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990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning						and ending					
G	Ch	eck all t	hat apply:	☐ Initial return	Initial return of a fo	rmer public cha	charity Final return				
			,	Amended return	Address change	·	•	hange			
_	ا معا	the IRS	Name of foundation				A Employer identification number				
		bel.		NIA JOHNSON FOUNDA	TION INC		<u>ا</u> ` `	62-1755			
	-	erwise,		or P O box number if mail is not de		Room/suite	Ь,	Telephone number (see pag			
	р	rint		TO DOX HUMBER II Mail IS NOT U	Toomboune			, , , ,	•		
		type.	PO BOX 283 City or town, state, ar	nd 7ID and		<u> </u>	٠	270-580			
		Specific actions.	1	id Zir code	WW	40405 0000		exemption application is pe	=		
			FRANKLIN	Soction 501(a)(3) ava	KY	42135-0283	1	. Foreign organizations, che			
Ć	H Check type of organization: X Section 501(c)(3) execution 4947(a)(1) nonexempt charitable trust							 Foreign organizations med check here and attach cor 	nputation ▶ 🗌		
ī	Fa	ır marke	t value of all asse	ts at end J Accounting	method: X Cas	h Accrual		private foundation status w nder section 507(b)(1)(A), c			
			m Part II, col. (c).	∫ ☐ Other (sr	pecify)	_	L	the foundation is in a 60-m	_		
	lin	e 16) 🕨	\$	1,599,946 (Part I, column (d) must be on cash ba	sis)	u	nder section 507(b)(1)(B), c	heck here		
Р	art	Anal	ysis of Revenue	and Expenses (The total of	(a) Revenue and				(d) Disbursements		
		amoun	its in columns (b), (c), a	nd (d) may not necessanly equal	expenses per	(b) Net investment	ent	(c) Adjusted net income	for charitable purposes		
		the am	ounts ın column (a) (se	e page 11 of the instructions))	books	income		liiwille	(cash basis only)		
_	T 1	Contrit	outions, gifts, grants, etc	c , received (attach schedule)					> 4		
	2	Check	If the foundation	is not required to attach Sch B			··········	٤	\$		
	3	Intere	st on savings and te	mporary cash investments	(0		* . !		
	4	Divide	ends and interest fro	m securities	36,773	36	5,773	3	· ·		
	5	a Gross	rents				0		* * *		
		b Net re	ental income or (loss)0	,				* /		
Revenue	₫ 6	a Net g	ain or (loss) from sal	le of assets not on line 10	-242,823	3		^ }	4 5 , 1		
9	5	b Gross	sales price for all asset	s on line 6a <u>450,002</u>							
Ó	7	' Capita	al gain net income (f	rom Part IV, line 2)			О	,			
_	ី ខ	Net sl	hort-term capital gail	n .				0			
	9	Incom	ne modifications						′ [
	10	a Gross	sales less returns and a	allowances 0	,						
		b Less	Cost of goods sold	0							
	ŀ	c Gross	profit or (loss) (atta	ch schedule))		<u> </u>	*		
	11	Other	income (attach sche	edule)			0	0			
	12	Total.	. Add lines 1 through	h 11	-206,050	36	,773	<u> </u>			
9	2 13	Comp	ensation of officers,	directors, trustees, etc	()					
9	<u> 1</u>	Other	employee salaries a	and wages							
Š	্ 15	Pensi	on plans, employee	benefits		ļ		<u> </u>			
Lynonsons	វ៊ី 16	a Legal	fees (attach schedu	le)			0	4	0		
	5		unting fees (attach se		3,500		3,500				
Administrativo	3	c Other	professional fees (a	ttach schedule)	10,992	10	,992	0	0		
ţ	17	Intere	st	DEOCH				 			
.0	2 18			age 14 of the instructions)			0		0		
-	19		ciation (attach sche)	0	0			
3 3	20	-	•	JUL 0 6 2	3:0 SO-S						
			I, conferences, and	meetings	S	 			<u> </u>		
ָר בְּרַ בְּרָבְיִיבְיִיבְיִיבְיִיבְיִיבְיִיבְיִיבְיִ	22		ng and publications		0.05=1	 					
			expenses (attach so			' -	0	0	0		
	24		•	inistrative expenses.	44 400	,	400	_	_		
	5		nes 13 through 23		14,492		,492	0	120.476		
Š	25		ibutions, gifts, grants		129,476			 	129,476		
_	1-0			ements. Add lines 24 and 25	143,968	14	,492	0	129,476		
	27		act line 26 from line								
•				enses and disbursements	-350,018						
				(if negative, enter -0-)		22	2,281				
		C Adjus	ited net income (if i	negative, enter -0-)				l o			

