

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

2010

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.

For calendar year 2010, or tax year beginning _____, **2010, and ending** _____,

G Check all that apply: Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jimmie Johnson Foundation 4325 Papa Joe Hendrick Boulevard Charlotte, NC 28262 | <p>A Employer identification number 20-2387645</p> <p>B Telephone number (see the instructions) 704-453-2897</p> <p>C If exemption application is pending, check here. <input type="checkbox"/></p> <p>D 1 Foreign organizations, check here. <input type="checkbox"/></p> <p>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/></p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/></p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input checked="" type="checkbox"/></p> |
| <p>H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> | |
| <p>I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 133,516.</p> | |
| <p>J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)</p> | |

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).) | | | | |
| REVENUE | | | | |
| 1 Contributions, gifts, grants, etc. received (att sch) | 1,156,278. | | | |
| 2 Ck ▶ <input type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| 3 Interest on savings and temporary cash investments. | | | | |
| 4 Dividends and interest from securities. | 7,952. | 7,952. | | |
| 5a Gross rents. | | | | |
| b Net rental income or (loss). | | | | |
| 6a Net gain/(loss) from sale of assets not on line 10. | | | | |
| b Gross sales price for all assets on line 6a. | | | | |
| 7 Capital gain net income (from Part IV, line 2) . . . | | | | |
| 8 Net short-term capital gain. | | | | |
| 9 Income modifications. | | | | |
| 10a Gross sales less returns and allowances. | 6,243. | | | |
| b Less: Cost of goods sold. | 6,317. | | | |
| c Gross profit/(loss) (att sch). See St. 1. | -74. | | -74. | |
| 11 Other income (attach schedule). See Statement 2 | 69,040. | | 69,040. | |
| 12 Total. Add lines 1 through 11. | 1,233,196. | 7,952. | 68,966. | |
| ADMINISTRATIVE AND OPERATING EXPENSES | | | | |
| 13 Compensation of officers, directors, trustees, etc. | 91,161. | | | 91,161. |
| 14 Other employee salaries and wages. | 41,415. | | | 41,415. |
| 15 Pension plans, employee benefits. | | | | |
| 16a Legal fees (attach schedule). | | | | |
| b Accounting fees (attach sch) . See St. 3 | 12,688. | | | 12,688. |
| c Other prof fees (attach sch). | | | | |
| 17 Interest. | | | | |
| 18 Taxes (attach schedule)(see instr.) . See Stm. 4 | 10,086. | | | 10,086. |
| 19 Depreciation (attach sch) and depletion. | 790. | | | |
| 20 Occupancy. | 400. | | | 400. |
| 21 Travel, conferences, and meetings. | 9,309. | | | 9,309. |
| 22 Printing and publications. | 13,077. | | | 13,077. |
| 23 Other expenses (attach schedule) See Statement 5 | 146,614. | | 69,040. | 77,574. |
| 24 Total operating and administrative expenses. Add lines 13 through 23. | 325,540. | | 69,040. | 255,710. |
| 25 Contributions, gifts, grants paid. Part. XV. | 1,102,503. | | | 1,074,168. |
| 26 Total expenses and disbursements. Add lines 24 and 25. | 1,428,043. | 0. | 69,040. | 1,329,878. |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements. | -194,847. | | | |
| b Net investment income (if negative, enter -0-). | | 7,952. | | |
| c Adjusted net income (if negative, enter -0-). | | | 0. | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
| | | Beginning of year | End of year | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ASSETS | 1 Cash – non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 305,541. | 73,147. | 73,147. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | 7 Other notes and loans receivable (attach sch) | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | 4,391. | | |
| | 9 Prepaid expenses and deferred charges | 2,054. | | |
| | 10a Investments – U.S. and state government obligations (attach schedule) | | | |
| | b Investments – corporate stock (attach schedule) | | | |
| | c Investments – corporate bonds (attach schedule) | | | |
| | 11 Investments – land, buildings, and equipment: basis | | | |
| Less: accumulated depreciation (attach schedule) | | | | |
| 12 Investments – mortgage loans | | | | |
| 13 Investments – other (attach schedule) Statement 6 | | 60,369. | 60,369. | |
| 14 Land, buildings, and equipment: basis | 6,790. | | | |
| Less: accumulated depreciation (attach schedule) See Stmt 7 | 6,790. | 790. | | |
| 15 Other assets (describe) | | | | |
| 16 Total assets (to be completed by all filers – see instructions. Also, see page 1, item I) | 312,776. | 133,516. | 133,516. | |
| LIABILITIES | 17 Accounts payable and accrued expenses | 4,911. | | |
| | 18 Grants payable | 91,595. | 119,930. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe See Statement 8) | 5,713. | 6,157. | |
| | 23 Total liabilities (add lines 17 through 22) | 102,219. | 126,087. | |
| NET ASSETS OR FUND ASSETS | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/> | | | |
| | 24 Unrestricted | 210,557. | -42,452. | |
| | 25 Temporarily restricted | | 49,881. | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/> | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, building, and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| 30 Total net assets or fund balances (see the instructions) | 210,557. | 7,429. | | |
| 31 Total liabilities and net assets/fund balances (see the instructions) | 312,776. | 133,516. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 210,557. |
| 2 | Enter amount from Part I, line 27a | 2 | -194,847. |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 15,710. |
| 5 | Decreases not included in line 2 (itemize) See Statement 9 | 5 | 8,281. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 7,429. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a N/A | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7] | 2 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8.] | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

