,000
FMI COMMON STOCK FUND	AT COST	47,367	52,159
FPA NEW INCOME INC FUND	AT COST	103,429	99,847
HARBOR MID CAP VALUE FUND #023	AT COST	51,907	103,506
HARDING LOEVNER EMERG MKTS	AT COST	112,160	140,992
ISHARES COHEN & STEERS REALTY	AT COST	200,365	204,160
ISHARES MSCI EAFE INDEX FUND	AT COST	134,669	153,487
ISHARES MSCI EMERGING MARKET	AT COST	74,099	78,973
ISHARES RUSSELL MIDCAP INDEX	AT COST	169,587	200,845
ISHARES S&P PREF STK INDX FN	AT COST	50,232	47,588
ISHARES TRUST RUSSELL 2000	AT COST	163,218	215,121
JENSEN PORTFOLIO CL I	AT COST	233,060	292,865
OAKMARK INTERNATIONAL FUND (HARRIS) #109	AT COST	258,120	312,532
OAKTREE CAPITAL GROUP LLC	AT COST	12,401	12,630
ORANGE SPON ADR	AT COST	18,784	21,559
ROYAL DUTCH SCHELL PLC-ARD A	AT COST	11,876	15,810
SANOFI ADR	AT COST	18,388	18,619
T ROWE PRICE INSTITUTIONAL FLOATING RATE	AT COST	135,256	135,841
T ROWE PRICE INTERNATIONAL BOND # 76	AT COST	68,756	64,025
T ROWE PRICE MID-CAP GROWTH #64	AT COST	120,256	174,866
TECHNIPFMC PLC	AT COST	23,072	25,612

Investments Other Schedule 2

YARA INTERNATIONAL ADR

Category / Item

TWEEDY BROWNE GLOBAL VALUE FUND #1

VANGUARD ENERGY FUND ADMIRAL CL #0551

US TREASURY NOTES INFL INDEX .125%

VANGUARD INFLATION PROTECTED ADMIRAL CL

VANGUARD TOTAL BOND MARKET INDEX INV #84

• •
AT COST
AT COST

Listed at Cost or

FMV

AT COST

AT COST

AT COST

AT COST

Book Value

243,089

246,769

100,009

45,840

50,510

21,540

End of Year Fair

Market Value

268,539

386,419

100,668

44,882

50,288

25,422

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491071005048	
TY 2017 Other Expenses Sche	edule				
Name:	JW JOHNSON F	AMILY			
	CHARITABLE TRUST				
EIN:	20-7203295				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOUNDATION & OTHER EXPENSES	3,209	0		3,209	
BANK FEE	20	10		10	

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data		DL	N: 93491071005048
TY 2017 Other Professiona	al Fees Schedu	le		
Na	me: JW JOHNSOI	N FAMILY		
	CHARITABLE	<i>Ē</i> TRUST		
F	EIN: 20-7203295	ز		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

17,434

17,434

INVESTMENT MGT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491071005048
TY 2017 Taxes Schedule				
Name	: JW JOHNSOI	N FAMILY		
	CHARITABLE			
EIN	l: 20-7203295	ı		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	1,491	1,491		0
2017 990-PF TAX ESTIMATE	12,302	0		0

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -				DLN: 93491071005048	
Schedule B		Schedi	ule of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990				2017	
Name of the organizat JW JOHNSON FAMILY	ion				Employer id	entification number	
CHARITABLE TRUST					20-7203295		
Organization type (che	eck one)						
Filers of:	Section:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	organization				
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 politi	☐ 527 political organization					
Form 990-PF	5 01(c)(3)	☑ 501(c)(3) exempt private foundation					
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3)	501(c)(3) taxable private foundation					
			PF that received, during to complete Parts I and II S				
Special Rules							
under sections 5 received from ai	509(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, tot	g Form 990 or 990-EZ th ecked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions o	f more than \$1,000	, or (10) filing Form 990 o Dexclusively for religious animals Complete Parts	, charitable, scien			
during the year, If this box is che purpose Don't o	contributions exclusecked, enter here the complete any of the p	sively for religious, total contributions parts unless the G	or (10) filing Form 990 or charitable, etc., purposes s that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an us organization be	itributions tota exclusively rel cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), but	t it must answer "No	o" on Part IV, line 2	ile and/or the Special Ru 2, of its Form 990, or chea at it doesn't meet the filing	ck the box on line	H of its		
For Paperwork Reduction a for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990,	, 990-EZ, or 990-PF) (2017)	

ochedule b (i oilii	330, 330-LZ, 01 330-11) (2017)		r age z		
Name of organiza JW JOHNSON FAMIL CHARITABLE TRUST	.Y	Employer identification number 20-7203295			
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	JOEL AND ELIZABETH JOHNSON 10813 EAST WINDGATE PASS DRIVE	6 200 507	Person Payroll		
	SCOTTSDALE, AZ85255	\$ 280,597	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) (c) Name, address, and ZIP + 4 Total contribution		(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)		

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)		Page 4		
Name of organizat JW JOHNSON FAMILY CHARITABLE TRUST			Employer identification number 20-7203295		
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, charit actions.) ► \$	I in section 501(c)(7), (8), or (10) that total more igh (e) and the following line entry. For able, etc., contributions of \$1,000 or less for		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee		
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				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	elationship of transferor to transferee			
	Transferde a name, address, and		enationship of transferor to transferor		
(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	` ,	elationship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)