CANNEL JUL 292

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	or year		
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	38,785	200,729	200,729		
	2	Savings and temporary cash investments	272,534				
	3	Accounts receivable 0					
		Less allowance for doubtful accounts	0	0	0		
	4	Pledges receivable 0					
	i	Less allowance for doubtful accounts	o	0	0		
	5	Grants receivable .					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the	1	•			
	ł	instructions)	0	0	0		
	7	Other notes and loans receivable (attach schedule)		٠٧	·		
S		Less allowance for doubtful accounts	0	0	0		
Assets	8	Inventories for sale or use .					
Š	9	Prepaid expenses and deferred charges			1		
	10 a	I Investments—U S and state government obligations (attach schedule)	0	0	0		
	I .	Investments—corporate stock (attach schedule)	1,402,785	1,163,357	1,319,217		
	į .	Investments—corporate bonds (attach schedule)	0	0			
	11	Investments—land, buildings, and equipment basis 78,228					
	` `	Less accumulated depreciation (attach schedule)	78,228	78,228	80,000		
	12	Investments—mortgage loans	70,220	70,220	00,000		
	13	Investments—other (attach schedule)	0	0	0		
	14	•					
	'-						
	4.5	Less accumulated depreciation (attach schedule)	0	0	0		
	15	Other assets (describe	0	0	0		
	16	Total assets (to be completed by all filers—see the	4 700 000				
	45	instructions Also, see page 1, item I)	1,792,332	1,442,314	1,599,946		
	17	Accounts payable and accrued expenses .					
Ś	18	Grants payable .		·	*		
Liabilities	19	Deferred revenue			, •		
Ξį	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	*,		
<u>.i.</u>	21	Mortgages and other notes payable (attach schedule)	0	0			
	22	Other liabilities (describe)	0	0	į		
	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here			* *		
saoui		and complete lines 24 through 26 and lines 30 and 31.					
ဦ	24	Unrestricted		İ	į		
2	25	Temporarily restricted		-			
ã	26	Permanently restricted		-	.*		
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here			***		
Ę]	and complete lines 27 through 31.					
ř	27	Capital stock, trust principal, or current funds		Ì			
8	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
é	29	Retained earnings, accumulated income, endowment, or other funds	1,792,332	1,442,314			
SS	30	Total net assets or fund balances (see page 17 of the	1,702,002	1,442,014			
4		instructions)	1,792,332	1,442,314			
Š	31	Total liabilities and net assets/fund balances (see page 17	1,192,332	1,442,314			
_	"	of the instructions)	1 702 222	1 440 244			
D.	t III	Analysis of Changes in Net Assets or Fund Balances	1,792,332	1,442,314			
_							
1		net assets or fund balances at beginning of year—Part II, column (a), line	ou (must agree with		4 700 000		
_		f-year figure reported on prior year's return)	•	1	1,792,332		
		amount from Part I, line 27a	•	2	-350,018		
		increases not included in line 2 (itemize)		3	0		
		nes 1, 2, and 3		. 4	1,442,314		
		ases not included in line 2 (itemize)		5	0		
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30	6	1,442,314		