| 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
| 2009 | 1,351,121. | 645,806. | 2.092147 |
| 2008 | 1,425,866. | 660,204. | 2.159735 |
| 2007 | 937,229. | 492,984. | 1.901135 |
| 2006 | 238,224. | 49,970. | 4.767340 |
| 2005 | 500. | 1,500. | 0.333333 |
| 2 Total of line 1, column (d) | | | 11.253690 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | 2.250738 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | | | 393,143. |
| 5 Multiply line 4 by line 3 | | | 884,862. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 80. |
| 7 Add lines 5 and 6 | | | 884,942. |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 1,329,878. |

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|-----|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instr.) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 80. |
| c 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-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 80. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 80. |
| 6 Credits/Payments: | | | |
| a 2010 estimated tax pmts and 2009 overpayment credited to 2010 | 6a | | |
| b Exempt foreign organizations – tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 80. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | X |
| <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | | |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u> | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i> | | X |
| 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? <i>If 'Yes,' attach a conformed copy of the changes</i> | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i> | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV.</i> | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <input type="checkbox"/> _____ <u>See Statement 10</u> | | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i> | X | |
| 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i> | | X |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i> <u>See Statement 11</u> | X | |

Part 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 | | X |
| 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?.... Website address:..... ▶ <u>www.jimmiejohnsonfoundation.org</u> | 13 | X | |
| 14 | The books are in care of ▶ <u>Mary Barr</u> Telephone no. ▶ <u>704-453-2897</u> Located at ▶ <u>4325 Papa Joe Hendrick Boulevard Charlotte N</u> ZIP + 4 ▶ <u>28262</u> | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year..... ▶ <u>15</u> N/A | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?..... | 16 | Yes | No |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ▶ | | | X |

Part 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 a | 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?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the instructions)?..... <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here..... ▶ <input type="checkbox"/> | 1 b | X |
| c | 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 2010?..... | 1 c | X |
| 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)): | | |
| a | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ▶ 20__ , 20__ , 20__ , 20__ . | | |
| 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 the instructions.)..... | 2 b | N/A |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20__ , 20__ , 20__ , 20__ . | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If 'Yes,' did it have excess business holdings in 2010 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.</i>)..... | 3 b | N/A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?..... | 4 a | X |
| b | 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 2010?..... | 4 b | X |

BAA

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (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 No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b** Yes No N/A

Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** Yes No X

If 'Yes' to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** Yes No N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-----------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| Jimmie Johnson 4400 Papa Joe Hendrick Blvd Charlotte, NC 28262 | President 5.00 | 0. | 0. | 0. |
| Chandra Johnson 4400 Papa Joe Hendrick Blvd Charlotte, NC 28262 | VP/Treasurer 5.00 | 0. | 0. | 0. |
| Alan R. Miller 370 E. Maple Road Birmingham, MI 48009 | Secretary 5.00 | 0. | 0. | 0. |
| Mary Barr 4325 Papa Joe Hendrick Blvd Charlotte, NC 28262 | Exec. Direct 55.00 | 91,161. | 0. | 0. |

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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 | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

