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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

For	caler	ndar year 2020, or tax year beginning 01-01-20	20 , aı	nd endir	ng 12-31-	2020	
		Indation		Α	Employer id	entification numbe	er
OF	ARIZO			59	9-3761693		
		I street (or P.O. box number if mail is not delivered to street address) HOMPSON PARKWAY LOT 719	Room/suite	В	Telephone nu	ımber (see instructio	ns)
				(4	80) 563-825	3	
		n, state or province, country, and ZIP or foreign postal code .E, AZ 85255		С	If exemption	application is pendin	g, check here
G Ch	eck al	I that apply: Initial return Initial return of a	former public charity		1. Foreign or	ganizations, check h	ere
u c.	icci ui	☐ Final return ☐ Amended return	former public charity			ganizations meeting	▶ ⊔
		☐ Address change ☐ Name change				k here and attach co	
H Ch	eck ty	rpe of organization: Section 501(c)(3) exempt private	foundation	E		undation status was	
		1 4947(a)(1) nonexempt charitable trust \Box Other taxable			under section	n 507(b)(1)(A), ched	ck here 🕨 🗀
		ket value of all assets at end J Accounting method:		ıal F	If the found	ation is in a 60-mont	h termination 🖂
of '	ear (f	from Part II, col. (c), ▶\$ 10,674,788 ☐ Other (specify) (Part I, column (d) must				n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		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		investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ▶ ☑ if the foundation is not required to attach Sch. B					
k ue	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	202,324		164,773		
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	19,254				
Revenue	ь 7	Gross sales price for all assets on line 6a 1,483,273 Capital gain net income (from Part IV, line 2)			19,254		
~	8	Net short-term capital gain			15/25		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	221,578		184,027		
	13	Compensation of officers, directors, trustees, etc.	, 0	ļ			0
	14	Other employee salaries and wages					
S	15	Pension plans, employee benefits					
15e	16a	Legal fees (attach schedule)					
<u>B</u>	b	Accounting fees (attach schedule)	9 6,617		5,955		662
Ë	c	Other professional fees (attach schedule)	72,009		72,009		0
Ve	17	Interest	.=,===		,		
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	9 5,464		5,464		C
is S		Depreciation (attach schedule) and depletion	9,101				
Ē	19						
Ad	20	Occupancy					
D L	21	Printing and publications					
ਰ ਹ	22 23	Other expenses (attach schedule)	9 409		0		C
Ę,		Total operating and administrative expenses.	409				-
era	24		84,499		83,428		662
ă O	25	Add lines 13 through 23	245,000		03,428		245,000
_	25		243,000				243,000
	26	Total expenses and disbursements. Add lines 24 and 25	329,499		83,428		245,662
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-107,921				
	b	Net investment income (if negative, enter -0-)			100,599		
	С	Adjusted net income (if negative, enter -0-)					
_							

7,594,308

7,594,308

7,594,308

7,594,308

7,486,387

7,486,387

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-107,921

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7,486,387 Form **990-PF** (2020)

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Part III

2

Liabilities

Fund Balances

ō

Assets 27

Net

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

Other assets (describe

Other liabilities (describe -_

Grants payable

Less: accumulated depreciation (attach schedule)

Accounts payable and accrued expenses

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

Other increases not included in line 2 (itemize)

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

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 FASB ASC 958, check here 🕨 🗹

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) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

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

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Page **3**

		kind(s) of property sold se; or common stock, 2				(b) How acqu P—Purch D—Donat	ase		(c) e acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tab	le									
b										
c										
d										
e										
(e) Gross sales price		(f) Depreciation all (or allowable			Cost or d	(g) other basis ense of sale			Gain o	r (loss) minus (g)
a See Additional Data Tab	le	,	•		·				. , , ,	
b										
c										
d										
e										
	<u> </u>									
Complete only for asset	s showi	ng gain in column (h) a	and own	ed by	the foundation of	on 12/31/69			(l)
(i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69			sis		Excess	(k) of col. (i) . (j), if any		col.	Gains (Col. (Ì	n) gain minus less than -0-) or
a See Additional Data Tab	le									
b										
c										
d										
e										
 Capital gain net income Net short-term capital If gain, also enter in Pain Part I, line 8 	gain or	(loss) as defined in sec	$\begin{cases} \vdots \\ \vdots \end{cases}$	If (los 222(5		art I, line 7	. }	3		19,254
Part V Qualification	Under	Section 4940(e) 1	or Per	duce	d Tay on Net	Investme	nt Tne	ome		
ECTION 4940(e) REPEA							IIC ZIIC	Joine		
1 Reserved	ALED (JN DECEMBER 20,	2019	- 00	NOT COMPLE					
(a)	1	(b)			(c)		I		(d)	
Reserved		Reserved			Reserved				Reserved	
2 Reserved							2			
3 Reserved							3			
4 Reserved							4			
5 Reserved							5			
6 Reserved							6			-
7 Reserved							7			
8 Reserved ,							8			

Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form	990-PF (20	20)									F	age 6
(1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(e))?	Pai	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (cor	ntinue	d)				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than a charitable, etc., organization described in section 4945(d)(4)/57 See instructions. (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If any answer is "Yes" to \$4(3)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5(4), did any of the transactions fail to qualify under the exceptions described in Regulations relying on a current notice regarding disaster assistance check here. (8) If the foundations religion of a current notice regarding disaster assistance check here. (9) If the foundation of unity the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation, during the year, pay proceeds or have any ret income attributable to the transaction? (1) Fires" to \$6, file Form 8870. (1) Tres" to \$6, file Form 8870. (2) If "Yes" to \$6, file Form 8870. (3) Name and address (4) Name and address (b) Title, and average hours payment qualified by any payment proceeds or have any ret income attributable to the transactions. (a) Name and address (b) Title, and average hours payment and their compensation. If molecyte benefit plans and deferred compensation of the milbrayances of each employee paid (b) Title, and average hours per week devoted to position (a) Name and address of each employee paid (b) Title, and average hours per week devoted to position (c) Com	5a	During the	year did the foundation	oay o	r incur any amount to:							Yes	No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration driver. (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)4(A)? See instructions. (5) Provide or any purpose other than religious, sharitable, scientific, literary, or educational surposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than religious, sharitable, scientific, literary, or educational surposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, sharitable, scientific, literary, or educational surposes, or for the prevention of cruelty to children or animals? (7) Provide for any purpose other than religious, sharitable, scientific, literary, or educational surposes, or for the prevention of cruelty to children or animals? (8) Provide for any purpose other than religious, sharitable, scientific, literary, or educational surposes, or for the prevention of cruelty to children or animals? (9) Provide for any purpose other than religious, sharitable, scientific, literary, or educations exception secretics or for the prevention of cruelty to children or animals? (a) It is the foundation section of the contract or suppose seeks or hours and contract or suppose seeks or for the prevention of the contract or suppose seeks or for the prevention of the provided seeks of the section 4960 tax or payment(s) of more than \$1,000,000 in rememeration or excess parachute payment during the year? 1) List all officers, directors, trustees, foundation managers and their compensation (II) (4) Contributions to employee benefit pains and deferred compensation or content of the provided to position of the provided compensation of the provided content of the provided content of the provided content of the provided content of the provid		(1) Carry	on propaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?		Vac		Na			
(3) Provide a grant to an individual for travel, study, or other similar purposes?		(2) Influence the outcome of any specific public election (see section 4955); or to carry											
(3) Provide a grant to an individual for travel, study, or other similar purposes?		on, directly or indirectly, any voter registration drive?											
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(4)(4)/A) See instructions. (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, of for the prevention of cruelty to children or animale? b If any answer is "Yes" to 5s(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance fock here. c If the answer is "Yes" to question 53.494 or does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, sective any funds, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, sective any funds, directly or indirectly, on a personal benefit contract? b Did the foundation about officers of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractute payment during the year? If of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractute payment during the year? List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address of each employee so payment during the year? List all officers, directors, trustees, foundation managers and their compensation. See instructions. If none, enter "NONE." (a) Name and address of each employee paid (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Expense account, other allowances of each employee paid (c) Difficers, directly		(3) Provide a grant to an individual for travel, study, or other similar purposes?											
educational purposes, or for the prevention of cruelty to children or animals? b If any answer is Y'es' to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53-8945 or in a current notice regarding disaster assistance? See instructions. c) If the answer is Y'es' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? d) If Y'es', attach the statement required by Regulations section 53.4945-5(d). d) If Y'es' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If Y'es' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If Y'es' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in menuneration or excess parachute payment during the year? 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address (b) URLECTOR D) DIRECTOR		(4) Provide a grant to an organization other than a charitable, etc., organization described											
(6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, of for the prevention of cruetly to children or animals? b If any answer is "Yes" to \$A(2)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions.		in sect	tion 4945(d)(4)(A)? See i	nstru	ctions		· ·	Vac	~	No			
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. C If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?. If "Yes," attach the statement required by Regulations section 53.4945-5(d). Ga Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. b Did the foundation, during the year, pay premiums, directly or indirectly, to na personal benefit contract? Yes No 16 No 16 "Yes" to 60, file Form 8870. 7a At any time during the tax year, was the foundation a party to a profibited tax shelter transaction? Yes No 16 No 16 Yes' (b) file form 8870. 7b If "Yes", did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? 1. List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address C foundation managers and their compensation. See instructions (b) Title, and average hours per week devoted to position NONE (b) Title, and average hours per week devoted to position O DIRECTOR O DIRE		(5) Provid	le for any purpose other t	han r	eligious, charitable, scien	tific, literary, or		103		110			