	VIRGINIA JOHNSON FOUND				62-17	55016 Page 3	
	d Losses for Tax on Investigation of Losses for Tax on Investigation (s) of property sold (e.g., real esta	•	(b) How acquired	(c) Date a	caured	(d) Date sold	
	se, or common stock, 200 shs MLC Co		P—Purchase D—Donation	(mo , day		(mo , day, yr)	
1a See Attached Statement							
b							
С							
d							
<u>e </u>			1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	or other basis ense of sale	-	(h) Gain or (loss) (e) plus (f) minus (g)		
a 0	0		0			0	
b 0	0		0			0	
<u>c</u> 0	0		0			0	
d 0	0		0			<u>0</u> 0	
Complete only for accets show	Uj	by the foundat					
Complete only for assets show	ring gain in column (h) and owned			• • •	Gains (Col. (h) (k), but not less	•	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any	-	Losses (from o		
a 0	0	-	0			0	
b 0	0		0		W-1-1/2	0	
c 0	0		0			0	
d 0	0		0			0	
е 0	0		0			0	
2 Capital gain net income or3 Net short-term capital gain	(net capital loss) { If (loss), (lso enter in Pa enter -0- in Pa s 1222(5) and	art I, line 7	2		-242,823	
	line 8, column (c) (see pages			3		-140,404	
Part V Qualification Und	er Section 4940(e) for Re	duced Tax o	on Net Investme	nt Incom	ie		
(For optional use by domestic	private foundations subject to	the section 49	940(a) tax on net ir	vestment i	income.)		
If section 4940(d)(2) applies, le	ave this part blank.						
Was the foundation liable for th		ributable amo	ount of any year in	the base o	eriod?	Yes X No	
If "Yes," the foundation does no			• •	ino bacc p	опо о	700 <u>[X]</u> 110	
				iono bofoso		ny ontrino	
·	ount in each column for each y	rear, see page		ions before		 	
(a) Base period years	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use as	sets	(d Distributi	ion ratio	
Calendar year (or tax year beginning in 2008		,245	1,742		(col (b) divide	0 151111	
2007		, <u>243</u> ,192	2,404			0.048743	
2006		,564	2,254			0.120462	
2005		,248	2,307		-	0.045174	
2004		,318	2,259			0.057243	
2 Total of line 1, column (d)				. 2		0.422733	
3 Average distribution ratio for	•		•				
the number of years the fou	indation has been in existence	e if less than 5	years	. 3	<u> </u>	0 084547	
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5						1,206,499	
5 Multiply line 4 by line 3 .				5	<u> </u>	102,006	
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		223	
7 Add lines 5 and 6				7		102,229	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

the Part VI instructions on page 18

129,476

Form 990-PF (2009) A L AND VIRGINIA JOHNSON FOUNDATION INC		62-175	55016	Pa	age 4	
Part VI Excise Tax Based on Investment Income (Section 4940(a),						
1 a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1					
Date of ruling or determination letter(attach copy of let	_ , ,				1	
b Domestic <u>fou</u> ndations that meet the section 4940(e) requirements in Part V,		1		223		
here ▶ X and enter 1% of Part I, line 27b	.					
c All other domestic foundations enter 2% of line 27b Exempt foreign organiz	ations enter 4%				}	
of Part I, line 12, col (b)		_				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	dations only Others enter -0-)	2		_ 0		
3 Add lines 1 and 2		3		223		
 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foun Tax based on investment income. Subtract line 4 from line 3. If zero or les 	,	4		200		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or les6 Credits/Payments	ss, enter -0-	5		223		