Total number of others receiving over \$50,000 for professional services **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|-------|----------|
| 1 N/A | |
| ----- | |
| 2 | |
| ----- | |
| 3 | |
| ----- | |
| 4 | |
| ----- | |

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| | Amount |
|----------------------------------------------------------|--------|
| 1 N/A | |
| ----- | |
| 2 | |
| ----- | |
| All other program-related investments. See instructions. | |
| 3 | |
| ----- | |

Total. Add lines 1 through 3 **0.**

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | |
|----------------------------------------------------------------------------------------------------------------------------|------------|----------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: | | |
| a Average monthly fair market value of securities..... | 1 a | 167,292. |
| b Average of monthly cash balances..... | 1 b | 231,838. |
| c Fair market value of all other assets (see instructions)..... | 1 c | |
| d Total (add lines 1a, b, and c)..... | 1 d | 399,130. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)..... | 1 e | 0. |
| 2 Acquisition indebtedness applicable to line 1 assets..... | 2 | 0. |
| 3 Subtract line 2 from line 1d..... | 3 | 399,130. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)..... | 4 | 5,987. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4..... | 5 | 393,143. |
| 6 Minimum investment return. Enter 5% of line 5..... | 6 | 19,657. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | |
|------------------------------------------------------------------------------------------------------------------|------------|---------|
| 1 Minimum investment return from Part X, line 6..... | 1 | 19,657. |
| 2a Tax on investment income for 2010 from Part VI, line 5..... | 2 a | 80. |
| b Income tax for 2010. (This does not include the tax from Part VI.)..... | 2 b | |
| c Add lines 2a and 2b..... | 2 c | 80. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1..... | 3 | 19,577. |
| 4 Recoveries of amounts treated as qualifying distributions..... | 4 | |
| 5 Add lines 3 and 4..... | 5 | 19,577. |
| 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 | 19,577. |

Part XII Qualifying Distributions (see instructions)

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: | | |
| a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26..... | 1 a | 1,329,878. |
| b Program-related investments — total from Part IX-B..... | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes..... | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required)..... | 3 a | |
| b Cash distribution test (attach the required schedule)..... | 3 b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4..... | 4 | 1,329,878. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)..... | 5 | 80. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4..... | 6 | 1,329,798. |

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.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7..... | | | | 19,577. |
| 2 Undistributed income, if any, as of the end of 2010: | | | | |
| a Enter amount for 2009 only..... | | | 0. | |
| b Total for prior years: 20 ____, 20 ____, 20 ____ | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005..... | 436. | | | |
| b From 2006..... | 235,747. | | | |
| c From 2007..... | 912,969. | | | |
| d From 2008..... | 1,393,118. | | | |
| e From 2009..... | 1,318,941. | | | |
| f Total of lines 3a through e..... | 3,861,211. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ ____ 1,329,878. | | | | |
| a Applied to 2009, but not more than line 2a.. | | | 0. | |
| b Applied to undistributed income of prior years (Election required – see instructions)..... | | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions)..... | 0. | | | |
| d Applied to 2010 distributable amount..... | | | | 19,577. |
| e Remaining amount distributed out of corpus..... | 1,310,301. | | | |
| 5 Excess distributions carryover applied to 2010..... (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5..... | 5,171,512. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b..... | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed... | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount – see instructions..... | | 0. | | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount – see instructions..... | | | 0. | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011..... | | | | 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 2005 not applied on line 5 or line 7 (see instructions)..... | 436. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a..... | 5,171,076. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006..... | 235,747. | | | |
| b Excess from 2007..... | 912,969. | | | |
| c Excess from 2008..... | 1,393,118. | | | |
| d Excess from 2009..... | 1,318,941. | | | |
| e Excess from 2010..... | 1,310,301. | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e 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 | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in 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 | | | | | |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

See Statement 12

b The form in which applications should be submitted and information and materials they should include:

See Statement for Line 2a

c Any submission deadlines:

See Statement for Line 2a

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See Statement for Line 2a

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| a <i>Paid during the year</i> See Statement 13 | | | | |
| Total ▶ 3a | | | | 1,000,572. |
| b <i>Approved for future payment</i> See Statement 14 | | | | |
| Total ▶ 3b | | | | 101,931. |

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

2010

Name of the organization

Jimmie Johnson Foundation

Employer identification number

20-2387645

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(____) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

