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DLN: 93491130019209 OMB No 1545-0052

2018

# **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2018, or tax year beginning 01-01-20	)18 , ar	nd ending 12-31-	2018 entification numbe	r	
JW	JOHNS	SON FAMILY BLE TRUST		20-7203295	entineation numbe	'	
		d street (or P O box number if mail is not delivered to street address) AST WINDGATE PASS DRIVE	<b>B</b> Telephone nu	B Telephone number (see instructions)			
			(480) 513-1125	i			
		n, state or province, country, and ZIP or foreign postal code .E, AZ 85255		C If exemption	application is pendin	g, check here	
<b>G</b> Ch	neck al	Final return Amended return	former public charity	2 Foreign or	ganizations, check he ganizations meeting k here and attach coi	the 85% □	
		Address change Name change			undation status was t	· -	
	,	rpe of organization Section 501(c)(3) exempt private			n 507(b)(1)(A), chec		
		T	e private foundation  Cash  Accrus	- L F 75 N - 5			
of '	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 9,040,032  J Accounting method  □ Other (specify) (Part I, column (d) must			ation is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	498,548				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach					
	3	Sch B Interest on savings and temporary cash investments	64				
	4	Dividends and interest from securities	163,113	163,113			
	5a	Gross rents					
	b	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	1,446,844				
Reverkie	b	Gross sales price for all assets on line 6a					
Sev	7	3,211,011 Capital gain net income (from Part IV, line 2)		1,446,844			
_	8	Net short-term capital gain		1,110,011			
	9	Income modifications					
	10a	Gross sales less returns and allowances Less Cost of goods sold					
	b c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	2,108,569	1,609,957			
	13	Compensation of officers, directors, trustees, etc	2,100,509	1,005,537			
	14	Other employee salaries and wages	0			,	
s	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)					
<u>B</u>	ь	Accounting fees (attach schedule)	4,995	2,497		2,498	
	С	Other professional fees (attach schedule)	19,661	19,661		·	
and Administrative	17	Interest		·			
trat	18	Taxes (attach schedule) (see instructions)	9,713	2,015		c	
<u> </u>	19	Depreciation (attach schedule) and depletion	_				
Ē	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
ξ	23	Other expenses (attach schedule)	12,646	10		12,636	
Operatıng	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	47,015	24,183		15,134	
0	25	Contributions, gifts, grants paid	983,781			983,781	
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	1,030,796	24,183		998,915	
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and	1 077 770				
	ь	disbursements  Net investment income (if negative, enter -0-)	1,077,773	1,585,774			
	c	Adjusted net income (if negative, enter -0-)		1,303,774			
For		work Reduction Act Notice, see instructions.	I	   Cat No 11289>	L For	<u> </u> m <b>990-PF</b> (2018)	

418,087

4,696,941

5,644,784

5,000

5,000

5,639,784

5,639,784

5,644,784

629,349

5,390,474

6,719,207

1,650

1.650

6,717,557

6,717,557 6,719,207

2

3

4

5

6

5,639,784

1,077,773

6,717,557

6,717,557 Form 990-PF (2018)

617,279

7,723,369

9,040,032

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

Enter amount from Part I, line 27a . . . . . . . . . . . .

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

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 . . .