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.445 or in a current notice regarding disaster assistance? See instructions		educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?	· ·	Ves	~	No			
Organizations relying on a current notice reparding disaster assistance check here. c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?. If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?. b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?. b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 1 If "Yes" is did the foundation receive any proceeds or have any net income attributable to the transaction? 1 If "Yes is did the foundation receive any proceeds or have any net income attributable to the transaction? 1 If Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation of the position of the highest-paid employees paid over \$50,000. DIRECTOR O	b	If any ans	wer is "Yes" to 5a(1)–(5),	did a	ny of the transactions fa	il to qualify under the ex	ceptions describe	d in					
to If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		Regulation	ns section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
tax because it maintained expenditure responsibility for the grant?. If "Yes," attach the statement required by Requistors section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address (b) Title, and average hours per week devoted to position DIRECTOR O DIRE		Organizati	ons relying on a current r	otice	regarding disaster assist	ance check here		. ▶					
## "Yes," attach the statement required by Regulations section 53.4945-5(d). Total number of other employees paid over \$50,000. Total	С	If the ansv	wer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the							
If "Yes," attach the statement required by Regulations section 53.4945-5(d). a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	tax because it maintained expenditure i			ıre re	sponsibility for the grant?	2		Yes		No			
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address (b) Title, and average destributions (c) Compensation (If not paid, enter only and contractors (d) Contributions to deferred compensation. See instructions (e) Expense account, other allowances (e) Expense account, other allowances (a) Name and address of each employee paid (b) Title, and average hours per week devoted to position (f) Title, and average hours per week devoted to position (f) Compensation (f) Contributions to employee benefit plans and deferred compensation (f) Compen		If "Yes," a	ttach the statement requi	red b	y Regulations section 53.	4945-5(d).	·						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6a	Did the for	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premis	ıms on						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		a personal	benefit contract?					Vac	V	No			
Tall the foundation receive any proceeds or have any net income attributable to the transaction?	b	Did the fo	undation, during the year,	pay	premiums, directly or ind	irectly, on a personal be	nefit contract? .			140	6b		No
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		If "Yes" to	6b, file Form 8870.										
b If Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7a	At any tim	e during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter tra	nsaction?	Yes	~	Nο			
excess parachute payment during the year?	b	If "Yes", d	id the foundation receive	any p	roceeds or have any net	income attributable to th	ne transaction? .				7b		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address (b) Title, and average hours per week devoted to position DIRECTOR DIRECTOR S.00 O O	8		₹					or					
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address		excess par	rachute payment during tl	ne ye	ar?			Yes	~	Nο			
A Name and address A hours per week devoted to position DIRECTOR DIRECTOR S.00 O O O									0				
9820 EAST THOMPSON PEAK PKWY LOT 719 SCOTTSDALE, AZ 85255 MARY A JOHNSON 9820 EAST THOMPSON PEAK PKWY LOT 719 SCOTTSDALE, AZ 85255 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid hours per week devoted to position NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000.		(a) Na	me and address		hours per week	not paid, enter							
SCOTTSDALE, AZ 85255 DIRECTOR 9820 EAST THOMPSON PEAK PKWY LOT 719 SCOTTSDALE, AZ 85255 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (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 account, other allowances (hours per week devoted to position NONE (a) Name and address of each employee paid hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) Total number of other employees paid over \$50,000.					CTOR	0			C				0
MARY A JOHNSON MARY A JOHNSON PEAK PKWY LOT 719 SCOTTSDALE, AZ 85255 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (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 account, other allowances other allowances Total number of other employees paid over \$50,000		EAST THOMPS	SON PEAK PKWY LOT	3.00									
9820 EAST THOMPSON PEAK PKWY LOT 719 SCOTTSDALE, AZ 85255 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000.		TSDALE, AZ	85255										
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid hours per week devoted to position NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (o) Compensation Total number of other employees paid over \$50,000.	MARY	A JOHNSON			CTOR	0			C				0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (o) Compensation Total number of other employees paid over \$50,000.	719			5.00									
(a) Name and address of each employee paid hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (n) Expense account, other allowances (n) Compensation (n) Compensation (n) Compensation (n) Contributions to employee benefit plans and deferred compensation (n) Expense account, other allowances (n) Expense account, other allowances (n) Compensation (n) Comp				id en	nplovees (other than t	nose included on line	∣ L−see instructio	ns). I	f no	ne, e	nter "	NONE	77
NONE Total number of other employees paid over \$50,000	(a)	Name and a	address of each employee		(b) Title, and average hours per week		(d) Contribu employee b plans and de	tions to enefit eferred	0	(e)	Expens	se acco	unt,
Total number of other employees paid over \$50,000	NON												
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, , , , , , , , , , , , , , , , , , , ,	Tota	I number of	other employees haid ov	er ¢5	0.000			•	_				
	. 5 . 4		Table Complete paid ov	J. 4J	-,		· · · · ·			For	m 99 0	0-PF	