Jimmie Johnson Foundation

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Auto Club Speedway 9300 Cherry Avenue Fontana, CA 92335 | \$ 12,960. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Hendrick Motorsports 4400 Papa Joe Hendrick Blvd. Charlotte, NC 28262 | \$ 16,424. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Herzog Contracting Corporation 600 S. Riverside Road St. Joseph, MO 64507 | \$ 33,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | Lowe's 1000 Lowe's Boulevard Mooresville, NC 28117 | \$ 78,063. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | Mark Mitchell N/A San Clemente, CA 92673 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | Sprint 10115 Kinsey Avenue #210 Huntersville, NC 28078 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Jimmie Johnson Foundation

Employer identification number

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | Celebrity Skins LLC 4360 Brownsboro Rd, Ste 101 Louisville, KY 40207 | \$ 141,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | Samsung SDS America 105 Challenger Rd Ridgefield Park, NJ 07660 | \$ 153,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | Time Warner Cable 444 N Michigan Ave Chicago, IL 60611 | \$ 19,502. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | Speedway Children's Charities P.O. Box 18747 Charlotte, NC 28218 | \$ 5,125. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | Mr and Mrs Harry You N/A Nashua, NH 03062 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | Hendrick Automotive Group 4345 Rosewood Drive Pleasanton, CA 94588 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Jimmie Johnson Foundation

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | Suntrust 232 Williamson Road Mooresville, NC 28117 | \$ 7,255. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | Jeff Gordon Inc 4345 Papa Joe Hendrick Bouleva Charlotte, NC 28262 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | Bank of America 100 North Tryon St Charlotte, NC 28255 | \$ 10,222. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | Requiro Scientia LLC 27 High Tech Blvd Thomasville, NC 27360 | \$ 11,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | A. M. Ortega Construction 10125 Channel Road Lakeside, CA 92040 | \$ 8,752. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | Blaise Alexander Chevrolet Buick 933 Broad Street Montoursville, PA 17754 | \$ 6,192. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Jimmie Johnson Foundation

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | Blaise Alexander Management 10 Alexander Drive Muncy, PA 17756 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | CEA Autumn Games 54 Thompson St 4th Floor New York, NY 10012 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | Comcast 1701 JFK Blvd Philadelphia, PA 19103 | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 22 | Barbara Cooper N/A Chicago, IL 60656 | \$ 5,096. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 23 | Eldora Speedway 5644 West 74th Street Indianapolis, IN 46278 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 24 | Electro Tec PO Box 1866 Corona, CA 92878 | \$ 6,626. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Jimmie Johnson Foundation

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 | Euler Hermes 800 Red Brook Blvd Owings Mills, MD 21117 | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 26 | Executive Sports Group Inc 483 10th Ave Suite 520 New York, NY 10018 | \$ 42,460. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | GMR Marketing 5000 South Towne Drive New Berlin, WI 53151 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 28 | Gulfstream Aerospace Corp 500 Gulfstream Road Savannah, GA 31408 | \$ 7,563. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 29 | Kevin & DeLana Harvick N/A Kernersville, NC 27284 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 30 | HGJ Licensing 4345 Papa Joe Hendrick Blvd Charlotte, NC 28262 | \$ 24,106. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Jimmie Johnson Foundation

Employer identification number

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 | Jewish Communal Fund 575 Madison Ave Suite 703 New York, NY 10022 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 32 | JHE Production Group 6427 Saddle Creek Court Harrisburg, NC 28075 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 33 | Joe Gibbs Racing 13415 Reese Blvd West Huntersville, NC 28078 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 34 | Just Marketing Inc 10960 Bennett Parkway Zionsville, IN 46077 | \$ 6,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 35 | KBS Realty Advisors 590 Madison Avenue New York, NY 10022 | \$ 6,692. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 36 | Lucky 13 Tattoo Shop 1800 W. Broad St Richmond, VA 23220 | \$ 5,048. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Jimmie Johnson Foundation

