

EXTENDED TO NOVEMBER 15, 2018
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.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

For	cale	ndar year 2017 or tax year beginning		, and ending		
		foundation			A Employer identification	number
J	ОН	NSON FAMILY FOUNDATION			93-6310704	i
		and street (or P O box number if mail is not delivered to stree	B Telephone number			
1	26	21 SW EDGECLIFF RD	503-669-79	55		
		own, state or province, country, and ZIP or foreign	C If exemption application is p	ending, check here		
		TLAND, OR 97219				. —
G	Check	k all that apply: Initial return		rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
_		Address change	Name change	// \\		
\ Η_	Checl		xempt private foundation		E If private foundation sta under section 507(b)(1	
<u> </u>		ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Account	ting method: X Cash	Accrual	1	
	-	·	Other (specify)	Accidat	F If the foundation is in a under section 507(b)(1	
	-\$	3,391,243. (Part I, colu		s.)		(5), 6110511 11010 P 1111
_	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
٠	41.	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	258,789.		N/A	
	2	Check I if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	92,946.	92,946.		STATEMENT 1
	5	a Gross rents				
	1	Net rental income or (loss)	116 050			
<u>a</u>	6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 1 2 2 1 6	116,250.			
Į.		assets on line 6a		116,250.		
Revenue	7			110,230.	RE(EIVED
\ <u>-</u>	8			·	1120	70
	19	Income modifications Gross sales less returns and allowances			E CED	101
		and allowances Less Cost of goods sold			ାର୍ଚ୍ଚ SEP	26 2018 S
	1	c Gross profit or (loss)				
	111	·			OGD	EN. UT
	12	Total, Add lines 1 through 11	467,985.	209,196.		
_	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				<u> </u>
		Pension plans, employee benefits				<u> </u>
	16	a Legal fees	1 2 2 2 5	1,962.		1,963.
į	<u> </u>	b Accounting fees STMT 2	3,925. 11,888.	11,888.	 	0.
		c Other professional fees STMT 3	11,880.	11,000.	 	
ì	1/	Interest Taxes STMT 4	2,074.	974.	 	0.
	18 2 18		2,071			
	20	•				
į	21					
9	23		1,843.	1,348.		495.
į	22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	Total operating and administrative				
1		expenses. Add lines 13 through 23	19,730.	16,172.		2,458.
(25	Contributions, gifts, grants paid	137,870.			137,870.
	2€	-	155 600	16 170		140 220
_	+-	Add lines 24 and 25	157,600.	16,172.		140,328.
	27	7 Subtract line 26 from line 12:	210 205			
		8 Excess of revenue over expenses and disbursements	310,385.	193,024.	 	
		Net investment income (if negative, enter -0-) Adjusted not income (if negative, enter -0-)		155,024.	N/A	
_	Щ.	c Adjusted net income (if negative, enter -0-)			1 4/1	Form 990-PF (2017)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	62,021.	320,218.	320,218.
	2	Savings and temporary cash investments	139,310.	42,352.	42,352.
	3	Accounts receivable ►			· · · · · · · · · · · · · · · · · · ·
		Less: allowance for doubtful accounts			
	4	Ple dges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ςą	8	Inventories for sale or use			
Assets	9	Pre paid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	1,303,784.	1,275,792.	1,275,792.
		Investments - corporate bonds STMT 7	1,444,304.	1,752,115.	1,752,115.
		Investments - land, buildings, and equipment basis	2,121,0010		
	Ι''			1	
	12	Less: accumulated depreciation Investments - mortgage loans			·
	13	Investments - other			·- <u>-</u> - ··
		Land, buildings, and equipment basis			
	'	Less: accumulated depreciation	-		
	15	Other assets (describe STATEMENT 8)	2,540.	766.	766.
		Total assets (to be completed by all filers - see the	2,540.	700.	700.
	'"	instructions. Also, see page 1, Item I)	2,951,959.	3,391,243.	3,391,243.
_	17		350.	350.	3,331,243.
	18	Grants payable	330.	330.	
/A	19	Deferred revenue			
Liabilities	20	····			
Ē	۱	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
Ľ.	21	Other liabilities (describe)			
	**	Other liabilities (describe			
	22	Total liabilities (add lines 17 through 22)	350.	350.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	330.		
		·			
S		and complete lines 24 through 26, and lines 30 and 31.			
Š	24	Unrestricted			
ala	25	Temporarily restricted			
P	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		•		-	
5	27	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.	
ets	ı		0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2,951,609.		
et A	29	Retained earnings, accumulated income, endowment, or other funds	2,951,609.	3,390,893.	
ž	30	Total net assets or fund balances	2,331,003.	3,390,893.	
	24	Total liabilities and not constalling the language	2 951 959	2 201 242	