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Grants payable

Less allowance for doubtful accounts ▶

	4
	5
	6
	7
2	8
Assets	9
Æ	10a

b

c

11

12

13

14

15 16

17

18

19

20 21

22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

Page **3** 

			1 (1)		Т			
	oe the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )				
1 a AMG 1274 - PUBLICLY T	RADED SECURITIES - SHORT TERM				2018-07-01			
	RADED SECURITIES - LONG TERM				2018-07-01			
	RADED SECURITIES - SHORT TERM				2018-07-01			
	RADED SECURITIES - LONG TERM				2018-07-01			
e CAPITAL GAINS DIVIDE			Р					
	(f)		(g)	(	h)			
(e)	Depreciation allowed		other basis		r (loss)			
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f	) minus (g)			
<b>a</b> 48	482,709				-74,048			
<b>b</b> 2,21	13,628		862,867		1,350,761			
c	77,063		95,449		-18,386			
d 32	25,206		249,094		76,112			
<b>e</b> 11	12,405				112,405			
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	1)			
· · · · · · · · · · · · · · · · · · ·	(i)	i	(k)	Gains (Col (	h) gain minus			
(i) F M V as of 12/31/69	Adjusted basis	Excess of col (ı) over col (ʒ), ıf any		col (k), but not less than -0-) <b>or</b> Losses (from col (h))				
a					-74,048			
b					1,350,761			
с					-18,386			
d					76,112			
e					112,405			
·	gain or (loss) as defined in sections and I, line 8, column (c) (see instructi		·	3	1,446,844			
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	ome				
•								
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e )				
If "Yes," the foundation does n	eave this part blank ne section 4942 tax on the distributa ot qualify under section 4940(e) Do nount in each column for each year,	not complete this part			es 🗹 No			
(a)			indicing any enerce	(d)				
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	Distribution ration (col (b) divided by c	ol (c))			
2017	1,349,284		7,884,601		0 171129			
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			
2 Total of line 1, column (	d)		2		0 558104			
number of years the four	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	3		0 111621			
	oncharitable-use assets for 2018 fron	•	4		8,889,439			
5 Multiply line 4 by line 3			5		992,248			
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)								
	<b>7</b> Add lines 5 and 6							
	ions from Part XII, line 4 ,				998,915			
If line 8 is equal to or gr instructions	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions							

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Fa	Statements Regard	iiiig	ACTIVITIES TOT WITHCH	Form 4720 May Be	Required	Continue	:u)			
5a	During the year did the foundation p	oay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?		☐ Ves	✓ N			
	(2) Influence the outcome of any sp	pecific	c public election (see sect	tion 4955), or to carry				<b>"</b>		
	on, directly or indirectly, any vo	ter re	egistration drive?			☐ Yes	✓ N	٨		
	(3) Provide a grant to an individual	for tr	avel, study, or other sım	ılar purposes?		Yes	☑ N			
	(4) Provide a grant to an organizati in section 4945(d)(4)(A)? See in		•	, -	i 					
	(5) Provide for any purpose other the					☐ Yes	Y N	°		
	educational purposes, or for the	prev	ention of cruelty to childr	en or animals?		□ ,,	✓ N			
Ь	If any answer is "Yes" to $5a(1)-(5)$ ,	dıd a	ny of the transactions fa	il to qualify under the ex	ceptions des	☐ <b>Yes</b> cribed in	Y N	°		
	Regulations section 53 4945 or in a		=					5b		
	Organizations relying on a current n					▶				
c	If the answer is "Yes" to question 5a						Ш			
_	tax because it maintained expenditure responsibility for the grant?									
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)		∐ Yes	∟ N	°		
6a	Did the foundation, during the year,				ums on					
_	a personal benefit contract?					Yes	✓ N			l <u>.</u> .
Ь	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal be	nefit contract	:2	•	6b		No
_	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa					☐ Yes	✓ N	o		
	If yes, did the foundation receive ar		•					7b		
8	Is the foundation subject to the sect					tion or				
	excess parachute payment during th	ne ye	ar <sup>9</sup>			Yes	✓ N	<u>。                                    </u>		<u> </u>
Pa	rt VIII Information About Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, H	ighly Pai	d Emp	oloyees	,	
1	List all officers, directors, trustee	es, fo	oundation managers an	nd their compensation	. See instru	tions				
	(a) Name and address	(	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee be	tributions t enefit plans compensati	and   '	( <b>e)</b> Expe	nse acc	
See	Additional Data Table			- /						
		1								
		1								
		1								
	Compensation of five highest-pa	id en	nplovees (other than th	nose included on line	L—see instri	uctions). I	If none	, enter `	NONE	."
						tributions t		·		
(a)	Name and address of each employee	paid	(b) Title, and average hours per week	(c) Compensation		ee benefit		e) Exper		
	more than \$50,000		devoted to position	(0)		nd deferred sensation	<sup>‡</sup>	other a	lowanc	es
NON					Comp	ensacion .				
11011	-									
					+		+			
							+			
					+					
Tota	I number of other employees paid ov	er \$5	0,000			<u>. ▶</u>				0
								Form <b>99</b>	0-PF	(2018)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Higand Contractors (continued)	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none	e, enter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	. • 0
Part IX-A Summary of Direct Charitable Activities	a number of
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NOT APPLICABLE	0
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT APPLICABLE	0
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	
	Form <b>990-PF</b> (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