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37 | Mahle Clevite Inc ----- 1240 Eisenhower Place ----- Ann Arbor , MI 48108 ----- | \$ 9,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 38 | McKinsey & Company ----- Three Landmark Square Ste 100 ----- Stamford, CT 06901 ----- | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 39 | Multipath Marketing Management Inc ----- 774 Mays Blvd ----- Incline Village , NV 89451 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 40 | Music Today LLC ----- PO Box 880 ----- Crozet, VA 22932 ----- | \$ 12,717. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 41 | NASCAR ----- 550 South Caldwell St Ste 2000 ----- Charlotte, NC 28202 ----- | \$ 16,015. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 42 | PepsiCola North America ----- 700 Anderson Hill Road ----- Pruchase, NY 10577 ----- | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

| | |
|---------------------------------------------------|----------------------------------------------|
| Name of organization Jimmie Johnson Foundation | Employer identification number 20-2387645 |
|---------------------------------------------------|----------------------------------------------|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43 | San Diego Habitat for Humanity 10222 San Diego Mission Road San Diego, CA 92108 | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 44 | Stallings Foundation 4 Windsor Rdg Frisco, TX 75034 | \$ 33,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 45 | Stock Car Steel & Aluminum Inc 801 A Performance Road Mooresville, NC 28115 | \$ 9,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 46 | Tdub LLC PO Box 2409 La Jolla, CA 92037 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 47 | Teammates for Kids Foundation 4251 Kipling Street Suite 370 Wheat Ridge, CO 80033 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 48 | Eisen Family Foundation PO Box 910 Norco, CA 92860 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Jimmie Johnson Foundation

20-2387645

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 49 | Hubbard Foundation ----- PO Box 2498 ----- Ruidoso , NM 88345 ----- | \$ 23,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 50 | Well's Dairy Inc ----- 1 Blue Bunny Drive ----- Le Mars, IA 51031 ----- | \$ 10,192. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|----------------------------------------------------------|-----------------------------------------------------|
| Name of organization Jimmie Johnson Foundation | Employer identification number 20-2387645 |
|----------------------------------------------------------|-----------------------------------------------------|

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ **N/A**

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|----------------------------------------|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|----------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|----------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|----------------------------------------|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

**Depreciation and Amortization
(Including Information on Listed Property)**

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

Name(s) shown on return

Jimmie Johnson Foundation

Identifying number

20-2387645

Business or activity to which this form relates

Form 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) .. | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 | ▶ 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 790. |

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> | |

Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------------------|-------------------|---------------|-------------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 790. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Jimmie Johnson Foundation

20-2387645

Statement 1
Form 990-PF, Part I, Line 10c
Gross Profit (Loss) From Sales Of Inventory

| <u>Items Sold</u> | <u>Amount</u> |
|-------------------------------------------|----------------|
| Sales..... | \$ 6,243. |
| Gross Sales..... | \$ 6,243. |
| Less Returns & Allowances..... | 0. |
| Net Sales..... | \$ 6,243. |
| Less Cost Of Goods Sold..... | 6,317. |
| Gross Profit From Sales Of Inventory..... | <u>\$ -74.</u> |

Statement 2
Form 990-PF, Part I, Line 11
Other Income

| | (a) <u>Revenue</u> <u>per Books</u> | (b) Net <u>Investment</u> <u>Income</u> | (c) <u>Adjusted</u> <u>Net Income</u> |
|---------------------------------|-------------------------------------------|-----------------------------------------------|---------------------------------------------|
| Income From Special Events..... | \$ 69,040. | | \$ 69,040. |
| Total | <u>\$ 69,040.</u> | <u>\$ 0.</u> | <u>\$ 69,040.</u> |

Statement 3
Form 990-PF, Part I, Line 16b
Accounting Fees

| | (a) <u>Expenses</u> <u>per Books</u> | (b) Net <u>Investment</u> <u>Income</u> | (c) <u>Adjusted</u> <u>Net Income</u> | (d) <u>Charitable</u> <u>Purposes</u> |
|----------------------|--------------------------------------------|-----------------------------------------------|---------------------------------------------|---------------------------------------------|
| Accounting fees..... | \$ 12,688. | | | \$ 12,688. |
| Total | <u>\$ 12,688.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 12,688.</u> |

Statement 4
Form 990-PF, Part I, Line 18
Taxes

| | (a) <u>Expenses</u> <u>per Books</u> | (b) Net <u>Investment</u> <u>Income</u> | (c) <u>Adjusted</u> <u>Net Income</u> | (d) <u>Charitable</u> <u>Purposes</u> |
|--------------|--------------------------------------------|-----------------------------------------------|---------------------------------------------|---------------------------------------------|
| Payroll..... | \$ 10,086. | | | \$ 10,086. |
| Total | <u>\$ 10,086.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 10,086.</u> |

