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**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

For ca	lendar year 2009, or tax year beginning	, 2009, and e	nding	•	
G Ch	eck all that apply   Initial return   Initial	al Return of a former public cl	arıty	Fina	ıl return
	Amended return	Address change	Name change	<u> </u>	
	<del></del>			ioyer identification num	.her
Use 1 IRS la			1	-	Der
Otherv				-2387645	
prir	t Charlotte NC 20262	ulevalu	I	phone number (see the	instructions)
or ty	ha. I		70	4-453-2897	
See Spe Instruct			C If exe	emption application is i	pending, check here
				ign organizations, checl	k here
H Ç	Check type of organization: X Section 501	(c)(3) exempt private foundati		ign organizations meeti	ng the 85% test, check
	Section 4947(a)(1) nonexempt charitable tru	ust Other taxable private	oundation here	and attach computation	n ►
I F	air market value of all assets at end of year   J Acc		V Accruci E If pri	vate foundation status	was terminated
(	Y D H	Other (specify)	unde	r section 507(b)(1)(A),	L
<b>►</b> \$		column (d) must be on cash	asis) F If the	e foundation is in a 60- er section 507(b)(1)(B),	
Part					CHECK HEIC 25
	Expenses (The total of amounts in			) Adjusted net	(d) Disbursements
	columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable purposes
	sarily equal the amounts in column (a)	ļ.			(cash basis only)
	(see the instructions))	1 220 526	·		
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck lif the foundn is <b>not</b> reg to att Sch B	1,238,536.			
	3 Interest on savings and temporary cash investments	1			
	4 Dividends and interest from securities	5,488.	5,488.		
	5a Gross rents	3, 100.	3,400.		······································
	D Net rental income or (loss)				
R	6a Net gain/(loss) from sale of assets not on line 10	***			
R E V	<b>b</b> Gross sales price for all				
Ĕ	assets on line 6a 7 Capital gain net income (from Part IV, line 2)				
N	8 Net short-term capital gain .				·
ñ	9 Income modifications				
E	10 a Gross sales less				<del></del>
	allowances10,032.				
	<b>b</b> Less Cost of goods sold 2,574.				
	c Gross profit/(loss) (att sch) See St 1.	12,958.	<del>"'                                </del>	12,958.	<del></del>
	11 Other income (attach schedule)				<del></del>
	See Statement 2	58,130.		58,130.	
	12 Total. Add lines 1 through 11	1,315,112.	5,488.	71,088.	······
	13 Compensation of officers, directors, trustees, etc	87,722.			87,722.
	14 Other employee salaries and wages	39,880.			39,880.
	15 Pension plans, employee benefits 16 a Legal less (attach schedule)				
A D	16 a Legal lees (attach scheaule)			-	
M	Accounting fees (attach sch) See St 3	11,750.			11,750.
I N	ထြင် Other light feets (စွားအငှာ ရက်)			1	
PS	17 Interest				
O PERAT	18 Taxes (attach-schedule)(see unstr.) See Stm 4	9,707.			9,707.
<u>à à</u>	19 Periodiation (attach —				
i i		2,000.			
Ň Ý G E	20 Occupancy 21 Travel, conferences, and meetings	150.			150.
_	21 Travel, conferences, and meetings 22 Printing and publications	10,381.			10,381.
A E N X D P	23 Other expenses (attach schedule)	10,727.			10,727.
E	See Statement 5	142,356.		58,130.	06 200
N S		142,330.			86,298.
Ę	24 Total operating and administrative expenses. Add lines 13 through 23	314,673.		58,130.	256,615.
•	25 Contributions, gifts, grants paid Part XV	1,186,101.		30,130.	1,094,506.
	26 Total expenses and disbursements.		<del></del>		1,034,500.
	Add lines 24 and 25	1,500,774.	0.	58,130.	1,351,121.
	27 Subtract line 26 from line 12:				-,,
	a Excess of revenue over expenses				
	and disbursements	-185,662.		<u></u>	
	<b>b Net investment income</b> (if negative, enter -0-)		5,488.		
	C Adjusted net Income (if negative, enter -0-)			12,958.	
	or Drivens, Ant and Denominal Deduction Ant				F 000 DE (0000)

Parl		Balance Sheets Atta	ached schedules and amounts in the description umn should be for end-of-year amounts only	Beginning of year	End (	of year
		(Se	e instructions )	(a) Book Value	<b>(b)</b> Book Value	(c) Fair Market Value
	1	Cash - non-interest-bea	aring	<u> </u>		
	2	Savings and temporary	cash investments	398,709.	305,541.	305,541.
	3	Accounts receivable	<b></b>			
		Less: allowance for dou	btful accounts			
	4	Pledges receivable	<b></b>	]		
		Less: allowance for dou	btful accounts ►			
	5	Grants receivable	•			
	6	Receivables due from officers, disqualified persons (attach so	directors, trustees, and other hedule) (see the instructions)			
	7	Other notes and loans receivab	le (attach sch)			
Ŝ		Less: allowance for dou	otful accounts ►			
A S E T	8	Inventories for sale or u	• •	5,951.	4,391.	4,391.
Ť	9	Prepaid expenses and o	leferred charges	2,054.	2,054.	2,054.
S	10 a	<ul> <li>Investments – U.S. and obligations (attach sche</li> </ul>	state government dule)			
	1	b Investments — corporate stock	(attach schedule) .			
	•	c Investments — corporate bond	s (attach schedule) .			
	11	Investments – land, bui equipment basis	ldings, and			
		Less accumulated depreciation (attach schedule)	1 •			
	12	Investments - mortgage	eloans			
	13	Investments - other (at	tach schedule)	-		
	14	Land, buildings, and equ	ipment basis ►6,790.			
		•	e Stmt 6 ►6,000.	2,790.	790.	790.
		Other assets (describe Total assets (to be com see instructions. Also, s	pleted by all filers -	409,504.	312,776.	312,776.
乚	17	Accounts payable and a		6,983.	4,911.	312,770.
A	18	Grants payable		1,000.	91,595.	
ĝ	19	Deferred revenue			<u> </u>	}
ŀ	20	Loans from officers, directors,	trustees, & other disqualified persons.			1
Ī	21	Mortgages and other notes pay	able (attach schedule)			
¦	22	Other liabilities (describe	► <u>See Statement 7</u> )	5,302.	5,713.	}
E S	23	Total liabilities (add line		13,285.	102,219.	
		Foundations that follow and complete lines 24 th	SFAS 117, check here X nrough 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted		383,689.	210,557.	
EU	25	Temporarily restricted	•	12,530.		
D	26	Permanently restricted				
A B A L A N		Foundations that do not and complete lines 27 th	t follow SFAS 117, check here  Figure 117, check here		=== <del>===</del>	
EL	27	Capital stock, trust princ	apal, or current funds			
	28		and, building, and equipment fund		.,	1
ΟE	29	Retained earnings, accumulate	d income, endowment, or other funds			1
RS	30		balances (see the instructions)	396,219.	210,557.	1
	31	Total liabilities and net	assets/fund balances	400 504		1
Dari	188 7	(see the instructions)	s in Net Assets or Fund Balanc	409,504.	312,776.	L
				<del></del>	<del></del>	<del></del>
1	Total	l net assets or fund balan of-year figure reported or	ces at beginning of year — Part II, colur	mn (a), line 30 (must agr		206 210
2		or-year ligure reported or r amount from Part I, line	•		1 2	396,219. -185,662.
5		increases not included in line 2			2	-105,002.
A		lines 1, 2, and 3	(nonneo)		<del>  3</del>	210,557.
		ases not included in line 2 (item	ize) ►		5	210,337.
		•	ces at end of year (line 4 minus line 5)	- Part II column (b) lin		210,557.
<u> </u>		accord or fully balan	300 at one of your time + minus line 3)	aren, column (b), lin	1 6	210,007.