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 0					
b Exempt foreign organizations—tax withheld at source	6b	`	A 4	\$		
c Tax paid with application for extension of time to file (Form 8868)	6c 0			ļ		
d Backup withholding erroneously withheld	6d			ı		
7 Total credits and payments Add lines 6a through 6d .		7		0		
	Form 2220 is attached	8	-	- 6		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		223		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amo	1	10		0		
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	► 0 Refunded ►	11		0		
Part VII-A Statements Regarding Activities						
1 a During the tax year, did the foundation attempt to influence any national, star	te or local legislation or did it			Yes	No	
participate or intervene in any political campaign?	io, or local logislation of all it		1a		X	
b Did it spend more than \$100 during the year (either directly or indirectly) for	political purposes (see page 19 of the		- <u>``</u>			
instructions for definition)?	· · · · · · · · · · · · · · · · · · ·		1b		Х	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activity	ities and copies of any materials	•	- - - - - - - -			
published or distributed by the foundation in connection with the activities	and depice or any materials		ľ	ı	į	
c Did the foundation file Form 1120-POL for this year?			1c		X	
d Enter the amount (if any) of tax on political expenditures (section 4955) impo	sed during the year			3	,	
(1) On the foundation \$ (2) On foundation	on managers > \$			[,	
e Enter the reimbursement (if any) paid by the foundation during the year for p	olitical expenditure tax imposed		,	1	1	
on foundation managers \$,	
2 Has the foundation engaged in any activities that have not previously been re-	eported to the IRS?		2		<u>X</u>	
If "Yes," attach a detailed description of the activities			\$>	*		
3 Has the foundation made any changes, not previously reported to the IRS, in	- •					
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a co			3		<u>X</u>	
4 a Did the foundation have unrelated business gross income of \$1,000 or more	during the year?		4a		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?			-	V/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction de	uring the year?		5	\dashv	X	
 If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 494) 	45) catalist siths:		1		1	
By language in the governing instrument, or	45) Satisfied either	ļ	1 1		i	
 By state legislation that effectively amends the governing instrument so the 	ast no mandatoni directione	ĺ	i	- 1		
that conflict with the state law remain in the governing instrument?	iat no mandatory directions	ĺ	6		X	
7 Did the foundation have at least \$5,000 in assets at any time during the year	ar? If "Yes " complete Part II col. (c) as	nd Part YV	-	\overline{x}		
8 a Enter the states to which the foundation reports or with which it is registered		IG I GILAY		^ +		
instructions) ► KY	7 F-9 WIO	ļ				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	990-PF to the Attorney				1	
General (or designate) of each state as required by General Instruction G? If	•		8b	X		
9 Is the foundation claiming status as a private operating foundation within the	-	,			ŀ	
or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (se		,	[
If "Yes," complete Part XIV .	, J,		9		X	
10 Did any persons become substantial contributors during the tax year? If "Yes	s," attach a schedule listing					
they names and addresses						