Form 990-PF (2020)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(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	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
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	
2	
All other program-related investments. See instructions.	
3	4
	\dashv
Total. Add lines 1 through 3	0
	5 000 DE (2020)

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

1a

1b

2

За 3h

4

5

245,662

245,662

245.662

Form 990-PF (2020)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

Amounts set aside for specific charitable projects that satisfy the:

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

1

2

3

4

5

b

245,662

82,177

125,563

Form **990-PF** (2020)

990-PF (2	020
rt XIII	

XII, line 4: ► \$ 245,662 a Applied to 2019, 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).

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020.

same amount must be shown in column (a).)

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

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must

6 Enter the net total of each column as

be distributed in 2020 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 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2016. **b** Excess from 2017. . c Excess from 2018. . d Excess from 2019. e Excess from 2020. .

indicated below:

Form 990-PF (2	020)
Part XIII	Undi

Form 990-PF (2020)				Page 9
Part XIII Undistributed Income (see instruction	ions)			
	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				453,402
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0	
b Total for prior years: 20		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	82,177			
4 Qualifying distributions for 2020 from Part		l l		

82,177

:	Part XIV Private Operating Found	l ations (see instru	uctions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizat	ion is a private opera	ating foundation desc	cribed in section \Box	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2020	(b) 2019	Prior 3 years (c) 2018	(d) 2017	(e) Total
	investment return from Part X for each year listed	(4) 2020	(5) 2015	(0) 2010	(4) 2017	
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
С	Part X, line 6 for each year listed "Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information assets at any time during th			oundation had s	5,000 or more	in
1	Information Regarding Foundation Man		i decions.			
а	List any managers of the foundation who have before the close of any tax year (but only if					n
	See Additional Data Table					
b	List any managers of the foundation who ow ownership of a partnership or other entity)				irge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sch	nolarship, etc., Pro	grams:		
	Check here ▶ ☑ if the foundation only make	es contributions to p	reselected charitable	e organizations and	does not accept	
	unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a			als or organizations	under	
а	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed:	
	ROBERT L JOHNSON 9820 EAST THOMPSON PEAK PKWY LOT					
	719					
	SCOTTSDALE, AZ 85255 (480) 563-8258					
b	The form in which applications should be su N/A	bmitted and informa	tion and materials th	ney should include:		
C	Any submission deadlines: N/A					
d	Any restrictions or limitations on awards, su factors: N/A	ch as by geographica	al areas, charitable f	ields, kinds of institu	itions, or other	
	N/A					

Form 990-PF (2020)				Page 11
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	re Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year See Additional Data Table				
Total			▶ 3a	245,000
b Approved for future payment				
ı I				
Total			▶ 3b	0