(a) List and descri	tibe the kind(s) of property sold (e.g., repuse, or common stock, 200 shares ML	al estate	(b) How acquire P — Purchase D — Donation	(month, day, year)	(d) Date sold (month, day, year)
1a N/A					
b		<del></del>		<del></del>	
c				<del></del>	<u> </u>
d					
8			······································		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
С					
d					
<u>e</u>					
Complete only for assets show	ving gain in column (h) and owned by t	he foundation on 12/31/69		(I) Gains (Co)	umn (h)
(f) Fair Market Value as of 12/31/69	① Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		gain minus column (I than -0-) <b>or</b> Losses (fi	k), but not less
a					
b					
c					
d					
e					
	(loss) as defined in sections 1222(5) and 8, column (c) (see the instructions)	··· ¬	3		
	er Section 4940(e) for Reduce	d Tay on Net Investme	nt Income		· · · · · · · · · · · · · · · · · · ·
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable amo alify under section 4940(e). Do not com in each column for each year, see the	plete this part.		Yes	X No
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assi	ets (c	( <b>d)</b> Distribution column (b) divided	
2008	1,425,866.	660	,204.		2.159735
2007	937, 229.		2,984.		1.901135
2006	238,224.		970.		4.767340
2005	500.		,500.		0.333333
2004			· ·		
2 Total of line 1, column (d)				2	9.161543
3 Average distribution ratio for t number of years the foundation	he 5-year base period — divide the tota on has been in existence if less than 5	on line 2 by 5, or by the years		<u> </u>	2.290386
4 Enter the net value of noncha	ritable-use assets for 2009 from Part X	, line 5.		1	645,806.
5 Multiply line 4 by line 3			_:	5	1,479,145.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		<u>                                     </u>	5	55.
7 Add lines 5 and 6				,	1,479,200.
8 Enter qualifying distributions f	·		_ 1		1,351,121.
If line 8 is equal to or greater Part VI instructions.	than line 7, check the box in Part VI, Ii	ne 1b, and complete that par	t using a 1%	tax rate See the	

	20-2387	645		i	Page 4
Par	10 10 10 10 10 10 10 10 10 10 10 10 10 1	structi	ons)		
7 8	Exempt operating foundations described in section 4940(d)(2), check here . And enter 'N/A' on line 1	l			
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)	İ			
ł	Domestic foundations that meet the section 4940(e) requirements in Part V,				110.
	check here . ► and enter 1% of Part I, line 27b				
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
_	foundations only. Others enter -0-)				0.
3	<b>5</b>				110.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-				110.
6	Credits/Payments:				
	2009 estimated tax pmts and 2008 overpayment credited to 2009	!			
	Exempt foreign organizations — tax withheld at source . 6b				
	: Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld  6d				
7	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.				110.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?	L	1 a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	(see the instructions for definition)?	Ĺ	1 b		X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		,,,,,		
	Did the foundation file Form 1120-POL for this year?	İ			ļ.,
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	}	1 c		X
	(1) On the foundation $\blacktriangleright$ \$ 0. (2) On foundation managers $\blacktriangleright$ \$	0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
_	foundation managers \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Į.	2		X
	If 'Yes,' attach a detailed description of the activities		- 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes				
		. [	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	L	4a		X
	olf 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	Ĺ	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	_ 5		X
_	If 'Yes,' attach the statement required by General Instruction T	ļ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	- 1			
_	with the state law remain in the governing instrument?	L	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	Ļ	7	Х	ļ. <u></u>
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	_ [	I		
	See Statement 8	_			
Ь	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8ь	Х	
9		_`	-35		
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part X	2)	9		х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	·			<del> </del>
	and addresses  See Statement 9		10	Х	
BAA		For			(2009)

Form **990-PF** (2009)

Forn	990-PF (2009) Jimmie Johnson Foundation	<u>20-23876</u>	45	P	age <b>5</b>
Par	t VII-A Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application?	13	Х	
	Website address <a href="https://www.jimmiejohnsonfoundation.or">www.jimmiejohnsonfoundation.or</a>				
14	The books are in care of ► Mary Barr Telephor	ne no. ► 704-4	53-2	<u>897</u>	
	Located at ► 4325 Papa Joe Hendrick Boulevard Charlotte N ZIP + 4	28262			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here		N/A	<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 8	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	X Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X No			
ŀ	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🗌			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		:		
8	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ▶ 20, 20, 20, 20				
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	(a)(2) a)(2) to			
	all years listed, answer 'No' and attach statement - see the instructions.)	,,,	2b	N,	/A
•	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years have 20, 20, 20	ere.			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No	ŀ		
ŀ	If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	d	3b	N	/A
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	• • • • • • • • • • • • • • • • • • • •	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		Х
BAA			orm <b>9</b> 9	O-PF	(2009)

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Form 990-PF (2009) Jimmie Johnson For			20-238	37645	Р	age (
Part VII-B Statements Regarding Activit	ies for Which Fon	m 4720 May Be Rec	uired (continued)			
<b>5a</b> During the year did the foundation pay or incur	r any amount to:	_				
(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	n (section 4945(e))?	Yes X	No		
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section ition drive?	4955); or to carry	Yes X	No		
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes X	No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described ctions)	Yes X	No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No		
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of t described in Regulations section 53.4945 or in (see instructions)?	a current notice regard	ling disaster assistance	ons	51	b N	/A
Organizations relying on a current notice regains	J		▶			
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No		
If 'Yes,' attach the statement required by Regu		` ,				
6a Did the foundation, during the year, receive ar on a personal benefit contract?	•	•		No		v
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, airectly or indirect	ily, on a personal benetit	t contract?	61	P	Х
7a At any time during the tax year, was the found	lation a party to a prohil	bited tax shelter transac	tion? Yes X	No		
<b>b</b> If yes, did the foundation receive any proceeds	s or have any net incom	ne attributable to the tran	nsaction?	71		/A
Part VIII Information About Officers, D	irectors, Trustees	, Foundation Mana	gers, Highly Paid	Employ	ees,	
and Contractors  1 List all officers, directors, trustees, foundation			-Al N			
1 List all officers, directors, trustees, foundation				(a) [		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper other a	ise acco	ount, es
Jimmie Johnson	President	0.	0.			0
4400 Papa Joe Hendrick Blvd Charlotte, NC 28262	5.00					
Chandra Johnson	VP & Treasur			├──		
4400 Papa Joe Hendrick Blvd	5.00	0.	0.			0
Charlotte, NC 28262						
Alan R. Miller	Secretary	0.	0.			0
370 E. Maple Road	5.00					
Birmingham, MI 48009	i					
Mary Barr	Executive Di	87,722.	0.			0
4325 Papa Joe Hendrick Blvd	55.00	ĺ				
Charlotte, NC 28262		<u> </u>		<u> </u>		
2 Compensation of five highest-paid employees	(other than those incl	uded on line 1— see inst	ructions). If none, ente	r '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) Exper other a	nse acco llowanc	
None						
	]					
				<del> </del>		
	1					
Total number of other employees paid over \$50,000			<u> </u>	L	19/1-DE /	(2000)
		07/06/00				21 II IL