_	31	Total liabilities and net assets/fund balances	2,951,959.	3,391,243.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	2,951,609.
2		r amount from Part I, line 27a	• •	2	310,385.
		r increases not included in line 2 (itemize) UNREALIZED	GAIN (LOSS)	3	128,899.
		lines 1, 2, and 3		4	3,390,893.
		eases not included in line 2 (itemize)	<u>-</u>	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	3,390,893.
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	nd Losses for Tax on In		Incomo				3-031	0704	Page 3
				(b) How	acquired	/a\ Data		(4) D-	
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			P - Pur D - Do	chase	(c) Date a (mo., da	acquired ay, yr.)	(d) Dat (mo., d		
1a BANK - PUBLICLY		· ·		D - D0:	nauon				
b CAPITAL GAINS D									
C .				 					
d									
e									
(e) Gross sales price	(f) Depreciation allowed		st or other basis				aın or (loss)		
	(or allowable)		expense of sale			((e) plus	(f) minus (••••	
a 1,427,073.			1,311,96	6.					<u>,107.</u>
b 1,143.	· · · · · · · · · · · · · · · · · · ·	<u> </u>						1	,143.
<u>c</u>				\rightarrow					
<u>d</u>	- · · · · · · · · · · · · · · · · · · ·	ļ							
Complete only for assets showing	gain in column (h) and owned by t	the foundation	on 12/31/69	_		Caine (C	ol (h) gain		
Complete only for assets showing	(j) Adjusted basis		cess of col. (i)			(k), but n	ol. (h) gain i not less than	1 -0-) or	
(i) FM V as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col. (f	n))	
a					<u>.</u>			115	,107.
b		<u> </u>							,143.
G		<u></u>							
d									
е									
	∫ If gain, also enter	ın Part I, line	7	٦					
2 Capital gaun net income or (net cap	ital loss) $\int f(\cos s)$, enter -0-	- in Part I, line	7 .) <u>2</u>	ļ			116	<u>,250.</u>
3 Net short-term capital gain or (loss		ıd (6):							
If gain, also enter in Part I, line 8, c	olumn (c).) _			N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tay on Net	Invest	ment Inc	ome	N/A		
(For optional use by domestic private	 								
(For optional use by domestic private)	dulidations subject to the section 4	+340(a) tax UII	i net mvestinent m	iconic.)					
If section 4940(d)(2) applies, leave thi	s part blank.								
Was the four dation liable for the section	on 4942 tax on the distributable am	ount of any ye	ear in the base per	nod?				Yes	X No
If "Yes," the foundation doesn't qualify	under section 4940(e). Do not com	nplete this par	t.						
1 Enter the appropriate amount in ea	ach column for each year; see the in	nstructions be	fore making any e	ntries.	. =			7.1	
(a) Base period years	(b)		Nak calca at a a	(c)			Dıstrib	(d) ution ratio	
Calendar year (or tax year beginning			Net value of no				(col. (b) divi	ided by col.	
2016		3,959.			8,629				53858
2015		5,217.	_		39,176 30,437				50245
2014		9,622. 4,266.			78,992				46316 46855
2013		$\frac{4,200.}{9,072.}$			$\frac{78,992}{59,132}$				$\frac{40033}{48472}$
2012		9,012.		2,0	33,132	+			101/2
2 Total of line 1, column (d)						2	ı	. 2	45746
3 Average distribution ratio for the 5	-vear base period - divide the total c	on line 2 by 5.	O. or by the numb	er of vears		 -			
the foundation has been in existen		u, u.	-,,	· · · , · · · ·		3	ı	.0	49149
			•					-	
4 Enter the net value of noncharitable	e-use assets for 2017 from Part X, I	line 5				4		3,063	,848.
5 Multiply line 4 by line 3		-			_	5		150	,585.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		1	<u>,930.</u>
							ı	4-4	
7 Add lines 5 and 6	•		-			7		152	<u>,515.</u>
	B 1901 -						i	1 4 0	220
8 Enter qualifying distributions from		-				8		140	,328.
If line 8 is equal to or greater than l See the Part VI instructions.	ine 7, check the box in Part VI, line	1b, and comp	lete that part usin	ga 1% tax	rate.				
								orm QQ O	PF (2017)
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	990-PF (2017) JOHNSON FAMILY FOUNDATION 93-631 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
	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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		3,8	60.
	of Part I, line 27b			
C	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		3 <u>,</u> 8	60.
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-		3,8	60.
6	Credits/Payments:	_		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2,725.			
	Exempt foreign organizations - tax withheld at source 6b 0 .			
C	Tax paid with application for extension of time to file (Form 8868) 6c 3,270.			
đ	Backup withholding erroneously withheld 6d 0.			
	Total credits and payments. Add lines 6a through 6d		<u>5,9</u>	<u>95.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<u>0.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		~ 4	~ -