998.915

998.915

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412,757

412,757

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0

2018

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**b** Total for prior years

**b** From 2014. . . . c From 2015. .

From 2016. . . .

e From 2017. . . . .

Form 990-PF (2	018)
Part XIII	Und

1

2

art XIII	Undistributed Income (see instruction					
Distributable amount for 2018 from Part XI, line 7						
Undistributed income, if any, as of the end of 2018						

From 2013. . . . . .

a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. .

**b** Excess from 2015. .

(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 —see instructions . . . . . . . . . e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, 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). . . . . . . . . .

78.568 11,440

24 471

1.776.335 971,932 (a)

Corpus

2.862.746

586.158

3,448,904

78.568

3,370,336

11.440 24,471

1.776.335

971,932

586.158

0

(b)

Years prior to 2017

(c)

2017



Enter gross amounts unless otherwise indicated		Unrelated bu	usiness income	Excluded by section	ded by section 512, 513, or 514	
-	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	( <b>d)</b> Amount	function income (See instructions )
		+				
g Fees	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash nents			14	64	
	nds and interest from securities			14	163,113	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
invento	,			18	1,446,844	
	ome or (loss) from special events			10	1,440,044	
	profit or (loss) from sales of inventory					
L1 Other i	revenue a					
	al Add columns (b), (d), and (e).		0		1,610,021	
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	3	1,610,021
Part XVI	I-B Relationship of Activities to the	ne Accomplish	ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's explain instructions (					