Form 990-PF (2009) Jimmie Johnson Foundation 20-23	
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 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	Componication
	<del> </del>
Total number of others receiving over \$50,000 for professional services	- 0
	<u></u>
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	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	- Exponder
1 <u>N/A</u>	
2	
	,
3	<del>                                     </del>
·	
	·
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 <u>N/A</u>	
2	ļ
<sup>2</sup>	·
	<u></u>
All other program-related investments. See instructions.	
3	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	.
Total. Add lines 1 through 3	0.
BAA	Form <b>990-PF</b> (2009)

sèe instructions.)	oreign	iouridations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:  a Average monthly fair market value of securities	1 a	
<b>b</b> Average of monthly cash balances	1Ь	655,641.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	655,641.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1e 0.		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	655,641.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	9,835.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	645,806.
6 Minimum Investment return. Enter 5% of line 5	6	32,290.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating fo	oundations
and certain foreign organizations check here ► and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6.	1	32,290.
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009. (This does not include the tax from Part VI.)	]	
c Add lines 2a and 2b.	2c	110.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	32,180.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	32,180.
6 Deduction from distributable amount (see instructions).	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	32,180.
Part XII Qualifying Distributions (see instructions)	-	
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:</li> <li>Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.</li> </ul>	1a	1,351,121.
<b>b</b> Program-related investments – total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Amounts set aside for specific charitable projects that satisfy the:</li> <li>a Suitability test (prior IRS approval required)</li> </ul>	За	
<b>b</b> Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,351,121.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,351,121.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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# Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI,	-			20.100
line 7  2 Undistributed income, if any, as of the end of 2009			<del>-,,</del>	32,180.
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years 20, 20, 20	<del></del>	0.	U.	
3 Excess distributions carryover, if any, to 2009		0.		· · · · · · · · · · · · · · · · · · ·
a From 2004				
<b>b</b> From 2005 436.				
<b>c</b> From 2006 235, 747.				
<b>d</b> From 2007 912, 969.				
e From 2008 1,393,118.	:			
f Total of lines 3a through e	2,542,270.			
4 Qualifying distributions for 2009 from Part				
XII, line 4: ► \$ 1,351,121.				
a Applied to 2008, but not more than line 2a	-		0.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions).		0.		
Treated as distributions out of corpus     (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				32,180.
Remaining amount distributed out of corpus	1,318,941.			32,100.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the	· · · · · · · · · · · · · · · · · · ·			
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,861,211.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.	:	
c Enter the amount of prior years' undistribut-	· · · · · · · · · · · · · · · · · · ·	U.		
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
Undistributed income for 2008 Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines			1	
4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)	_			
(see instructions)	0.			++++
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.		· . · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	3,861,211.			
10 Analysis of line 9:				
<b>a</b> Excess from 2005 436.				
<b>b</b> Excess from 2006 235, 747.				
<b>c</b> Excess from 2007 912, 969.				
<b>d</b> Excess from 2008 1,393,118.				
<b>e</b> Excess from 2009 1,318,941.				

18	If the foundation has received a ruling or of is effective for 2009, enter the date of the i	letermination letter ruling	that it is a private of	pperating foundation	, and the ruling	
b	Check box to indicate whether the foundat	on is a private ope	rating foundation d	escribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	<b>(c)</b> 2007	<b>(d)</b> 2006	(e) Total
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
6	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:					
a	'Assets' alternative test — enter:					
	(1) Value of all assets		<del> </del>			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					37770
b	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	'Support' alternative test – enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income  XV Supplementary Information	<u> </u>				
	XV Supplementary Information assets at any time during the Information Regarding Foundation Managibust any managers of the foundation who holose of any tax year (but only if they have None	ne year — see in ers: ave contributed mo	nstructions.) ore than 2% of the t	total contributions re		
b	List any managers of the foundation who ca partnership or other entity) of which the None	wn 10% or more of foundation has a 10	f the stock of a corp )% or greater intere	poration (or an equa est.	ly large portion of th	ne ownership of
	Information Regarding Contribution, Gran Check here $\blacktriangleright$ $\overline{X}$ if the foundation only makes requests for funds. If the foundation makes complete items 2a, b, c, and d	nakes contributions s gifts, grants, etc,	to preselected cha (see instructions) to	ritable organizations o individuals or orga	nizations under othe	ot unsolicited er conditions,
а	The name, address, and telephone numbe	r of the person to v	whom applications s	should be addressed	:	
b	The form in which applications should be s	ubmitted and infor	mation and materia	ls they should includ	e:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charita	ble fields, kinds of in	estitutions, or other f	factors.
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3	3 Grants and Contributions Paid During the Year or Approved for Future Payment								
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
		substantial contributor	recipient						
	Name and address (home or business)  Paid during the year  Statement 10	any loundation manager or substantial contributor	recipient	contribution					
	Total			<b>▶</b> 3 <i>a</i>	1,094,506.				
<b>b</b> See	Approved for future payment Statement 11								
	Total	·	•	► 3t	91,595.				

# Part XVI-A Analysis of Income-Producing Activities

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Enter gross amounts unless otherwise indicated	Unrelated	Unrelated business income		section 512, 513, or 514	
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a	<del> </del>	<del></del>			
b					
c	<del></del>		<del>  </del>		
d	<b>-</b>	·	<del>                                     </del>		
•	<del>                                     </del>				
g Fees and contracts from government agencies			<del> </del>		
2 Membership dues and assessments	<b></b>				
3 Interest on savings and temporary cash investments			<del>                                     </del>		
4 Dividends and interest from securities	ļ	<del></del>	14	5,488.	
5 Net rental income or (loss) from real estate.		<del></del>			
a Debt-financed property					· · · · · · · · · · · · · · · · · · ·
<b>b</b> Not debt-financed property		·			<del></del>
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	<u> </u>		5	12,958.	
11 Other revenue					
a Income from Special Event					58,130.
b					
С					
d					
•	<u> </u>				
12 Subtotal Add columns (b), (d), and (e)				18,446.	58,130.
13 Total. Add line 12, columns (b), (d), and (e)				13	76,576.
See worksheet in the instructions for line 13 to verify ca	lculations)				

Part XVI-B	Relationship	of Activities	to the	Accomplishment	of Exempt P	urposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)
N/A	
•	
<del></del>	