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

| | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|-----------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| Donor acknowledgement..... | \$ 394. | | | \$ 394. |
| Licenses and permits..... | 9,528. | | | 9,528. |
| Office supplies..... | 4,911. | | | 4,911. |
| Other..... | 9,978. | | | 9,978. |
| Software maintenance..... | 1,614. | | | 1,614. |
| Special event expenses..... | 119,123. | | \$ 69,040. | 50,083. |
| Website expenses..... | 1,066. | | | 1,066. |
| Total | <u>\$ 146,614.</u> | <u>\$ 0.</u> | <u>\$ 69,040.</u> | <u>\$ 77,574.</u> |

Statement 6
Form 990-PF, Part II, Line 13
Investments - Other

| | Valuation Method | Book Value | Fair Market Value |
|-----------------------------------------|---------------------|-------------------|----------------------|
| <u>Other Publicly Traded Securities</u> | | | |
| Fixed income mutual funds | Mkt Val | \$ 60,369. | \$ 60,369. |
| Total | | <u>\$ 60,369.</u> | <u>\$ 60,369.</u> |

Statement 7
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

| Category | Basis | Accum. Deprec. | Book Value | Fair Market Value |
|-------------------------|------------------|-------------------|---------------|----------------------|
| Machinery and Equipment | \$ 6,790. | \$ 6,790. | \$ 0. | \$ 0. |
| Total | <u>\$ 6,790.</u> | <u>\$ 6,790.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Statement 8
Form 990-PF, Part II, Line 22
Other Liabilities

| | |
|--------------------------------------|------------------|
| Due to Jimmie Johnson Racing II..... | \$ 6,157. |
| Total | <u>\$ 6,157.</u> |

Jimmie Johnson Foundation

20-2387645

Statement 9
Form 990-PF, Part III, Line 5
Other Decreases

| | | |
|-------------------------------------|-------|------------------|
| Unrealized loss on investments..... | \$ | 8,281. |
| | Total | <u>\$ 8,281.</u> |

Statement 10
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 11
Form 990-PF, Part VII-A, Line 10
Substantial Contributors During the Tax Year

| <u>Name of Substantial Contributor</u> | <u>Address of Substantial Contributor</u> |
|----------------------------------------|-------------------------------------------------------|
| Celebrity Skins LLC | 4360 Brownsboro Road Ste 1010 Louisville, KY 40207 |
| Executive Sports Group Inc | 483 10th Avenue Suite 520 New York, NY 10018 |
| Herzog Contracting Corporation | 600 S. Riverside Road St. Joseph, MO 64507 |
| HGJ Licensing | 4345 Papa Joe Hendrick Blvd Charlotte, NC 28262 |
| Jewish Communal Fund | 575 Madison Ave Suite 703 New York, NY 10022 |
| Lowe's | 1000 Lowe's Blvd Mooresville, NC 28117 |
| Mark Mitchell | San Clemente, CA 92673 |
| PepsiCola North America | 700 Anderson Hill Road Purchase, NY 10577 |
| Samsung SDS America | 105 Challenger Rd Ridgefield Park, NJ 07660 |
| Stallings Foundation | 4 Windsor Ridge Frisco, TX 75034 |

Jimmie Johnson Foundation

20-2387645

Statement 12
Form 990-PF, Part XV, Line 2a-d
Application Submission Information

Name of Grant Program: Champions Grant
 Name: Mary Barr
 Care Of: Jimmie Johnson Foundation
 Street Address: 4325 Papa Joe Hendrick Boulevard
 City, State, Zip Code: Charlotte, NC 28262
 Telephone: 704-453-2897
 Form and Content: Champtions Grant application is available at www.jimmiejohnsonfoundation.org. The application includes an information page, narrative, signature page and program budget. See application for further details.
 Submission Deadlines: September 15th
 Restrictions on Awards: K-12 education grants range in size from \$25,000 to \$100,000 and are available for K-12 public school or any 501(c) (3) parent group association located within 7 selected school districts in California (Cajon Valley Union, Grossmont Union & San Diego), North Carolina (Cabarrus County & Charlotte-Mecklenburg) and Oklahoma (Hilldale Public & Muskogee Public) and Charter schools that are geographically located in the these school districts.