. ,	/
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

Pa	art XVII	Exempt Organi	-	iisicis io e	and mansaction	iis aliu Kelatio	nampa with Nonch	aritable		
			dırectly engage				on described in section 5	01	Yes	No
a -	` / ` Transfers f	rom the reporting foun	dation to a non	charitable exe	empt organization	of				
(	( <b>1)</b> Cash.							1a(1)		No
(	<b>(2)</b> Other	assets						1a(2)		No
ь	Other trans	sactions								
(	<b>(1)</b> Sales	of assets to a nonchar	ıtable exempt o	rganızatıon.				1b(1)		No
(	(2) Purch	ases of assets from a r	oncharitable ex	empt organiz	zation			. 1b(2)		No
(	( <b>3)</b> Renta	il of facilities, equipmen	nt, or other asse	ets				. 1b(3)		No
(	(4) Reimb	oursement arrangemer	ts					1b(4)		No
	• •	or loan guarantees.						1b(5)		No
		mance of services or m	•	_				1b(6)		No
	-	facilities, equipment, r		-				1c		No
(	of the good	ds, other assets, or ser	vices given by t	he reporting t	foundation If the f	foundation receive	ways show the fair market ed less than fair market ets, or services received			
	in any cran	saction or snaring arra	ngement, snow	iii colaiiii (a	y the value of the	goods, other asse	ica, or services received			
(a) l	Line No	(b) Amount involved	(c) Name of no	ncharitable exei	mpt organization	(d) Description of	transfers, transactions, and	sharing arra	ingemen	ts
<b>2</b> a 1	Is the foun	idation directly or indire	ectly affiliated w	vith, or related	d to, one or more t	tax-exempt organ	ızatıons	_		
		in section 501(c) (othe		01(c)(3)) or ı	ın section 527? .		Ц Yes	<b>✓</b> No		
<b>b</b> 1	If "Yes," co	omplete the following s		1						
		(a) Name of organization	on	(E	Type of organizatio	n	(c) Description of r	elationship		
	of m		, it is true, corr				ng schedules and stater than taxpayer) is based			
Sig	ın ∣ ့	******	wieuge	2019-05-01				ay the IRS d	iscuss th	าเร
те	re -					— )	•	ith the prepa elow	irer show	vn
	<b>'</b> s	Signature of officer or t	rustee		Date	Title		see instr )?	<b>√</b> γes l	□ No
		Print/Type preparer's	s name P	reparer's Sıgr	nature	Date	PTIN	1		
		CURTO T MONETO	CD4				employed ▶ □		9799	
a	id	CHRIS T MCNEILL	CPA							
	eparer		NATIONAL TRU	JST BANK		1	Eirm	n's EIN ▶84	1505?	867
Js	e Only		IOE CDEENIMOS	D DI 474 DI 1	10		FILL	13 LIN F04	10900	,,,
		Firm's address ► 62	95 GREENWOO	D PLAZA BLV	U		Dha	ne no /203	e) 604. <sup>-</sup>	2100
		GF	REENWOOD VIL	LAGE, CO 80	)1114908		Phoi	ne no (303	, U94-2	~13U
							1			

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 0 1 00 DR GEOFFREY B JOHNSON TRUSTEE 0 0 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 status of contribution any foundation manager

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
AMERICAN CANCER SOCIETY 333 WILSHIRE BOULEVARD	NONE	EXEMPT	SCIENCE	100

recipient

LOS ANGELES, CA 90010				
AMERICAN RED CROSS 6135 N BLACK CANYON HWY PHOENIX, AZ 85015	NONE	EXEMPT	SCIENCE	10,000

6135 N BLACK CANYON HWY PHOENIX, AZ 85015				
BOYS TOWN - OMAHA 14100 CRAWFORD ST BOYS TOWN NE 68010	NONE	EXEMPT	COMMUNITY	5,000

PHOENIX, AZ 85015				
BOYS TOWN - OMAHA 14100 CRAWFORD ST BOYS TOWN, NE 68010	NONE	EXEMPT	COMMUNITY	5,000

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

- · - · - · - · · · · · · · · · · · · ·				
CHERISH CENTER1004 22ND STREET MILFORD, IA 51351	NONE	EXEMPT	COMMUNITY	200
DICKINSON COUNTY FRIENDS OF THE TRAIL	NONE	EXEMPT	COMMUNITY	3,000

MILI OND, IA 31331				
DICKINSON COUNTY FRIENDS OF THE TRAIL PO BOX 304 OKOBOJI, IA 51355	NONE	EXEMPT	COMMUNITY	3,000
DOCTORS WITHOUT BORDERS	NONE	EXEMPT	MEDICAL	500

TRAIL PO BOX 304 OKOBOJI, IA 51355				
DOCTORS WITHOUT BORDERS 337 7TH AVENUE NEW YORK, NY 100015004	NONE	EXEMPT	MEDICAL	500

Total			▶ 3a	983,781
DOCTORS WITHOUT BORDERS 337 7TH AVENUE NEW YORK, NY 100015004	NONE	EXEMPT	MEDICAL	5
OKOBOJI, IA 51355				