Firm's name (or yours if self-employed), address, and ZIP code

BAA

orm <b>990-P</b>			on Founda						0-2387645	Pa	age <b>13</b>
Part XVII		n Regardii	ng Transfer	s To and Tran	saction	s and	Relations	ships Wit	h Noncharitab	le	
	Exempt O	rganizatior	15						<u> </u>		
1 Did th	ne organization dir	ectly or indire	ctly engage in	any of the following section 501(c)(3)	ng with an	ny other o	organization	1		Yes	No
descr relatir	ibed in section 50 ng to political orga	1(c) of the Co	de (other than	section 501(c)(3)	organizat	ions) or i	n section 5	27,	l		
			on to a noncha	arıtable exempt orç	ganızatıor	n of:					
<b>(1)</b> C		,			gu <u></u> u				1a(1)		х
(2) 0	ther assets		•	,					1a (2)		X
<b>b</b> Other	transactions:										
<b>(1)</b> S	ales of assets to	a noncharitabl	e exempt orga	inization .					1 b (1)		Х
<b>(2)</b> P	urchases of asset	ts from a nonc	haritable exen	npt organization					1 b (2)		Х
	lental of facilities,		other assets						1 b (3)		X
	leimbursement arr	-							1 b (4)		X
	oans or loan guar								1b (5)	igsquare	X
				draising solicitation					1b (6)		X
<b>c</b> Snarii	ng of facilities, eq	uipment, maili	ng lists, other	assets, or paid en	nployees				1c		X
the q	oogs, other assets	s. or services (	given by the re	the following sche eporting foundation olumn <b>(d)</b> the value	n. If the fo	undation	received le	ess than fau	e fair market value market value in received.	e of	
(a) Line no.	(b) Amount invol			table exempt organizati					tions, and sharing arrar	ngement	s
N/A											
							_				
	· · · · · · · · · · · · · · · · · · ·										
		<del></del>									
<del></del>		<del></del>	·								
		<del></del>				<del></del>					
				·							
									·		
		_									
	<u> </u>			<u> </u>							
descri	ibed in section 50	1(c) of the Co	de (other than	, or related to, one section 501(c)(3))	or more or in sec	tax-exention 527?	npt organiz	ations	Yes	X	No
<b>b</b> If Yes	s, complete the fo			#N.T. /		1					
N/A	(a) Name of orga	nization		<b>(b)</b> Type of organi	zation			c) Description	on of relationship		
			<del></del>	<del></del>		-			<del></del>		
				<del>)                                    </del>							
		- /									
Under penal	lities of perjury, I declare	hat I have examine	d this dum includi	ng accompanying schedul	les and stater	ments, and t	o the best of my	knowledge and	belief, it is true, correct, a	nd	
	/ 0/ /	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		sased on all lillorniador.	or winding pre	sparer mas a	. /				
.		7 · 11				16.2	4-10	► Secr	etary		
Signa	ature of officer or truste	• / \				Date	, , ,	Title	.c.cary		
	<u> </u>	<u> </u>		. 0		Date	, ,		Preparer's Identify		
Paid	Preparer's signature	[]].,[[	12	4/1/w		161	18/18	Check if self-	(See Signature in		
Pre- parer's	Firm's name (av.	. DeWitt	Foard &	Co, PA, CPA:	<u> </u>	1 4	-//	employed >			
Use	Firm's name (or yours if self-						<u>,                                     </u>	EIN ►	N/A		
Only employed), address, and Charlette NG 20202					_						

(704) 372-1515

Form **990-PF** (2009)

Phone no

1001 Morehead Square Dr., Ste. 450 Charlotte, NC 28203

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

		Publožei idenducadou udunei
Jimmie Johnson Foundation		20-2387645
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiz	
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Note:</b> Only a section 501(c)(7), (8), or (10) or	e General Rule or a Special Rule. organization can check boxes for both the Gene	eral Rule and a Special Rule. See instructions.
General Rule —		
X For an organization filing Form 990, 990 contributor. (Complete Parts I and II.)	-EZ, or 990-PF that received, during the year, \$	\$5,000 or more (in money or property) from any one
Special Rules —		
509(a)(1)/1/0(b)(1)(A)(vi) and received f	g Form 990 or 990-EZ, that met the 33-1/3% su rom any one contributor, during the year, a cor h or (ii) Form 990-EZ, line 1. Complete Parts I	atribution of the greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) orga aggregate contributions of more than \$1 prevention of cruelty to children or anim	inization filing Form 990 or 990-EZ, that receive ,000 for use <i>exclusively</i> for religious, charitable als. Complete Parts I, II, and III.	d from any one contributor, during the year, e, scientific, literary, or educational purposes, or the
this box is checked, enter here the total	inization filing Form 990 or 990-EZ, that receive gious, charitable, etc, purposes, but these contr contributions that were received during the yea rts unless the <b>General Rule</b> applies to this orga	abutions did not aggregate to more than \$1,000. If
religious, charitable, etc, contributions o		► ¢
	<b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> - <b>3</b> -	¥ <u></u>
990-PF) but it <b>must</b> answer 'No' on Part IV.	d by the General Rule and/or the Special Rules line 2 of their Form 990, or check the box on lir filing requirements of Schedule B (Form 990, 99	does not file Schedule B (Form 990, 990-EZ, or ne H of its Form 990-EZ, or on line 2 of its Form 90-EZ, or 990-PF).
BAA For Privacy Act and Paperwork Redu	ction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)		of 7 of Part I
	Johnson Foundation	20-23	387645
	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Auto Club Speedway		Person X
	9300 Cherry Avenue	\$51,564.	Payroll Noncash
	Fontana, CA 92335	 	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Dale Jarrett Foundation		Person X
	1915 Fairgrove Church Rd SE	\$6,000.	Payroll Noncash
	Newton, NC 28658		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	General Motors		Person X
	100 Renaissance Center	\$50,000.	Payroll Noncash
	Detroit, MI 48265		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Hendrick Motorsports		Person X
	4400 Papa Joe Hendrick Blvd.	\$15,772.	Payroll Noncash
	Charlotte, NC 28262		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Mr. and Mrs. Jimmie Johnson		Person X
		\$ 22,200.	Payroll Noncash
	Charlotte, NC 28211		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Lowe's		Person X
	1000 Lowe's Boulevard	\$ 60,960.	Payroll Noncash

(Complete Part II if there is a noncash contribution.)

	• .	•	•
Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)		of 7 of Part I
•	· Johnson Foundation		ridentification number 387645
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Mr. Mark Mitchell	\$24,920.	Person X Payroll Noncash (Complete Part II if there
	San Clemente, CA 92673		is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Motorsports Authentics		Person X
	6301 Performance Drive	\$25,492.	Payroll Noncash
	Concord, NC 28027		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Sprint		Person X
	10115 Kincey Avenue #210	\$40,000.	Payroll Noncash
	Huntersville, NC 28078		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10_	Jimmie Johnson Racing II		Person
	4325 Papa Joe Hendrick Blvd.	\$62 <u>,172.</u>	Payroll Noncash X
	Charlotte, NC 28262		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	Celebrity Skins LLC		Person X
	4360 Brownsboro Rd, Ste 101	\$ 105,000.	Payroll Noncash
	Louisville, KY 40207		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12_	Mr and Mrs David Alfonso		Person X

Pembroke Pines, FL 33028

(Complete Part II if there is a noncash contribution.)