Form **990-PF** (2020)

Enter gross amounts unless otherwise indicated.		Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
-	and contracts from government agencies					
_	rship dues and assessments					
Interes investn	t on savings and temporary cash nents					
1 Divider	ds and interest from securities			14	202,324	
	tal income or (loss) from real estate:					
	financed property					
	ebt-financed property					
	tal income or (loss) from personal property					
	(loss) from sales of assets other than					
invento				18	19,254	
Net inc	ome or (loss) from special events:					
O Gross	profit or (loss) from sales of inventory					
	evenue: a					
Ь						
с						
c						
c d e			0		221 578	
c d e 2 Subtot	al. Add columns (b), (d), and (e).		0		221,578 3	
c d e 2 Subtot 3 Total. (See we	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)		1	221,578 3	
c d e 2 Subtot 3 Total. (See we	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	lations.)		1		
c d e 2 Subtot 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.) ne Accomplish income is report	nment of Exem	pt Purposes Part XVI-A contribu	3	
c d e 2 Subtot 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplish income is report	nment of Exem	pt Purposes Part XVI-A contribu	3	
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c d e 2 Subtot 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplish income is report	nment of Exem	pt Purposes Part XVI-A contribu	3	
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c d e 2 Subtot 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplish income is report	nment of Exem	pt Purposes Part XVI-A contribu	3	
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orm 9	90-PF	(2020)									Pa	ge 13
Part	XVII	Information Re Exempt Organia		ansf	fers To a	nd Transact	ions an	d Relatio	nships With Nonc	haritable		
		rganization directly or in- than section 501(c)(3)								501	Yes	No
a Tra	nsfers	from the reporting foun	dation to a no	ncha	ritable exe	mpt organizati	on of:	_				
(1)	Cash									1a(1)		No
		er assets								. 1a(2)		No
b Oth	ner trai	nsactions:										
(1)	Sale	s of assets to a nonchari	table exempt	orga	nization.					. 1b(1)		No
(2)	Purc	hases of assets from a n	oncharitable	exem	pt organiz	ation				. 1b(2)		No
(3)	Rent	al of facilities, equipmer	nt, or other as	sets.						. 1b(3)		No
(4)	Reim	nbursement arrangemen	ts							1b(4)		No
(5)	Loan	s or loan guarantees.								. 1b(5)		No
(6)	Perfo	rmance of services or m	embership or	fund	raising soli	citations				1b(6)		No
c Sha	aring o	f facilities, equipment, n	nailing lists, o	thera	assets, or	paid employees	S			1c		No
of t in a	he god any tra	wer to any of the above ods, other assets, or ser- nsaction or sharing arra	vices given by ngement, sho	the win	reporting f column (d	oundation. If the property of the value of the value of the property of the pr	he founda the goods	ation receive s, other asse	ed less than fair marke ets, or services receive	et value ed.		
(a) Line	e No.	(b) Amount involved	(c) Name of r	noncha	aritable exen	npt organization	(d)	Description of	transfers, transactions, a	nd sharing arra	ngemer	nts
2a Is t	he fou	ndation directly or indire	ectly affiliated	with	, or related	to, one or mo	re tax-ex	empt organ	izations			
des	cribed	in section 501(c) (other	than section	501(c)(3)) or ii	n section 527?			🗆 Yes	✓ No		
		complete the following so		·								
	<u> </u>	(a) Name of organization			(b) Type of organiz	ation		(c) Description o	f relationship		
	Lind	ler penalties of perjury,	I doclare that	·Iba	l ovamin	ad this roturn i	including	2660mp2nv	ing echodules and stat	oments and	to the	host
		ny knowledge and belief										
		ch preparer has any kno	wledge.									
Sign		*****				2021-07-22		*****		May the IRS d	iscuss th	nis
Here								\		return with the prepa	rer show	wn
		Signature of officer or to	rustee			Date		Title		below 	7 1 -	,
										(see instr.) 💆	∐ Yes └	J No
		Print/Type preparer's	name	Prepa	arer's Sign	ature	Date			IN		
									Check if self-	P00629	2065	
		BRIAN HUMES					20	21-07-18	employed ▶ ☐	F0002	,005	
Paid		DIAMINITORIES					20	Z1-U/-10				
Prep			TONLARSONA	ALLEN	I LLP				<u> </u>	rm's EIN ▶41	-0746	749
Use	Only		0.14/4.01/22/07	· O N · · · ·	VENUE OF	TTE 4000			' '		0,40,	
		Firm's address ► 60	0 WASHINGT	ON A	VENUE SU	ITE 1800						
		ST LOUIS, MO 63101						Ph	Phone no. (314) 925-4300			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation ALPHABET INC Ρ ALPHABET INC Ρ AMAZON Р APERGY CORP Ρ APERGY CORP Ρ Ρ APERGY CORP Ρ APOLLO GLOBAL APPLE INC Р BLACKROCK INC Ρ **BLACKSTONE GROUP** Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 15,214 4,437 10,777 12,147 3,538 8,609 24,356 2,137 22,219 9,884 44,131 -34,247 7,153 29,407 -22,254 1,170 3,963 -2,79326,074 11,806 14,268 37,939 6,342 31,597 25,085 7,130 17,955 40,964 20.791 20,173 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 10,777 8,609 22,219 -34,247 -22,254 -2,793 14,268 31,597 17,955 20,173