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,1	
	Enter the amount of line 10 to be: Credited to 2018 estimated tax 2,135. Refunded 11			0.
	rt VII-A Statements Regarding Activities		Vaa	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	Yes	X
	any political campaign?	1a		X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	j,		
_	distributed by the foundation in connection with the activities.	1c		x
	Did the foundation file Form 1120-POL for this year?	16		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\bigsim \text{\$0.} \text{ (2) On foundation managers.} \bigsim \text{\$\infty}\$			
	(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
E	managers. > \$ 0.			
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
2	If "Yes," attach a detailed description of the activities.	-		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	i i		
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
A 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?	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			
	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.			
	OR			
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	L ^
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 2017 or the tax year beginning in 2017? See the 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 names and addresses	10		X
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Part VII-A	Statements Regarding Activities (continued)			
			Yes	No
	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	(2(b)(13)? If "Yes," attach schedule. See instructions	11		X
	undation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	40		.
	tach statement. See instructions undation comply with the public inspection requirements for its annual returns and exemption application?	12	X	X
	ddress N/A	13		L
	s are in care of ► DAVID JOHNSON Telephone no. ► 503-66	59-7	955	——
	► 12621 SW EDGECLIFF RD, PORTLAND, OR ZIP+4 ▶9			
	947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	
	the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any tim	e during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities	or other financial account in a foreign country?	16		X
See the in	structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign co				<u> </u>
	Statements Regarding Activities for Which Form 4720 May Be Required			
	n 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
-	e year, did the foundation (either directly or indirectly):			l
• • •	ge in the sale or exchange, or leasing of property with a disqualified person?			
• •	ow money from, lend money to, or otherwise extend credit to (or accept it from) qualified person? Yes X No			
	qualified person? L Yes X No sh goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
• •	compensation to, or pay or reimburse the expenses of, a disqualified person?			
	sfer any income or assets to a disqualified person (or make any of either available	1		
	e benefit or use of a disqualified person)? Yes X No			
	e to pay money or property to a government official? (Exception. Check "No"			
	foundation agreed to make a grant to or to employ the official for a period after	1		ĺ
	nation of government service, if terminating within 90 days.)			
	wer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53	3.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A ons relying on a current notice regarding disaster assistance, check here	1b		İ
Organizat	ons relying on a current notice regarding disaster assistance, check here			
c Did the fo	undation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	first day of the tax year beginning in 2017?	1c		X
	failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	section 4942(j)(3) or 4942(j)(5)):			
	of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 20	17? Yes X No			
	any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	- see instructions.) N/A	2b		
	risions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			_
_				
3a Did the fo	undation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the				
b If "Yes," de	d it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1	969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
_	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	0, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
	undation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	undation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
nad not b	een removed from jeopardy before the first day of the tax year beginning in 2017?	4b	L DE	X (0017)
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(a) Name and address of each employee paid more than \$50,000