14,550.

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)
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Page 3

of Part I

Name of organization

Employer identification num

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20-2387645

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Sehorn's Corner Foundation	\$9,550.	Person X Payroll Noncash
	Los Angeles, CA 90036		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	MissionFish - POLF  1400 I Street, NW Suite 800  Washington, DC 20005	\$57,036.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, addr <del>e</del> ss, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>	Phoenix International Raceway  125 S. Avondale Blvd, #200  Avaondale, AZ 85323	\$26,112.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	Bright House Networks LLC PO Box 4739 Syracuse, NY 13221	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution
<u>17</u>	Mr_Tim_Headington  Dallas, TX 75231	\$9,550.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	Google		Person X

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)		of 7 of Part I
•	Johnson Foundation	1	387645
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	MC2 3 Alpine Court Chestnut Ridge, NY 10977	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_20_	Samsung SDS America  105 Challenger Rd  Ridgefield Park, NJ 07660	\$120,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21_	Time Warner Cable  Chicago, IL 60611	\$8,240.	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	Akin Gump  1333 New Hampshire Ave. NW  Washington, DC 20036	\$25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23_	Channel Intelligence  1180 Celebration Blvd  Celebration, FL 34747	\$5,000	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24_	P.O. Box 18747  Charlotte, NC 28218	\$ <u>15,378</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Schedule Name of orga	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)		of 7 of Part I
<u>Jimmie</u>	Johnson Foundation	20-23	387645
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Charity Sports Auction 75 Maiden Lane, Suite 504	\$ 9,850.	Person X Payroll Noncash (Complete Part II if there
(a) Number	New York, NY 10038  (b)  Name, address, and ZIP + 4	(c) Aggregate contributions	(d)  Type of contribution
	Herzog Contracting Corporation 600 S. Riverside Road St. Joseph, MO 64507	\$56,180.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	Mr and Mrs Chip Shelton  Charlotte, NC 28207	\$6,440.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	Mr and Mrs Harry You  Nashua, NH 03062	\$6,652.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	Hendrick Automotive Group  4345 Rosewood Drive  Pleasanton, CA 94588	\$6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30	Jeff Gordon Inc 4345 Papa Joe Hendrick Bouleva	\$ 5,000 <u>.</u>	Person X Payroll Noncash

Charlotte, NC 28262

(Complete Part II if there is a noncash contribution)

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Schedule <b>B</b>	(FORM 990), 9	490-F/ Or	990-2617	2009)
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of Part I

Name of organization

Jimmie Johnson Foundation

Employer Identification nu

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Part I	Contributors (see instructions.)		
(a) Number	(b) Name, addr <del>e</del> ss, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	Michigan International Speedway		Person X
	12626 U.S. 12	\$10,000.	Noncash
	Brooklyn, MI 49230		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	Mr Dean Kretschmar	\$9,550.	Person X Payroll Noncash
	Ft. Lauderdale, FL 33308		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, addr <del>e</del> ss, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33_	Verdugo Concrete Specialists		Person X
	8664 Troy Street	\$ <u>5,257.</u>	Payroll Noncash
	Spring Valley, CA 91977		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34_	Bank of America		Person X
	100 North Tryon St	\$5,440.	Payroll Noncash
	Charlotte, NC 28255		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35	Junior Seau Foundation		Person X
	8780 Complex Drive, Suite 200	\$10,000.	Payroll Noncash
	San Diego, CA 92123		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36	Mr Stuart Katzoff	\$12,000.	Person X Payroll Noncash
	New York, NY 10003	_	(Complete Part II if there is a noncash contribution.)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 7	of 7 of Part I
_	Johnson Foundation		387645
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>37</u>	Requiro Scientia LLC Palm Beach, FL 33480	\$ <u>24,440</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
38	Mr John Pinette Springfield, PA 19064	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
39	San Diego Sports Hall of Fame  2131 Pan American Place  San Diego, CA 92101	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, addr <del>e</del> ss, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Page

of 1

of Part II

Jimmie Johnson Foundation

Employer Identification number 20-2387645

Part II	Noncash Property (see instructions.)	120 2007	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	Sports memorabilia sold on ebay.		
		\$ 62,172.	Various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(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
		4	
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Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

of 1

of Part III

Name of organization

Jimmie Johnson Foundation

Employer Identification number 20-2387645

Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more th	etc, individual contribution on \$1,000 for the vear.	ons to sect complete cols	tion 501(c)(7), (8), or (10) (a) through (e) and the followin	) na line entrv )		
	For organizations completing Part III, enter t	otal of exclusively religious, cha	aritable, etc,		• • • •		
<u> </u>	contributions of \$1,000 or less for the year. (		ee instruction	<u> </u>	<u> N/A</u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held		
1 diti	N/A						
		<del></del>	<del></del>	<del></del>			
		(3)			·		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	feree		
					· · · · · · · · · · · · · · · · · · ·		
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is held		
		(e)			,		
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to trans	feree		
(a)	(b)	(c)	<u> </u>	(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is held		
					<del></del>		
	(e)						
	Transferee's name, addres	Transfer of gift	Rei	ationship of transferor to trans	fere <del>c</del>		
				<del> </del>			
(a)	(b)	(c)	<u> </u>	(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift	ls held		
		<del></del>	· · · · · · · · · · · · · · · · · · ·				
			<del></del>	<del></del>			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	feree		
					<del></del>		