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation **CLEARBRIDGE** Ρ CREDIT SUISSE GROUP Ρ CREDIT SUISSE GROUP Р CREDIT SUISSE GROUP Ρ CREDIT SUISSE GROUP Ρ Ρ **EQUINIX INC EQUINIX INC** Ρ **EQUINIX INC** Р EQUINIX INC Ρ FLUOR CORP Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 16,940 64,569 -47,629 -25,841 33,123 58,964 12,206 15,915 -3,709 6,625 10.214 -3,589 6,012 7,852 -1,840 1,288 594 694 1,288 449 839 57,330 32,108 25,222 45,091 16,001 29,090 -58,481 13,379 71,860 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -47,629 -25,841 -3,709 -3,589 -1,840 694 839 25,222 29,090 -58,481

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation **IDEXX LABORATORIES** Р KAYNE ANDERSON Ρ KAYNE ANDERSON Р KKR & CO Ρ LAM RESEARCH Ρ Р MICROSOFT CORP Р NOKIA RAYTHEON TECHNOLOGIES Р SPLUNK INC Ρ TAIWAN SEMI Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 26,046 3,153 22,893 20,650 81,572 -60,922 8,260 29,973 -21,713 23,129 13.624 9,505 41,269 5,833 35,436 20,253 5,088 15,165 37,679 76,680 -39,001 25 20 5 19,749 4,258 15,491 11,135 1.629 9,506 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 22,893 -60,922 -21,713 9,505 35,436 15,165 -39,001 5 15,491 9,506

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date sold Date acquired P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation TAIWAN SEMI Ρ 3M COMPANY Ρ 3M COMPANY Р 3M COMPANY Ρ 3M COMPANY Ρ Ρ 3M COMPANY CARLYLE GROUP Ρ CLEARBRIDGE MLP Р PIMCO Ρ **PIMCO** Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (h) (e) plus (f) minus (g) (f) (or allowable) (g) plus expense of sale 27,042 4,658 22,384 7,618 4,503 3,115 9,294 5,386 3,908 18,893 11,940 6,953 20,569 12,706 7,863 35,044 16,628 18,416 22,080 23,588 -1,508 2,420 11,312 -8,892 110,000 110,000 0 550,000 550,000 0 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 22,384 3,115 3,908 6,953 7,863 16,628 -1,508 -8,892 0 0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold (mo., day, yr.) (mo., day, yr.) P-Purchase D-Donation **PIMCO** Ρ **PIMCO** Ρ **PIMCO** Ρ **PIMCO** Р Ρ **PIMCO** 3M COMPANY Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 60,000 60,000 0 0 1,103 1,103 886 886 0 861 861 0 764 764 15,236 13,858 1,378 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 0 0 0 0 1,378

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ROBERT L JOHNSON

MARY A JOHNSON

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 CHOSEN IMA3638 W 26TH ST PC SUPPORT FOR MISSION TRIPS 25,000

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

	CARE AND EQUIPMENT TO IMPOVERISHED AREAS OF THE WORLD	
PC	TO PROVIDE FUNDING FOR PROGRAMS TO HELP	50,000
	PC	CARE AND EQUIPMENT TO IMPOVERISHED AREAS OF THE WORLD PC TO PROVIDE FUNDING FOR PROGRAMS TO HELP

PHOENIX RESCUE MISSION PO BOX 6708 PHOENIX, AZ 85005	F	TO PROVIDE FUNDING FOR PROGRAMS TO HELP INDIVIDUALS STRUGGLING WITH HOMELESSNESS, ADDICTION, AND TRAUMA	
SALVATION ARMY OF MINNESOTA 3740 NICOLLET AVE MINNEAPOLIS, MN 55409	F	TO SUPPORT THE MISSION OF SPREADING CHRISTIANTY AND MEETING THE NEEDS OF MARGINALIZED POPULATIONS	

Total .