Forn	n 990-PF (2009) A L AND VIRGINIA JOHNSON FOUNDATION INC 62-17	55016	F	Page 5
Pa	rt 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 page 20 of the instructions)	11		×
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address None		-	
14	The books are in care of Virginia Johnson Telephone no ≥ 270-586-60	132		
15	Located at ► 104 Rapids Road Franklin KY ZIP+4 ► 42134 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		•	▶ ⊔
Do	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Г		т	-	r
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1a	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?	\$		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
			*	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? [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	*		
b	If any answer is "Yes" to 1a(1)–(6), did any 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 page 20 of the instructions)?	1b	N/A	L,
	Organizations relying on a current notice regarding disaster assistance check here	St.	, ,	
С	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?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		X
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			ì
а	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?			. *
	If "Yes," list the years 20 , 20 , 20 , 20	1		2
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
3a	20			.
Ja	enterprise at any time during the year? Yes X No			
b	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 approved			
	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)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	Durnose that had not been removed from lengardy bototo the tirct day at the tay year beginning in 20000			•

FUIII	A L AND VINGINIA JUHNO	DIN FOUNDATION I	NC		02-1/00016	Page	0
Pa	rt VII-B Statements Regarding Activitie	es for Which Forn	1 4720 May Be R	equired (continued)			_
5a	During the year did the foundation pay or incur any	amount to			_		
	(1) Carry on propaganda, or otherwise attempt to	influence legislation (section 4945(e))?	Yes	X No		
	(2) Influence the outcome of any specific public	election (see section 49	955), or to carry		_		
	on, directly or indirectly, any voter registration	drive?		· · Yes	X No		
	(3) Provide a grant to an individual for travel, stu-	dv. or other similar nur	noses?	Yes	No		
	(4) Provide a grant to an organization other than	•	•				1
	in section 509(a)(1), (2), or (3), or section 494	10(d)(2)? (see page 22	of the instructions)	· · · · Yes	K No		
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o	· · · · · · · · · · · · · · · · · · ·	• •	. Yes [2	K No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	ransactions fail to qual	ify under the exception	ons described in	ļ <u>.</u>		
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see page 22	of the instructions)?	<u>.</u> . 5b	N/A	
	Organizations relying on a current notice regarding	disaster assistance ch	eck here	. ▶∟			The state of the s
С	If the answer is "Yes" to question 5a(4), does the fo	oundation claim exemp	tion from the		_		
	tax because it maintained expenditure responsibility for the grant?						
6a	Did the foundation, during the year, receive any fur	ds, directly or indirectly	v. to pav			`	
_	premiums on a personal benefit contract?			Yes	K No		-
h	Did the foundation, during the year, pay premiums,	directly or indirectly o	n a personal benefit o		6b	X	
_	If "Yes" to 6b, file Form 8870	amount or manount, o	ir a porconai ponone		<u> </u>	- 1	_
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	on? Yes	K No	* 4	1
	If yes, did the foundation receive any proceeds or h				7b		
_	art VIII Information About Officers,					006	_
<u> </u>	and Contractors	Directors, Truste	es, i ouiluation	managers, mgmy re	ila Employ	ccs,	
1	List all officers, directors, trustees, founda	ition managers and	their compensat	ion (see page 22 of the	instruction	e)	_
•	Elot dir officero, directoro, diacteco, fedific	(b) Title, and average	(c) Compensation	(d) Contributions to			—
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	, , ,	se account, owances	
		PRESIDENT					
	RAPIDS RD FRANKLIN KY 42134	10.00	0		0		<u>0</u>
	GINIA JOHNSON	VICE PRESIDENT					
	RAPIDS RD FRANKLIN KY 42134	10.00	0	<u>.</u>	0		<u>0</u>
		SECRETARY			ľ		
	RAPIDS RD FRANKLIN KY 42134	2 00	0		0		0
		TREASURER			1		
104	RAPIDS RD FRANKLIN KY 42134	2.00	0		0		0
	Compensation of five highest-paid employ	ees (other than tho	se included on li	ne 1—see page 23 of th	ne instructio	ns).	
	If none, enter "NONE."						_
(a)	Name and address of each employee paid more than \$50,0	(b) Title, and avera hours per week devoted to positio	(c) Compensation	on (d) Contributions to employee benefit plans and deferred compensation	(e) Expens		
Йой	e			Compensation			_
					 		_
							_
				1	1		

Form **990-PF** (2009)

-om 990-PF (2009) A L AND VIRGINIA JOHNSON FOUNDATION INC	62-1755016	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d Employees	s,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compen	sation
NONE		
		0
		0
		0
		0
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 chantable 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.	Expense	es
1 SUPPORT FOR FRANKLIN-SIMPSON BOYS & GIRLS CLUB Boys and Girls club served 29,086 youth at the rate of 114 per day.		
Volunteers commtted 3198 hours to assist in the operation of the club's programs		126,128
2 Support Good Samaritan, Inc. and their charitable services		1,096
3 Support Simpson County 4-H Council		160
4		100
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amoun	<u>t</u>
None		
		-
All other program-related investments. See page 24 of the instructions		
		0

Total. Add lines 1 through 3

Suitability test (prior IRS approval required)

5

6

Cash distribution test (attach the required schedule)

income Enter 1% of Part I, line 27b (see page 26 of the instructions)