# Form **4562**

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Identifying number

Jimmie Johnson Foundation
Business or activity to which this form relates

20-2387645

	m 990/990-PF								
Par	t I Election To Exp Note: If you have all	pense Certain ny listed property,	Property Under Se complete Part V before	ction 179	 Part I				
1	Maximum amount. See the							1	\$250,000.
2	Total cost of section 179 p							2	, = = - , , ,
	Threshold cost of section 1		-		s)			3	\$800,000.
4	Reduction in limitation, Su				•			4	44437444
5	Dollar limitation for tax year				married f	ılına		$\rightarrow$	<del></del>
	separately, see instruction	s				<u> </u>		5	
6	(a)	Description of property	<u> </u>	(b) Cost (busine	ss use only	(c) E	ected cos	<u>.                                    </u>	
			· · · · · ·				_		
	Late dance of the H			1					
	Listed property. Enter the				<u> </u>		1	_	
9	Total elected cost of section Tentative deduction Enter			c), lines 6 and 7	′			8	<u></u>
10	Carryover of disallowed de			62				10	
11	Business income limitation				o) or line	5 (see inst	rs)	11	·
12	Section 179 expense dedu					( ( ) ( ) ( ) ( )	,	12	·
	Carryover of disallowed de				▶ 13				
	Do not use Part II or Part								
Par	t II Special Deprec	iation Allowar	ice and Other Depr	eciation (Do	<b>not</b> inclu	de listed pr	operty. <b>)</b>	(See i	nstructions.)
14	Special depreciation allows tax year (see instructions)	ance for qualified	property (other than liste	d property) pla	ced in se	rvice during	the	14	
15	Property subject to section	168(f)(1) election	•					15	
	Other depreciation (includi		•				8	16	2,000.
Par			nclude listed property.) (	See instruction	د/			10	2,000.
	· · · · · · · · · · · · · · · · · · ·	siazon (oonot)	Section		عر				· · · · ·
17	MACRS deductions for ass	sets placed in serv					-	17	<del></del>
			, ,	•					
	If you are electing to group asset accounts, check here	<u> </u>					<b>-</b> 🗍		
			In Service During 2009					ystem	
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	Conve		<b>(f)</b> Method		( <b>g)</b> Deprectation deduction
19 a	3-year property		<u> </u>						
	5-year property	<u>}</u>							
	7-year property	_							
	10-year property	_							
	15-year property	]							
	20-year property	_							
	25-year property			25 yrs			S/L		
h	Residential rental			27.5 yrs		<del></del>	S/L		<del></del>
	property			27.5 yrs			S/L		
i	Nonresidential real			39 yrs	M		S/L		
	property	<u></u>			M		S/L		
		<ul> <li>Assets Placed i</li> </ul>	n Service During 2009 T	ax Year Using t	he Altern	ative Depre		Syster	n
	Class life	_			<u> </u>		S/L		
	12-year	ļ		12 yrs			S/L		
	40-year .	<u> </u>	<u> </u>	40 yrs	M	<u>M</u>	S/L		
Par	<del></del>				_				
	Listed property. Enter amo			•			12	21	···
22	<b>Total</b> Add amounts from line 12, the appropriate lines of your retur	Tines 14 through 17, Iii n. Partnerships and S (	nes 19 and 20 in column (g), a corporations — see instructions	nd line 21. Enter he s	re and on			22	2,000.
23	For assets shown above a the portion of the basis att	nd placed in servi	ce during the current yea		23				<u> </u>

# Form **8868**

Application for Extension of Time To File an Exempt Organization Return

(Rev April 2009)			OMB No	1545-1709			
Department of the Treasury Internal Revenue Service  File a separate application for each return.							
<ul><li>If you are</li></ul>	filing for an	Automatic 3-Month E	extension, complete on	ly Part I and check this box		•	► X
<ul><li>If you are</li></ul>	filing for an	Additional (Not Auto	matic) 3-Month Extens	i <mark>on, complete only Part II</mark> (on	page 2 of this form	1).	
Do not comp	lete Part II un	<i>less</i> you have alread	ly been granted an aut	omatic 3-month extension on	a previously filed F	orm 8868.	
Part	Automatic	3-Month Extens	ion of Time. Only	submit original (no cop	oies needed).		
A corporation	required to f	ile Form 990-T and r	equesting an automation	: 6-month extension — check	this box and comp	lete Part I only	, <b>►</b> □
All other corp income tax re	oorations (incl eturns	udıng 1120-C filers),	partnerships, REMICS	, and trusts must use Form 7	7004 to request an e	extension of tir	me to file
the additional Form 990-T.	l below (6 moi l (not automai lnstead, you r	nths for a corporation tic) 3-month extension must submit the fully	n required to file Form on or (2) you file Forms	68 if you want a 3-month aut 990-T). However, you cannot 990-BL, 6069, or 8870, grou page 2 (Part II) of Form 886 profits	t file Form 8868 elec	ctronically if (1	) you want
_	Name of Exempt	Organization			En	ployer identificati	on number
Type or print							
print		ohnson Found			20	0-2387645	
File by the due date for	Number, street,	and room or suite number	If a P O box, see instructions	.,, . <u></u>			
filing your return See		a Joe Hendrie					
instructions	City, town or pos	st office, state, and ZIP coo	de For a foreign address, see	instructions		· =-	
	Charlott	e, NC 28262					
Check type o	f return to be	filed (file a separate	application for each re	eturn):			
Form 990	)		Form 990-T (corpora	tion)	Form 4720		
Form 990	)-BL		Form 990-T (section	401(a) or 408(a) trust)	Form 5227		
Form 990			Form 990-T (trust ott	er than above)	Form 6069		
X Form 990	)-PF		Form 1041-A		Form 8870		
Telephone If the org If this is f check this the exten	No. ► 704 anization does or a Group Re s box ► □ sion will cove	eturn, enter the orga . If it is for part of th r.	FAX or place of business in nization's four digit Gro ne group, check this bo	the United States, check this pup Exemption Number (GEN x ▶ ☐ and attach a list w	l) If this the names and E		
		•	•	uired to file Form 990-T) exte n return for the organization			
		the organization's ref		-			
► X	calendar year	r 20 <u>09</u> or					
▶ □	tax year begi	nning	, 20, and e	nding, 20			
2 If this ta	ax year is for	less than 12 months,	, check reason:	Initial return Final re	eturn Char	nge in account	ing period
3a If this a	nnlication is f	or Form 990-BL 990		069, enter the tentative tax, le	255 271		
nonrefu	indable credits	s. See instructions		• •		3a \$	110.
<b>b</b> If this a made. I	pplication is found	or Form 990-PF or 9 nor year overpaymer	90-T, enter any refundant allowed as a credit	able credits and estimated ta	x payments	<b>зь</b> \$	0.
deposit	<b>Due.</b> Subtractivity FTD country in the structions	ct line 3b from line 3 pon or, if required, b	a. Include your payme by using EFTPS (Electr	nt with this form, or, if require onic Federal Tax Payment S	vstem).	3c \$	110.
			<del> </del>				