		ADDICTION, AND TRAUMA	
SALVATION ARMY OF MINNESOTA 3740 NICOLLET AVE MINNEAPOLIS, MN 55409	PC	TO SUPPORT THE MISSION OF SPREADING CHRISTIANITY AND MEETING THE NEEDS OF MARGINALIZED POPULATIONS ACROSS THE WORLD	50,000

3740 NICOLLET AVE MINNEAPOLIS, MN 55409	SPREADING CHRISTIANITY AND MEETING THE NEEDS OF MARGINALIZED POPULATIONS ACROSS THE WORLD	30,00

245,000

▶ 3a

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

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

SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	PC	TO SUPPORT INTERNATIONAL DISASTER RELIEF	100,000
SCOTTSDALE BIBLE CHURCH 7601 E SHEA BLVD SCOTTSDALE.AZ 85260	PC	TO SUPPORT CHURCH ACTIVITIES AND OUTREACH PROGRAMS	10,000

SCOTTSDALE BIBLE CHURCH 7601 E SHEA BLVD SCOTTSDALE, AZ 85260		TO SUPPORT CHURCH ACTIVITIES AND OUTREACH PROGRAMS	10,00
WOODDALE CHURCH 6630 SHADY OAK RD	PC	TO SUPPORT CHURCH ACTIVITIES AND OUTREACH	10,00

6630 SHADY OAK RD ACTIVITIES AND OUTREACH	SCOTTSDALE, AZ 85260		PROGRAMS	
				10,000

Total .

245,000

■ 3a

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TY 2020 Accounting Fees Schedule							
	Name: R L JOHN	ISON FAMILY FOUN	DATION				
	OF ARIZO	ANC					
	EIN: 59-37610	693					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	6,617	5,955		662			

TY 2020 Investments Corporate Stock Schedule

Name: R L JOHNSON FAMILY FOUNDATION

OF ARIZONA **EIN:** 59-3761693

Investments Corporation Stock Schedule

Investments Corporation Stock Schedule Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBOTT LABORATORIES	34,261	150,658
ALPHABET INC CLASS C CAPITAL STOCK	42,077	82,338
ALPHABET INC CLASS A COMMON STOCK	53,543	96,395
ALPS ETF TRUST ALERIAN MLP ETF	89,520	123,168
AMAZON.COM INC	8,546	104,222
APOLLO GLOBAL MANAGEMENT INC CLASS A COMMON STOCK	69,489	122,450
APPLE INC	53,068	212,304
APPLIED MATERIALS INC	75,572	163,970
AT&T INC	84,764	77,652
AUTOMATIC DATA PROCESSING INC	47,555	82,109
BLACKROCK INC	31,837	126,991
BLACKSTONE GROUP INC CLASS A COMMON STOCK	151,718	275,443
BROADCOM INC COMMON STOCK	26,373	124,349
CARLYLE GROUP INC COMMON STOCK	75,166	125,760
CARRIER GLOBAL CORPORATION COMMON STOCK	75,123	113,160
CATERPILLAR INC	78,192	109,212
CBRE GROUP INC CL A	63,965	116,032
CHEVRON CORPORATION	71,397	56,497
COLGATE PALMOLIVE COMPANY	62,978	111,163
CONOCOPHILLIPS	61,744	47,988
CSX CORPORATION COM	47,367	217,800
DOVER CORPORATION	67,202	135,088
EDISON INTERNATIONAL	58,036	81,666
FEDEX CORP	90,487	136,300
FOX CORPORATION CLASS B COMMON STOCK	146,189	144,400
IDEXX LABORATORIES CORP	27,216	140,963
ILLINOIS TOOL WORKS INC	39,554	163,104
INTERNATIONAL BUSINESS MACHINES CORP	96,275	88,116
INTUITIVE SURGICAL INC COM	16,118	80,992
IPG PHOTONICS CORP	61,774	145,463