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

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
DORSET CONGREGATIONAL CHURCH 200 MAPLE HILL LN DORSET, VT 05251	NONE	EXEMPT	RELIGIOUS	10,000
DORSET HISTORICAL SOCIETY PO BOX 52 ROUTE 30 AT KENT HILL	NONE	EXEMPT	EDUCATION	100

recipient

DORSET HISTORICAL SOCIETY PO BOX 52 ROUTE 30 AT KENT HILL ROAD DORSET, VT 05251	EXEMPT EDI	EDUCATION	100

DORSET, VT 05251				
DORSET PLAYERS INC173 CHENEY RD	NONE	EXEMPT	COMMUNITY	500

DORSET, VT 05251				
DORSET PLAYERS INC173 CHENEY RD	NONE	EXEMPT	COMMUNITY	50
DORSET, VT 05251				

DORSET PLAYERS INC173 CHENEY RD DORSET, VT 05251	NONE	EXEMPT	COMMUNITY	500

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

3750 W INDIAN SCHOOL ROAD PHOENIX, AZ 85019	NONE	EXEMPT	COMMUNITY	500
FRIENDS OF JC HORMEL NATURE CENTER 1304 21ST STREET NE	NONE	EXEMPT	COMMUNITY	250

FRIENDS OF JC HORMEL NATURE CENTER 1304 21ST STREET NE AUSTIN, MN 55912	NONE	EXEMPT	COMMUNITY	250
HABITAT FOR HUMANITY 115 E WATKINS	NONE	EXEMPT	COMMUNITY	200

1304 21ST STREET NE AUSTIN, MN 55912				
HABITAT FOR HUMANITY 115 E WATKINS PHOENIX, AZ 85004	NONE	EXEMPT	COMMUNITY	200

Total .

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

recipient

.000

983,781

any foundation manager

Name and address (home or business)

AUSTIN, MN 55912

Total .

· ·	or substantial contributor			
a Paid during the year				
HELP IN HEALING HOME FOUNDATION 5811 EAST MAYO BLVD PHOENIX, AZ 85054	NONE	EXEMPT	COMMUNITY	2,000
HISTORIC ARNOLDS PARK 37 LAKE STREET ARNOLDS PARK, IA 51331	NONE	EXEMPT	COMMUNITY	25,750

PHOENIX, AZ 85054				
HISTORIC ARNOLDS PARK 37 LAKE STREET ARNOLDS PARK, IA 51331	NONE	EXEMPT	COMMUNITY	25,
HORMEL INSTITUTE-UNIVERSITY OF MN 801 16TH AVE NE	NONE	EXEMPT	COMMUNITY	10,0

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

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
JUNIOR ADAPTIVE ATHLETES IN MOTION 727 E MARYLAND AVE PHOENIX, AZ 85014	NONE	EXEMPT	COMMUNITY	5,000
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55905	NONE	EXEMPT	SCIENCE	50,000
MUSICAL INSTRUMENT MUSEUM 4725 E MAYO ST PHOENIX, AZ 85050	NONE	EXEMPT	EDUCATION	2,500
Total	983,781			

Recipient Foundation Purpose of grant or If recipient is an individual, 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 NATIONAL MULTIPLE SCLEROSIS NONE **EXEMPT** HEALTH 100 SOCIETY

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

PO BOX 4527 NEW YORK, NY 10163				
OPPORTUNITY INTERNATIONAL 2122 YORK RD 340 OAK BROOK, IL 60523	NONE	EXEMPT	EDUCATION	100,000
PINNACLE PRESBYTERIAN CHURCH	NONE	EXEMPT	RELIGIOUS	230

2122 YORK RD 340 OAK BROOK, IL 60523				·
PINNACLE PRESBYTERIAN CHURCH 25150 N PIMA RD SCOTTSDALE, AZ 85255	NONE	EXEMPT	RELIGIOUS	230
			•	

Total .