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

129.476

129,253

223

За

3b

4

5

6

Par	t XIII Undistributed Inco	me (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 f	rom Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7 .					60,102
2	Undistributed income, if any, as	of the end of 2009.				
a					0	
t	Total for prior years 20	, 20 , 20		0		
3	Excess distributions carryover,					
а		0		*	4 8	
t	From 2005	0				
c	From 2006 .	68,689				
c	From 2007 .	2,609	1			
e	From 2008	176,142	1			
f	Total of lines 3a through e .		247,440		*	
4	Qualifying distributions for 2009			*	<u></u>	
•		129,476				
а	Applied to 2008, but not more to				0	
	Applied to undistributed income					
	(Election required—see page 2		**	0	*	i,
c	: Treated as distributions out of o					
	required—see page 26 of the in	•	l			
d	Applied to 2009 distributable an	•				60,102
e			69,374			
5	Excess distributions carryover a	•	0	V		C
•	(If an amount appears in column	• •	4			
	same amount must be shown in	• • •				
6	Enter the net total of each col	, , ,	:		,	
•	indicated below:		,			
а	Corpus Add lines 3f, 4c, and 4	e Subtract line 5	316,814		* ",	**
	Prior years' undistributed incom					
_	line 4b from line 2b			o		
c	Enter the amount of prior years	undistributed .				
Ţ	income for which a notice of de		* ***		1, 1	
	been issued, or on which the se		* * * * * * * * * * * * * * * * * * *		*	`
	tax has been previously assess	, ,				
d	Subtract line 6c from line 6b Ta					
	amount—see page 27 of the ins		į.	0		
	Undistributed income for 2008		X MAX.	\$ /\;	*	\$ · .
·	4a from line 2a Taxable amoun					, in the second
		it—see page 27 of the			0	
f	Instructions Undistributed income for 2009	Subtract			<u> </u>	
•	lines 4d and 5 from line 1. This					
	be distributed in 2010	amount must	ŷ		ŭ.	o
7	Amounts treated as distribution:	s out of	*			
•						
	corpus to satisfy requirements i	•				
	section 170(b)(1)(F) or 4942(g)((3) (See page 27 of				
	the instructions)	2004			· · · · · · · · · · · · · · · · · · ·	
8	Excess distributions carryover fi					
	not applied on line 5 or line 7 (s	ee page 2/ of the	أ			
0	instructions)		0			
9	Excess distributions carryove		240.044			
40	Subtract lines 7 and 8 from line	oa .	316,814		<u> </u>	
10	Analysis of line 9	ا ـ				
	Excess from 2005	0		İ		
	Excess from 2006 .	68,689				
	Excess from 2007 .	2,609				
	Excess from 2008 .	176,142				
е	Excess from 2009	69,374			1	

	n 990-PF (2009) A L AND VIRGINIA JOHNS rt XIV Private Operating Foundations (S			od Part VII A . qu	62-1755	016 Page 10
	If the foundation has received a ruling or determination, and the ruling is effective for 2009, ent	ation letter that it is a p	onvate operating	Id Fait VII-A, qu	estion 9)	
_	Check box to indicate whether the foundation is a		_	4942(j)(3) or	4942(J)(5)	
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(a) Total
	investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed .	0	0	0	0	0
h	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII,		 			
C	line 4 for each year listed	o	o	o	0	0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly			-		
	for active conduct of exempt activities		Ì			
	Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets .				-	0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0	O	o	0
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)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization .		_			0
	(4) Gross investment income .					0
Pa	rt XV Supplementary Information (Cor	nplete this part o	nly if the foun	dation had \$5,0	000 or more in	
	assets at any time during the year	ar—see page 28	of the instruct	ions.)		
1	Information Regarding Foundation Manag	ers:			-	
а	List any managers of the foundation who have conbefore the close of any tax year (but only if they ha				he foundation	
NO						
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				rtion of the	
NO		4 016 4				
2	Information Regarding Contribution, Grant Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, an	contributions to prese kes gifts, grants, etc	lected charitable of	rganizations and do		ons
a	The name, address, and telephone number of the	person to whom applic	cations should be a	addressed		
b	The form in which applications should be submitted	d and information and	materials they sho	uld include	 	
С	Any submission deadlines	,,				
d	Any restrictions or limitations on awards, such as b	y geographical areas,	chantable fields, k	unds of institutions,	or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	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	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	or substantial contributor	recipient	Contribution							
a Paid during the year GIRLS & BOYS CLUB OF FRANKLIN SIMPSON 103 SOUTH COURT STREET FRANKLIN KY 42134	DONOR/DONEE	509(a)(1)	SUPPORT PROGRAMS	128,07						
GOOD SAMARITAN HOUSE, INC. 111 SOUTH MAIN STREET FRANKLIN KY 42134	DONOR/DONEE	509(a)(1)	SUPPORT PROGRAMS	1,23						
SIMPSON COUNTY 4-H COUNCIL 111 SOUTH MAIN STREET FRANKLIN KY 42134	DONOR/DONEE	509(a)(~1)	SUPPORT PROGRAMS	16						
Total			▶ 3 a	129,476						
b Approved for future payment				120,						
Total	<u> </u>									