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ISHARES CORE S&P TOTAL US STOCK MARKET ETF	277,349	379,368
ISHARES CORE S&P 500 ETF	149,711	200,834
ISHARES SLECT DIVIDEND ETF	44,203	74,155
ISHARES US FINANCIAL SERVICES ETF	159,608	191,314
JOHNSON & JOHNSON	46,973	110,166
JPMORGAN CHASE & CO	50,588	152,484
KBR INC	71,520	123,720
KINDER MORGAN INC	72,237	65,616
KKR & CO INC COMMON STOCK	71,621	147,789
LAM RESEARCH CORP	48,179	207,799
MCDONALDS CORP	107,630	214,580
MICROSOFT CORP	52,920	133,452
OTIS WORLDWIDE CORPORATINO COMMON STOCK	79,849	87,815
PARKER HANNIFIN CORP	60,801	136,205
PAYCHEX INC	23,129	69,885
PEPSICO INC COMMON STOCK	45,379	103,810
PNC FINANCIAL SVCS GROUP INC	45,937	111,750
RAYTHEON TECHNOLOGIES CORPORATION COMMON STOCK	121,354	143,020
REGENERON PHARMACEUTICALS INC	67,631	96,622
SELECT SECTOR SPDR FUND SHS BEN INT MATERIALS	53,992	97,509
SPLUNK INC COM	38,971	93,440
TARGET CORP	71,760	176,530
UNION PACIFIC CORP	60,410	114,521
UNITED PARCEL SVC INC CL B	102,727	168,400
VERIZON COMMUNICATIONS	79,964	88,125
WALMART INC COMMON STOCK	62,772	158,565
WALT DISNEY CO	140,798	235,534
WILLIAMS COMPANIES INC	78,098	70,175
CHINA MOBILE LIMITED SPONSORED ADR RPSTG 5 ORD SHS	79,230	42,810
DEUTSCHE TELEKOM AG SPONSORED ADR	67,801	82,341

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DIAGEO PLC-SPONSORED ADR REPSTG 4 ORD SHS	41,367	79,405
ISHARES CORE MSCI EMERGING MARKETS ETF	162,814	198,528
ISHARES MSCI EAFE ETF	72,930	93,024
ISHARES MSCI EUROPE FINANCIAL SECTOR	106,013	75,650
ISHARES TR CORE MSCI TOTAL INTERNATIONAL STOCK ETF	199,236	235,165
ISHARES TR CORE MSCI EAFE ETF	172,363	200,361
NESTLE SA-SPONSORED ADR REPSTG REGD ORD	61,900	117,948
ORANGE SPONSORED ADR	73,872	53,370
TAIWAN SEMICONDUCTOR MFG CO LTD-SPONSORED ADR REPSTG 5 COM	24,807	207,176
TOTAL SE AMERICAN DEPOSITARY SHS EACH REPRESENTING ONE ORD	68,921	58,674
BANK NOVA SCOTIA BC LEVERAGED INDEX RETURN	100,000	101,700
BANK NOVA SCOTIA BC CAPPED LEVERAGED INDEX RETURN	200,000	204,200
BANK OF NOVA COTIA LVRGD IDX RTRN	200,000	208,000
ROYAL BANK OF CANADA	125,000	125,000
ROYAL BANK OF CANADA	125,000	125,000
RBC OTHER SECURITIES & INVESTMENTS	654,416	0

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TY 2020 Other Expenses Sche	dule			_
Name:	R L JOHNSON F	AMILY FOUNDAT	ION	
	OF ARIZONA			
EIN:	59-3761693			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PENALTIES AND INTEREST	409	0		0

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TY 2020 Other Professio	nal Fe	ees Schedul	le		_	
Name: R L JOHNSON FAMILY FOUNDATION						
	OF ARIZONA					
EIN: 59-3761693						
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

72,009

72,009

Category	Amount		

INVESTMENT MANAGEMENT FEES

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TY 2020 Taxes Schedule						
Name: R L JOHNSON FAMILY FOUNDATION						
OF ARIZONA						
EIN: 59-3761693						
Taxes Schedule						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAXES & ADR FEES	5,464	5,464		0		