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense employee benefit plans address of each employee benefit plans allowances

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Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
		
rotal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat	istical information such as the	F
number of organizations and other beneficiaries served, conferences convened, research papers pr	oduced, etc.	Expenses
N/A		
		· · · · · · · · · · · · · · · · · · ·
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
· -		
3		
Total. Add lines 1 through 3	•	0.
i out in to a la l		

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,951,961.
b	Average of monthly cash balances	1b	2,951,961. 158,545.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,110,506.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,110,506.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	46,658.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,063,848.
6	Minimu m investment return. Enter 5% of line 5	6	153,192.
P	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.)	d certain	
1	Minimum investment return from Part X, line 6	1	153,192.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 3,860.		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,860.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,860. 149,332.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	149,332.
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	149,332.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	140,328.
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	
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	140,328.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	140,328.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section
	40.40/->		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	·			
line 7				149,332.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			136,099.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:		<u> </u>		
a From 2012				
b From 2013				
6 From 2014			:	
d From 2015				
e From 20 16				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 140,328.				
a Applied to 2016, but not more than line 2a			136,099.	
b Applied to undistributed income of prior			200,035	
vears (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				4,229.
· ·	0.			-,
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2017 (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:				:
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2016. Subtract line	,		_	
4a from line 2a. Taxable amount - see instr.		— · · · · · · · · · · · · · · · · · · ·	0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				145 102
be distributed in 2018			ļ	145,103.
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.		 -	
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	•	[
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	L		L	50rm 000 DE (0017)

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Form **990-PF** (2017)

3 Grants and Contributions Paid During the Y		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		,		
BRIDGE MEADOWS	NONE	PC	TO PROVIDE FUNDS TO	
3502 N WAYLAND AVE			ACCOMPLISH ITS	
PORTLAND, OR 97203			FUNCTION	1,00
CASA FOR CHILDREN, INC.	NONE	PC	TO PROVIDE FUNDS TO	
1401 NE 68TH AVENUE			ACCOMPLISH ITS	
PORTLAND, OR 97213			FUNCTION	12,12
·				
CASCADE AIDS PROJECT	NONE	PC	TO PROVIDE FUNDS TO ACCOMPLISH ITS	
620 SE FIFTH AVE, SUITE 300			FUNCTION	1,00
PORTLAND, OR 97214	-		ONCION	
CLASSIC WINES AUCTION	NONE	₽C	TO PROVIDE FUNDS TO	
PO BOX 4285	NO.		ACCOMPLISH ITS	
PORTLAND, OR 97208			FUNCTION	2,50
FANCONIA ANEMIA RESEARCH FUND	, NONE	₽C	TO PROVIDE FUNDS TO	
1801 WILLAMETTE STREET, SUITE 200			ACCOMPLISH ITS	
EUGENE, OR 97401	NATION AND AUDIO	 	FUNCTION	1,00
b Approved for future payment	NTINUATION SHE	rr(s)	. ▶ 3a	137,87
WANT.				
NONE				
	<u> </u>	<u> </u>	. ▶ 3b	

Form 990-PF (2017)

Part XVI-A Analysis of Income-Production	ucing Activities
--	------------------

Enter gross amounts unless otherwise indicated.	Onfolde	ed business income		i 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	- 0000				
b			╆╌┾		
	-		+		
<u> </u>			 		
<u> </u>			+		
e	-	· · · · · · · · · · · · · · · · · · ·			
F and amback from any	-				
g Fees and contracts from government agencies			├ ──├-		
2 Membership dues and assessments			\vdash		·- <u>-</u>
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	92,946.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	116,250.	
9 Net income or (loss) from special events	 		 		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:			 		 .
-					
a	· 		+ +		
	. —		 		
<u> </u>	-		 	-	
	.		╂		
e		0.	\vdash	200 106	
12 Subtotal. Add columns (b), (d), and (e)		0.		209,196.	0.
13 Total. Add line 12, columns (b), (d), and (e)				. 13	209,196.
(See worksheet in line 13 instructions to verify calculations.)					-
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	cempt I	Purposes	
		-		· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which income			contribute	ed importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than	t by providing tu	nds for such purposes).			
					-
				·	

Form **990-PF** (2017)