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	(e)		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)	
		0		0	<u> </u>	
a b		0		0	 	
					<u> </u>	
<u>c</u>		0	· · · · · · · · · · · · · · · · · · ·	0		
d		0		0		
e		0		0	<u>_</u>	
†		0		0	0	
g Fees and contracts from government agencies						
2 Membership dues and assessments .						
3 Interest on savings and temporary cash investments .		·				
4 Dividends and interest from securities			14	36,773		
5 Net rental income or (loss) from real estate		, , , , , , , , , , , , , , , , , , ,				
a Debt-financed property						
b Not debt-financed property					•	
6 Net rental income or (loss) from personal property						
7 Other investment income			••			
8 Gain or (loss) from sales of assets other than inventory			18	-242,823		
9 Net income or (loss) from special events				-242,023		
10 Gross profit or (loss) from sales of inventory	<u> </u>		**	0		
		0		0		
11 Other revenue ab		0		0	0	
		0			0	
C		0		0	0	
d		0			0	
42 Subtatal Add columns (b) (d) and (a)		0		0		
12 Subtotal Add columns (b), (d), and (e)	3 3 3	0		-200,000		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calculated as the contract of the	lations \			13	-206,050	
Part XVI-B Relationship of Activities to the Acc		of Everent De				
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt p page 28 of the instructions)	s reported in colu	umn (e) of Part X\	/I-A contributed in			
					· · · · · · · · · · · · · · · · · · ·	
						
	 -	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
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				-		
	<u></u>				000 DE (0000)	

Form 980-PF (2009) A L AND VIRGINIA JOHNSON FOUNDATION INC 62-1755016

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	in sect	e organization directly tion 501(c) of the Code zations?				Yes	No						
a	Transf	ers from the reporting	foundation to	a noncharitable ex	kempt organiza	ation of:							
	(1) Ca	ash								1a(1)		Χ	
		her assets								1a(2)		_X_	
b		transactions:							i				
		iles of assets to a none			-	1b(1)		X					
		irchases of assets from			P*	1b(2)		_ <u>X</u> _					
		ental of facilities, equip								1b(3)		X	
		eimbursement arrange								1b(4)		X	
		ans or loan guarantee							-	1b(5)		<u>X</u>	
		erformance of services		•					-	1b(6)		X	
		g of facilities, equipme	•	•					_	1c	لــــا	X_	
	value o	answer to any of the ab of the goods, other ass in any transaction or sl	sets, or service	es given by the rep	porting founda	tion. If th	ne foundation rec	eived i	less than	fair m	narket	d.	
(a)	Line no	(b) Amount involved	(c) Name o	of noncharitable exempt	organization	(d) Des	scription of transfers, t	ransactio	ns, and sha	ring arr	angem	ents	
		0			·	 							
		0				 							
		0				 							
		0				 	·						
		0				 							
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_		Ō		· · · · · · · · · · · · · · · · · · ·					·-·				
	_	0				1						***************************************	
	describ	foundation directly or in bed in section 501(c) on the complete the following.	of the Code (o						Y	es 🛚	No		
		(a) Name of organization		(b) Type	of organization		(c) Desc	cription o	f relationshi	p			
													
													
	Unde belief	er penalties of perjury, I decla f, it is true, correct, and comp	re that I have examine to Declaration of	of preparer (other than t	ling accompanying axpayer or fiduciar	y) is based	s and statements, and don all information of the statements of the statement of the statements of the statements of the statement of t	which pro	est of my kn	iny knov	e and wledge	,	
ē	Sig	nature of officer or trustee			D	ate	Titl			w F			
¥	ا ا				Pate		1		renarere id	parer's identifying			
Sign Here	Paid Preparer's Use Only	Preparer's signature LARRY-HOWLETT Preparer's signature LARRY-HOWLETT 6/23/2010 Check if self-employed I page						umber (see age 30 of th	Signati	ure on			
	- F.	Firm's name (or yours if	LARRY C	. HOWLETT, CPA	7			EIN I	► P0012	2443			
		self-employed), address, and ZIP code				KY 421	103-0911				4242		
		and ZIP code 631 NEWBERRY ST, BOWLING GREEN, KY 42103-0911 Phone no. (270) 842-4242											

50m 2848

(Rev June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9

	CIAID	NO	1343	シーひょうひ	
_					
	Ea-	IDC		O-L.	