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

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
POTACH FOUNDATION2217 17TH ST SE AUSTIN, MN 55912	NONE	EXEMPT	MEDICAL	5,000

recipient

ROGERS MEMORIAL HOSPITAL FOUNDATION	NONE	EXEMPT	MEDICAL	1,000
1860 EXECUTIVE DR OCONOMOWOC, WI 53066				

FOUNDATION 1860 EXECUTIVE DR OCONOMOWOC, WI 53066				
RONALD MCDONALD HOUSE ONE KROC DRIVE OAK BROOK, IL 60523	NONE	EXEMPT	COMMUNITY	100
Total	983,781			

1860 EXECUTIVE DR OCONOMOWOC, WI 53066				
RONALD MCDONALD HOUSE ONE KROC DRIVE OAK BROOK, IL 60523	NONE	EXEMPT	COMMUNITY	

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 SALVATION ARMY615 SLATERS LANE NONE **EXEMPT** COMMUNITY 100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

ALEXANDRIA, VA 22313				
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS 5900 SOUTHWEST PARKWAY BUILDING 3 AUSTIN, TX 78735	NONE	EXEMPT	MEDICAL	5,000

5900 SOUTHWEST PARKWAY BUILDING 3 AUSTIN, TX 78735				
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON NY 13323	NONE	EXEMPT	EDUCATION	737,851

AUSTIN, TX 78735				
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON, NY 13323	NONE	EXEMPT	EDUCATION	737,851
Total			▶ 3a	983,781

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

recipient

200

983,781

any foundation manager

or substantial contributor

Name and address (home or business)

88 FIELD POINT RD GREENWICH, CT 06830

Total .

a Paid during the year				
UNITED WAY OF MOWER COUNTY 301 NORTH MAIN ST AUSTIN, MN 55912	NONE	EXEMPT	COMMUNITY	1,000
UNITED WAY-VALLEY OF THE SUN 1515 EAST OSBORN ROAD	NONE	EXEMPT	COMMUNITY	100

AUSTIN, MN 55912				
UNITED WAY-VALLEY OF THE SUN 1515 EAST OSBORN ROAD PHOENIX, AZ 85014	NONE	EXEMPT	COMMUNITY	
LISSGA MEMORIAL FUND	NONE	EXEMPT	COMMUNITY	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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				
WELLESLEY CENTERS FOR WOMEN 106 CENTRAL ST WELLESLEY, MA 02481	NONE	EXEMPT	COMMUNITY	2,500

WELLESLEY, MA 02481				
WELLESLEY COLLEGE106 CENTRAL ST WELLESLEY, MA 02481	NONE	EXEMPT	EDUCATION	2,500
VALE DIVINITY COLLEGE	NONE	EVEMBT	PELICIOUS	2 500

WELLESLEY COLLEGE106 CENTRAL ST WELLESLEY, MA 02481	NONE	EXEMPT	EDUCATION	2,500
YALE DIVINITY COLLEGE 409 PROSPECT ST NEW HAVEN, CT 06511	NONE	EXEMPT	RELIGIOUS	2,500

WELLESLEY, MA 02481				
YALE DIVINITY COLLEGE 409 PROSPECT ST NEW HAVEN, CT 06511	NONE	EXEMPT	RELIGIOUS	2,500
Total			▶ 3a	983,781

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TY 2018 Accounting Fo	ees Sche	edule				
	Name:	JW JOHNS	N FAMILY			
	CHARITABLE TRUST					
	<b>EIN:</b> 20-7203295					
Category	Amo	ount I	let Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