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Form 990-PF (ON LAMITLI						6310/04		ige 13
Part XVII	_information Re Exempt Organ		sfers to a	nd Transactions	and Re	lationsh	ips With No	ncharitable	•	
1 Did the o	rganization directly or indir	rectly engage in any	of the followin	g with any other organiz	ation descri	bed in secti	on 501(c)		Yes	No
(other th	an section 501(c)(3) organ	izations) or in sectio	n 527, relating	g to political organization	s?		• •	i		
a Transfers	s from the reporting founda	ation to a noncharita	ble exempt org	ganization of:				,	1	ĺ
(1) Cash	1	•				_		1a(1)		X
(2) Othe	er assets							1a(2)		X
b Other tra	nsactions:			·				<u> </u>		
(1) Sale	s of assets to a noncharital	ble exempt organiza	tion					16(1)		X
	chases of assets from a no						•	1b(2)		Х
• •	tal of facilities, equipment,	•	•	•				1b(3)		X
• •	nbursement arrangements						•	1b(4)	-	Х
• •	ns or loan guarantees		•	• •	•			1b(5)	1	X
• •	ormance of services or me	mbership or fundra	sına solicitatio	ns	•			1b(6)		Х
• •	of facilities, equipment, ma		=	*				10		X
	swer to any of the above is	-			l always sho	w the fair m	arket value of the		LL	
	es given by the reporting fo								0010,	
	(d) the value of the goods,						or onering arrange			
(a)Line no	(b) Amount involved			e exempt organization	[(d	Description	of transfers, transaction	ons, and sharing a	Tangeme	nts
(0)2	(-,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		-\	7				
		 -			+					
		<u> </u>								
										
										
										
										
		 		 						
		<u> </u>								
	<u>_</u>									
										
										
	undation directly or indirect	•	-	or more tax-exempt orga	anizations d	escribed			_ T₹	٦
	n 501(c) (other than sectio		ection 527?		-			Yes	LX	No
b If "Yes," o	complete the following sch			() T ()						
	(a) Name of org	anization		(b) Type of organizatio	n	(c) Description of re	elationship		
	N/A									
						<u> </u>				
				l						
	or penalties of perjury, I declare belief, it is true_correct, and con							May the IRS	discuss t	his
Sign	Paris	A f	opa a (omor till		.		_	return with the shown below	? See ins	ar str
Here		V		9/2/18	P	RESID	ENT	X Yes	: [J No
Sig	nature of officer or trustee			Date /	Title)				
	Print/Type preparer's na	ime	Preparer's si	ignature	Date		Check if	PTIN		
							self- employed			
Paid	AMY KUTZKE		AMY KU		09/0	8/18		P00934		
Preparer	1 11 11 0 11 a 11 0 0 0 0 0 0 0 0 0 0 0	KINS & CO	MPANY,	PC			Firm's EIN ▶ 9	3-09289	24	
Use Only	, <u> </u>									
	Firm's address ▶ 12	11 SW FIF	TH AVE	., SUITE 10	000					
	PO	4-3710			Phone no. 50	3-221-0	336			

Form **990-PF** (2017)

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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

	JOHNSON FAMILY FOUNDATION	93-6310704		
Organization type (chec	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	X 501(c)(3) taxable private foundation			
Note: Only a section 50 General Rule	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia			
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu			
Special Rules				
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supplict) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the an -EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from		
year, total cont	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.			
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totalester here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box- ous, charitable, etc.,		
but it must answer "No' certify that it doesn't me	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule I on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it set the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	s Form 990-PF, Part I, line 2, to		
LHA For Paperwork R	eduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedu	ıle B (Form 990, 990-EZ, or 990-PF) (2017)		

JOHNSON FAMILY FOUNDATION

93-6310704

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	and annous product	7 0320702
			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID JOHNSON 12621 SW EDGECLIFF ROAD PORTLAND, OR 97219	\$258,789. 	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
729452 11 0		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

JOHNSON FAMILY FOUNDATION

93-6310704

JA TIMITUI TOUNDIIITUN		0310704
Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıonal space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	·
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 _ \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	190, 990-EZ, or 990-PF) (2017
	Noncash Property (see instructions) Use duplicate copies of Part II (b) Description of noncash property given Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (g) (h) Description of noncash property given	