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

Internal Revenue	Service		File a separa	ate application for ea	ich return.			
If you are	filing for an	Automatic 3-Month E	xtension, complet	te only Part I and ch	eck this box			► X
-	-		•	tension, complete o		age 2 of this fo	orm)	
				automatic 3-month				
				only submit origin				
				, cas origi	(1.0 00)10	5	•	
A corporation	required to f	le Form 990-T and r	equesting an auto	matic 6-month exten	ision – check thi	s box and co	mplete Part I only	▶ 🔲
All other corp income tax re	orations (incl turns	uding 1120-C filers),	partnerships, REN	MICS, and trusts mus	st use Form 7004	4 to request a	an extension of tin	ne to file
returns noted the additional Form 990-T. I	below (6 more (not automates) nstead, you re	nths for a corporations:  (ic) 3 month extensions	n required to file Fon or (2) you file Fon completed and si	m 8868 if you want a form 990-1). Howeve orms 990-BL, 6069, gned page 2 (Part II) & Nonprofits	er, you cannot file or 8870, group re	e Form 8868 eturns, or a c	electronically if (1 omposite or cons	) you want olidated
	Name of Exempt	Organization					Employer identification	n number
Type or print								
print	Jimmie J	ohnson Found	ation				20-2387645	
File by the due date for	Number, street,	and room or suite number	If a P O box, see instr	uctions	-			
filing your return See	4325 Pap	a Joe Hendri	ck Boulevar	đ				
instructions	City, town or pos	it office, state, and ZIP co	de For a foreign addres	s, see instructions				
	Charlott	e, NC 28262						
Check type of	f return to be	filed (file a separate	application for ea	ach return):				
Form 990			Form 990-T (cor	poration)		Form 472	20	
Form 990	-BL		Form 990-T (sed	ction 401(a) or 408(a	) trust)	Form 522	27	
Form 990	-EZ	L	Form 990-T (tru:	st other than above)		Form 606	9	
X Form 990	-PF		Form 1041-A			Form 887	0	
Telephone If the orga If this is for check this the extension	No. ► 704 anization doe or a Group Ro s box ►  sion will cove	eturn, enter the orga . If it is for part of the r.	or place of busine nization's four dig	FAX No. ► ss in the United State it Group Exemption is ss box ► and a	Number (GEN) attach a list with	If the names ar		
until _ The ext ► X	8/15 ension is for	_, 20 <u>10</u> , to file the organization's re r 20 <u>09</u> or	the exempt organi turn for:	n required to file Formization return for the	-			
2 If this ta	ax year is for	less than 12 months	, check reason:	Initial return	Final retu	rn C	change in account	ing period
nonrefu <b>b</b> If this a	ndable credit pplication is f	s. See instructions	90-T, enter any re	or 6069, enter the to			3a \$	0.
c Balance deposit See ins	• <b>Due.</b> Subtra with FTD cou tructions	ct line 3b from line 3 ipon or, if required,	ia. Include your pa by using EFTPS (E	ayment with this form	ax Payment Syst	<del></del>	3c \$	0.
Caution. If yo payment instr		o make an electroni	c fund withdrawal	with this Form 8868,	see Form 8453-	EO and Form	8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2009)

2009 .	Federal Statements	Page 1
	Jimmie Johnson Foundation	20-2387645
Statement 1 Form 990-PF, Part I, Line 10c Gross Profit (Loss) From Sales Of  Items Sold Total Sales Gross Sales Less Returns & Allowances Net Sales Less Cost Of Goods Sold Gross Profit From Sales Of		Amount \$ 15,532. \$ 15,532. 0. \$ 15,532. 2,574. \$ 12,958.
Statement 2 Form 990-PF, Part I, Line 11 Other Income	(a) (b) Net	(c)
Income from Special Event	Revenue Investment  per Books Income  \$ 58,130.  Total \$ 58,130.\$ 0	Adjusted Net Income \$ 58,130. 0.\$ 58,130.
Statement 3 Form 990-PF, Part I, Line 16b Accounting Fees		
Accounting fees	(a)       (b) Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 11,750.       \$ 0.       \$	(d) Charitable Purposes  \$ 11,750. 0. \$ 11,750.
Statement 4 Form 990-PF, Part I, Line 18 Taxes		
Payroll	(a) (b) Net (c)  Expenses Investment Adjusted Net Income  \$ 9,707.  Total \$ 9,707. \$ 0. \$	

•

20	0	9
20	JU	9

## **Federal Statements**

Page 2

Jimmie Johnson Foundation

20-2387645

Statement 5	
Form 990-PF, Part I, Line 2	23
Other Expenses	

	(a) Expenses <u>per Book</u>		(c) Adjusted Net Income	(d) Charitable <u>Purposes</u>
Donor acknowledgement Licenses and permits Miscellaneous Office supplies Software maintenance Special event expenses Website expenses	\$ 1,18 9,01 8,79 44 1,44 120,49 98 Total \$ 142,35	). ). 2. 3. 3.	\$ 58,130. \$ 58,130.	\$ 1,185. 9,010. 10,862. 442. 1,448. 62,368. 983. \$ 86,298.

### Statement 6 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment

Category		Basis		Accum. Deprec.	_	Book Value	Fa	air Market <u>Value</u>
Machinery and Equipment Tot	al <u>\$</u>	6,790. 6,790.	\$ \$	6,000. 6,000.	\$ \$	790. 790.	\$ \$	790. 790.

### Statement 7 Form 990-PF, Part II, Line 22 Other Liabilities

Due to Jimmie Johnson Racing II ..

\$ 5,713.

Total \$ 5,713.

### Statement 8 Form 990-PF, Part VII-A, Line 8a States to which the Foundation Reports

AL AK AR AZ CA CO CT FL GA HI IL KS KY ME MD MA MI MN MS MO NH NJ NM NY NC ND OK OH OR PA RI SC TN UT VA WA WV WI

# Statement 9 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

Name of Substantial Contributor Address of Substantial Contributor

009 .	Federal St	atements		Page 3
•	Jimmie Johnso	n Foundation		 20-238764
Statement 9 (continued) Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the	Tax Year			
Herzog Contracting Corporation		500 S. Rivers St. Joseph, M		
Celebrity Skins LLC		1360 Brownsbo Louisville, K	ro Rd, Ste 101 Y 40207	
Samsung SDS America		105 Challenge	r Rd rk, NJ 07660	
Statement 10 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	 Amount
	None	Exempt	Assist individuals and	\$ 5,000
Autism Society of Delaware 5572 Kirkwood Highway Wilmington, DE 19808			their families affected by autism.	
5572 Kirkwood Highway	None	Exempt	affected by	17,46

children with

life-threatening

41,048.

5,000.

49,649.

chronic and

illesses.

To benefit

Assist in

providing

Grant

resources for

K-12 Education

after-school programs

children with chronic & life threatening illnesses

Exempt

Exempt

Exempt

America

400

200

4742 N. 24th Street, Suite

Victory Junction Gang Camp

Amani Toomer Foundation 730 W. Market Street, Suite

None

None

None

Phoenix, AZ 85016

4500 Adam's Way Randleman, NC 27317

Louisville , KY 40202

Ashley Park Elementary

2401 Belfast Drive

Charlotte, NC 28208

<b>109</b> .	Federal Sta	tements		Page
	Jimmie Johnson	Foundation		20-23876
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	<u>Amount</u>
Chase Elementary 195 E. Chase Ave El Cajon, CA 92020	None	Exempt	K-12 Education Grant	\$ 19,50
Collinswood Elementary 4000 Applegate Rd Charlotte, NC 28209	None	Exempt	K-12 Education Grant	5,78
Crawford High School 4191 Colts Way San Diego, CA 92115	None	Exempt	K-12 Education Grant	32,49
Creek Elementary 200 S Country Club Rd Muskogee, OK 74403	None	Exempt	K-12 Education Grant	31,68
Crest Elementary 2000 Suncrest Blvd El Cajon, CA 92021	None	Exempt	K-12 Education Grant	45,89
East Iredell Elementary 400 East Elementary Rd Statesville, NC 28625	None	Exempt	K-12 Education Grant	43,20
Emerald Middle School 1221 Emerald Ave El Cajon, CA 92020	None	Exempt	K-12 Education Grant	80,00
First Touch Foundation 2500 Northwinds Pkwy, Suite 275 Alpharetta, GA 30009	None	Exempt	Assist in raising awareness for sight impairments.	15,00
Foundation for the Carolinas 217 South Tryon Street Charlotte, NC 28202	None	Exempt	Critical Needs Response Fund	10,00
Granite Hills High School 1719 East Madison Ave El Cajon, CA 92019	None	Exempt	K-12 Education Grant	31,15
Greenfield Middle School 1495 Greenfield Drive El Cajon, CA 92021	None	Exempt	K-12 Education Grant	31,57
Hollenbeck Police Business Council 2015 E. First Street Los Angeles, CA 90033	None	Exempt	Assist at-risk youth	5,00