TAX PREP FEE 4,995 2,497 2,498

### DLN: 93491130019209

# **TY 2018 Investments Corporate Stock Schedule**

Name: JW JOHNSON FAMILY

CHARITABLE TRUST

**EIN:** 20-7203295

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC	18,048	29,685
AMBEV SA ADR	8,496	8,122
AMERICAN INTERNATIONAL	20,190	19,508
ANHEUSER-BUSCH INBEV SPN ADR	17,752	12,043
BAE SYSTEMS PLC ADR	21,615	19,323
BANCO SANTANDER	21,544	18,041
BANK OF AMERICA	14,844	20,574
BNP PARIBAS ADR	29,156	20,058
BP AMOCO PLC	21,465	18,695
BRITISH AMERN TOB PLC	21,370	14,305
CITIGROUP	8,328	16,087
COCA-COLA FEMSA SAM-SP	8,294	8,457
DAIMLER AG UNSPONSORED ADR	17,851	14,827
EATON CORP PLC	10,574	14,831
ENI S P A	23,196	20,255
GENERAL MILLS MLS INC COM	20,565	18,808
GILEAD SCIENCES INC	19,279	18,265
GLAXO SMITHKLINE PLC ADR	25,216	22,926
GOLDMAN SACHS GROUP, INC.	9,797	9,522
HENNES & MAURITZ AB UNSP ADR	17,394	17,103
ING GROUP NV SPONSORED ADR	23,360	19,060
INTEL CORP	3,049	9,245
JPMORGAN CHASE & CO	8,916	20,110
KRAFT HEINZ CO	28,233	19,196
LAS VAGAS SANDS CORP	11,890	14,886
LLOYDS TSV GROUP ADR	13,816	12,529
NOKIA CORPORATION	18,179	21,150
OCCIDENTAL PETROLEUM	23,770	21,422
ORANGE SPON ADR	18,784	20,059
PATTERSON COMPANIES INC	18,300	16,239

Name of Stock End of Year Book PHILIP MORRIS INTERNATIONAL

Investments Corporation Stock Schedule

ROYAL DUTCH SCHELL PLC-ARD A

OUALCOMM INC

SMUCKER J M CO

TOTAL SA-SPON

SANOFI ADR

# Value 29,347

14,606

15,396

12,421

22,308

12,000

**End of Year Fair** 

Market Value

20,228

17,870

17,015

13,283

20,194

## **TY 2018 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
HORMEL FOODS CORP	AT COST	520,800	1,024,320
ALLIANCEBERNSTEIN GLOBAL BOND FUND INC	AT COST	74,749	72,594
BLACKROCK STRATEGIC INCOME OPPORTUNITIES	AT COST	106,073	98,742
CARILLON REAMS UNCONSTRAINED BOND FUND CL	AT COST	24,439	24,446
CHAMPLAIN SMALL CO FD-ADV	AT COST	119,624	117,010
DIAMOND HILL LARGE CAP FD	AT COST	200,040	212,779
DODGE & COX STOCK FUND #145	AT COST	239,699	230,929
ECOLAB INC	AT COST	588,876	2,250,329
FAMOUS DAVE'S OF AMERICA	AT COST	88,769	91,800
FMI COMMON STOCK FUND	AT COST	47,367	43,348
FPA NEW INCOME INC FUND	AT COST	103,429	99,044
HARBOR CONVERTIBLE SECURITIES FUND-INST	AT COST	200,018	184,054
HARBOR MID CAP VALUE FUND #023	AT COST	51,907	78,663
HARDING LOEVNER EMERG MKTS	AT COST	176,469	176,150
ISHARES COHEN & STEERS REALTY	AT COST	200,365	192,836
ISHARES MSCI ACWI EX US INDEX FUND	AT COST	201,258	191,296
ISHARES MSCI EAFE INDEX FUND	AT COST	232,083	211,961
ISHARES RUSSELL MIDCAP INDEX	AT COST	214,450	217,898
ISHARES S&P PREF STK INDX FN	AT COST	225,518	202,539
ISHARES TRUST RUSSELL 2000	AT COST	163,218	188,933
JENSEN PORTFOLIO CL I	AT COST	233,060	272,839
OAKMARK INTERNATIONAL FUND (HARRIS) #109	AT COST	258,120	223,815
SPDR S&P 500 ETF TRUST	AT COST	199,826	180,692
T ROWE PRICE INSTITUTIONAL FLOATING RATE	AT COST	135,256	129,605
T ROWE PRICE INTERNATIONAL BOND # 76	AT COST	68,756	60,916
T ROWE PRICE MID-CAP GROWTH #64	AT COST	120,256	153,485
TWEEDY BROWNE GLOBAL VALUE FUND #1	AT COST	243,089	234,512
US BANCORP DEL COM NEW	AT COST	202,441	411,346
US TREASURY NOTES INFL INDEX .125%	AT COST	50,510	50,224
VANGUARD INFLATION PROTECTED ADMIRAL CL	AT COST	100,009	96,264