For IRS Use On	h
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Received by

Function

Date

Name	
Telephone	

Taxpayer name(s) and address	Social security number(s) Employer identificat number			identification		
A.L. & VIRGINIA JOHNSON FOUNDATION, INC.			62-17550	16		
PO BOX 283		Daytime telephone no	umber		er (if applicable)	
FRANKLIN, KY 42135-0283		270-586-4462			or (ii apprioadio)	
hereby appoint(s) the following representative(s) as attorney(s)-in-fa	act					
2 Representative(s) must sign and date this form on page 2,	Part II.					
Name and address			005-873			
LARRY HOWLETT		Telephone No (270) 842-4242				
631 NEWBERRY ST			70) 846			
BOWLING GREEN, KY 42103-0911	Chec	k if new Address	Telepho	ne No.	Fax No.	
Name and address]	CAF No.				
		Telephone No Fax No.				
	Chec	k if new Address	Telepho	no No 🗀	Fax No.	
Name and address	Ciled	CAF No.	releptio	ile No.		
Name and address		Telephone No				
		Fax No				
	Chec	k if new Address	Telepho	ne No.	Fax No.	
to represent the taxpayer(s) before the Internal Revenue Service for	or the following tax	matters				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3 Tax matters						
Type of Tax (Income, Employment, Excise, etc.)	i -	Form Number		Year(s) or		
or Civil Penalty (see the instructions for line 3)	(1040,	(1040, 941, 720, etc)		(see the instructions for line 3)		
Return of Private Foundation	990PF	12/21		1/2008 12/31/2009		
Trotain of Finate Foundation		-	12/01/	2000 12	13 1/2003	
4 Specific use not recorded on Centralized Authorization			a specific	c use not rec	orded on CAF,	
check this box. See the instructions for Line 4. Specific U				• •	<u> </u>	
Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.						
Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).						
List any specific additions or deletions to the acts otherwise						
Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here and list the name of that representative below.						

Name of representative to receive refund check(s)

Form 28	348 (Rev	6-2008)
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A.L. & VIRGINIA JOHNSON FOUNDATI 62-1755016

Page 2

 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2. a If you also want the second representative listed to receive a copy of notices and communications, check this box 						
b If you do not want any	notices or communications	sent to your represent	tative(s), check	this box	<u> ▶</u>	
earlier power(s) of att by this document If y	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.					
9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.						
► IF NOT SIGNED	AND DATED, THIS PO	WER OF ATTORNE	Y WILL BE I	RETURNED.		
a. L.	Jahnson			President	nalicable)	
•	Signature	L	Date	i me (ii a	ipplicable)	
A. L. Johnson Print Name	PIN Nu			OHNSON FOUNDAT taxpayer from line 1 if ot		
	Signature		Date	Title (if a	applicable)	
Print Name	PIN Nu	umber				
Part II Declaration	n of Representative					
Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II Under penalties of perjury, I declare that I am not currently under suspension or disbarment from practice before the Internal Revenue Service, I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuanes, and others, I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and I am one of the following Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below. Certified Public Accountant—and public Accountant and p						
Designation—Insert above letter (a-r)	Jurisdiction (state) or identification		Signature		Date	
В	KY & TN	Ja	enge. A	Vacuelly	8/10/09	

▼Form 8868

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box					
Part I Automatic 3-Month Extension of Time. Only submit original (no copies need	ded).				
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check the Part I only		▶□			
time to file income tax returns.	or to request	an extension of			
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.					
Type or Name of Exempt Organization		ntification number			
Number street and some as with no 16 a D.O. have any instructions	<u>62-1755016</u>				
due date for PO BOX 283					
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FRANKLIN	KY	42135-0283			
Check type of return to be filed (file a separate application for each return):					
Form 990 Form 990-T (corporation)		Form 4720			
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227			
Form 990-EZ Form 990-T (trust other than above)		Form 6069			
X Form 990-PF		Form 8870			
 The books are in the care of	ox	If this			
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension until 8/15/2010 to file the exempt organization return for the organization is for the organization's return for: ► X calendar year 2009 or		ve. The extension			
► tax year beginning , and ending , and ending		·			
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change	e in accounting period			
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
less any nonrefundable credits. See instructions.		3a \$			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	i i	2h &			
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require		3b \$			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	-,				
System). See instructions.		3c \$ 0			
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.					