009 .	Federal Sta	tements		Page 5
	Jimmie Johnson	Foundation		20-238764
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
JH Gunn Elementary 7400 Harrisburg Road Charlotte, NC 28215	None	Exempt	K-12 Education Grant	\$ 7,537
John Smoltz Foundation 700 Foxhollow Run Alpharetta, GA 30004	None	Exempt	Assist in supporting children and families in need	10,000
Johnson Elementary 500 W Madison AVe El Cajon, CA 92020	None	Exempt	K-12 Education Grant	20,714
Magnolia Elementary 650 Greenfield Dr El Cajon, CA 92021	None	Exempt	K-12 Education Grant	27,915
Metro School 405 S Davidson St Charlotte, NC 28202	None	Exempt	K-12 Education Grant	8,860
Mike Hampton Pitching In Foundation P O Box 1168 Lecanto, FL 34460	None	Exempt	To benefit those in need	5,000
Multimedia and Visual Arts School 4191 Colts Way San Diego, CA 92115	None	Exempt	K-12 Education Grant	69,600
Muskogee High School 3200 E Shawnee Rd Muskogee, OK 74403	None	Exempt	K-12 Education Grant	39,900
Pershing Elementary School 301 N 54th St Muskogee, OK 74401	None	Exempt	K-12 Education Grant	9,988
Point Loma High School 2335 Chatsworth Blvd San Diego, CA 92106	None	Exempt	K-12 Education Grant	72,000
Rios Elementary 14314 Rios Canyon Rd El Cajon, CA 92021	None	Exempt	K-12 Education Grant	13,600

K-12 Education Grant

Exempt

None

41,937.

Sadler Arts Academy 800 Altamont St Muskogee , OK 74401

	Federal Sta	tements	·	Page 6
	Jimmie Johnson	Foundation		20-238764
Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
Smithfield Elementary PTA 3200 Smithfield Church Rd Charlotte, NC 28210	None	Exempt	K-12 Education Grant	\$ 51,931
Susan G. Komen Foundation 5005 LBJ Freeway, Suite 250 Dallas, TX 75244	None	Exempt	Assist in eradicating breast cancer	5,000
The Rainbow Connection 621 West University Rochester, MI 48307	None	Exempt	To benefit children with chronic and life-threatenig illnesses	5,000
Thompson Child and Family Focus 6800 St. Peter's Lane Matthews, NC 28105	None	Exempt	To assist with construction of facilities for children with behavioral and clinical needs	50,000
Tim Brown Foundation 515 N. Cedar Ridge Duncanville, TX 75116	None	Exempt	Assist at-risk youth	40,000
Tony Goetz Elementary 2412 Haskell Blve Muskogee, OK 74403	None	Exempt	K-12 Education Grant	44,764
Tulsa Public Schools 3027 South New Haven Tulsa, OK 74114	None	Exempt	K-12 Education Grant	29,500
University Meadows Elementary 1600 Pavilion Blvd Charlotte, NC 28262	None	Exempt	K-12 Education Grant	14,248
West Valley Child Crisis Center 6805 N 81st Ave Glendale, AZ 85303	None	Exempt	To assist children in need	10,000
Others less than \$5000 per recipient Various Various, US 55555	None		Addressing the needs of children, families or communities	42,559

Total \$ 1,094,506.

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# **Federal Statements**

Page 7

**Jimmie Johnson Foundation** 

20-2387645

### Statement 11 Form 990-PF, Part XV, Line 3b Recipient Approved for Future Payment

Name and Address	Donee Relationship	Found- ation Status	Purpose of <u>Grant</u>	Amount	
Ashley Park Elementary 2401 Belfast Drive Charlotte, NC 28208	None	Exempt	K-12 Education Grant	\$ 12,4	12.
East Iredell Elementary 400 East Elementary Rd Statesville, NC 28265	None	Exempt	K-12 Education Grant	10,8	00.
Emerald Middle School 1221 Emerald Ave El Cajon, CA 92020	None	Exempt	K-12 Education Grant	20,0	00.
Multimedia and Visual Arts School 4191 Colts Way San Diego, CA 92115	None	Exempt	K-12 Education Grant	17,4	00.
Point Loma High School 2335 Chatsworth Blvd San Diego, CA 92106	None	Exempt	K-12 Education Grant	18,0	00.
Smithfield Elementary PTA 3200 Smithfield Church Rd Charlotte, NC 28210	None	Exempt	K-12 Education Grant	12,9	83.

Total \$ 91,595.

		Page 1
	Jimmie Johnson Foundation	20-238764
Computation of Cost of Goo	do Sold (Form 990 DE)	
Computation of Cost of Good  1. Inventory at start of		5,951.
<ol> <li>Purchases</li> <li>Cost of labor</li> </ol>	r year	1,014. 0.
4. Additional 263A cost 5. Other costs .	s .	0. 0.
6. Total (Add lines 1 t	hrough 5) year Subtract line 7 from line 6)	6,965.
8. Cost of goods sold (	Subtract line 7 from line 6)	4,391. 2,574.

		, , ,		• • •
Page 2	20-2387645	Adinsted	Net Income	
		Net Invest	Income	
			Year Depr 2,000	
:			Life 3	
ets	lation		Rate	
Federal Worksheets	nson Found		Method Rate S/L	
Federal	Jimmie Johnson Foundation	Prior Year	Depr 4,000	
			Basis 6,790	
		et Jate	Acquired	
		Depreciation Worksheet Form 990-PF, Part I Allocated Depreciation	Description Acquired Raisers Edge Database SW 1/01/C	
2009		Depreci Form 99 Allocate	<u>Descri</u> Raiser:	

		, 1	3 p. 80				• • •	
Page 3	20-2387645	•	December	650, 397 650, 397				
	×		November	1,002,862 1,002,862				
			October	947,740 947,740				:
			September	821,823 821,823				
			August	701,101 701,101				
its	tion		July	645,859 645,859				
Federal Worksheets	Jimmie Johnson Foundation		June	634,931 634,931				
ederal M	ımie Johns		May	575,869 575,869	12			
Ŀ	Jin		Aprıl	521,226 521,226	s.			
			March	515,985 515,985	Number of Months	655, 641		
		lances 1b	February	455,159 455,159	qшnN			
		ily Cash Ba art X, Line	January F	394,738 394,738	7,867,690	' Cash Balar		
		Average Monthly Cash Balances Form 990-PF, Part X, Line 1b	Cash Bal.	Averages	Totals 7.	Average Monthly Cash Balances		
2009		Ave	Cas	Ave	Ţ	Avei		

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. . . .