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491130019209	
TY 2018 Other Expenses Sche	edule				
<del>-</del>					
Name:	Name: JW JOHNSON FAMILY				
CHARITABLE TRUST					
EIN:	<b>EIN:</b> 20-7203295				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOUNDATION & OTHER EXPENSES	12,626	0		12,626	
BANK FEE	20	10		10	

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491130019209	
TY 2018 Other Professional Fees Schedule					
Name: JW JOHNSON FAMILY					
CHARITABLE TRUST					
<b>EIN:</b> 20-7203295					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT MGT FEES	19,661	19,661		0	

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TY 2018 Taxes Schedule						
Name: JW JOHNSON FAMILY						
	CHARITABLE	E TRUST				
EIN	EIN: 20-7203295					
				11		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
Purposes						
FOREIGN TAXES PAID	2,015	2,015		0		
TAX EXPENSE	7,698	0		0		

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	a -		DLN: 93491130019209		
Schedule B	Sche	dule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		n to Form 990, 990-EZ, or 990-PF <u>s gov/Form990</u> for the latest inform	nation	2018		
Name of the organization	n		Employer ic	dentification number		
CHARITABLE TRUST			20-7203295			
Organization type (chec	k one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number	r) organization				
	4947(a)(1) nonexempt cl	haritable trust <b>not</b> treated as a p	rivate foundation			
	☐ 527 political organization	ı				
Form 990-PF		foundation				
	4947(a)(1) nonexempt cl	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private	foundation				
	on filing Form 990, 990-EZ, or 99 property) from any one contributor					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fi 9(a)(1) and 170(b)(1)(A)(vi), that o one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1 Co	checked Schedule A (Form 990 o total contributions of the greater	or 990-EZ), Part II, line 13,	16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), ( otal contributions of more than \$1, he prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	ritable, scientific, literary, c			
during the year, c If this box is chec purpose Don't co	on described in section 501(c)(7), (contributions exclusively for religioused, enter here the total contribution in the parts unless the le, etc., contributions totaling \$5,000.	is, charitable, etc., purposes, but ons that were received during the General Rule applies to this org	t no such contributions tota e year for an <i>exclusively</i> re ganization because it recel	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but i	that isn't covered by the General must answer "No" on Part IV, line rm 990PF, Part I, line 2, to certify	e 2, of its Form 990, or check the	box on line H of its			
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	I, 990-EZ, or 990-PF) (2018)		

Name of organization

**Employer identification number** 

W JOHNSON FAN CHARITABLE TRU		20-7203295	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad-	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  SCOTTSDALE, AZ 85255	\$ 498,548	Person  Payroll  Noncash  (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of contribution
	Traine, address, and Eli 14	s	Person Payroll 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)
·		Cabadula D /E	000 000 E7 000 DE\ (0040\

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2018)		Page <b>3</b>
Name of organiz JW JOHNSON FAM:	ILY	Employer identi	fication number
CHARITABLE TRUS		20-72	03295
Part II	Noncash Property		
(a) No. from Part I	(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) Date received
1	5,794 SHARES OF ECOLAB INC COM AND 9,001 SHARES OF US BANCORP	\$ 1,346 492	2018-12-13
(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
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>
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, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, 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 F	Relationship of transferor to transferee
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	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	(e) Transfer of gift	Relationship of transferor to transferee
	Transieree's name, address, and		terationship of transferor to transferee
(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	` ,	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)