Statement 13
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

| <u>Name and Address</u> | <u>Donee Relationship</u> | <u>Found- ation Status</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|-------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------------------------------------------|---------------|
| All Star Helping Kids 970 Main Street Redwood City, CA 94063 | None | Exempt | Assist at-risk youth. | \$ 20,000. |
| Autism Society of Delaware 924 Old Harmony Road Suite 201 Newark , DE 19713 | None | Exempt | Assist individuals and their families affected by autism. | 5,000. |
| Autism Speaks 2 Park Avenue New York, NY 10016 | None | Exempt | To assist in funding research, prevention and treatments for autism. | 11,250. |
| Hendrick Marrow Program of the Marrow Fd 4400 Papa Joe Hendrick Blvd. Charlotte, NC 28262 | None | Exempt | To assist patients with search costs and matching/transplant related expenses. | 36,000. |

Jimmie Johnson Foundation

20-2387645

Statement 13 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

| <u>Name and Address</u> | <u>Donee Relationship</u> | <u>Found- ation Status</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|--------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|---------------|
| Be The Match Foundation 3001 Broadway St NE Ste 601 Minneapolis , MN 55413 | None | Exempt | To assist patients with transplant related expenses. | \$ 100,000. |
| Beads of Courage 3331 N Riverbend Circle Drive W. Tucson, AZ 85750 | None | Exempt | To assist children with serious illnesses. | 10,000. |
| Birthday Blessing 200 Clanton Road Charlotte, NC 28217 | None | Exempt | To assist homeless youth. | 10,000. |
| Boys and Girls Club 2805 SW 32nd Street Miami, FL 33133 | None | Exempt | To assist at-risk youth. | 20,000. |
| Care Ring 601 E. 5th Street Charlotte, NC 28202 | None | Exempt | To fund Nurse Family Partnership. | 10,000. |
| Champions Fund - Will Allen Foundation 8317 King Blossom Court Tampa, FL 33615 | None | Exempt | To inspire youth to attain their personal best. | 15,000. |
| Chase Avenue School 195 E. Chase Ave El Cajon , CA 92020 | None | Exempt | K-12 Education Grant. | 53,898. |
| Collinswood Language Academy 4000 Applegate Road Charlotte, NC 28209 | None | Exempt | K-12 Education Grant. | 45,947. |
| Cookies for Kids Cancer 31 Hoffsman Crossing Road Califon, NJ 07830 | None | Exempt | To fund pediatric cancer research. | 30,000. |
| Families of SMA 925 Busse Road Elk Grove Village, IL 60007 | None | Exempt | To assist in funding research and provide support for those affected by Spinal Muscular Atrophy. | 12,530. |

Jimmie Johnson Foundation

20-2387645

Statement 13 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

| <u>Name and Address</u> | <u>Donee Relationship</u> | <u>Found- ation Status</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|--------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|---------------|
| Fatone Family Foundation 2973 Valiant Drive Clearmont, FL 32411 | None | Exempt | To benefit children in need. | \$ 7,500. |
| Feeding America 35 East Wacker Drive Chicago, IL 60601 | None | Exempt | To fund the Kid's Cafe Program. | 10,000. |
| Foundation for the Faces of Children 258 Harvard Street Brookline, MA 02446 | None | Exempt | To assist children with craniofacial conditions. | 10,000. |
| Foundation For The Carolinas 217 S. Tryon Street Charlotte, NC 28202 | None | Exempt | To benefit children with chronic and life-threatening illnesses. | 5,000. |
| Fulton K-8 School 7055 Skyline Drive San Diego, CA 92114 | None | Exempt | K-12 Education Grant | 20,319. |
| Grossmont High School 1100 Murray Drive El Cajon, CA 92020 | None | Exempt | K-12 Education Grant | 57,600. |
| Gwendolyn Strong Foundation 27 W. Anapamu Street Santa Barbara, CA 93101 | None | Exempt | To assist in funding research and provide support for those affected by Spinal Muscular Atrophy. | 30,000. |
| Helen DeVos Children's Hospital 100 Michigan Street NE Grand Rapids , MI 49503 | None | Exempt | To assist children with serious illnesses. | 10,000. |
| Hunter's Hope Foundation 6368 West Quaker St Orchard Park , NY 14127 | None | Exempt | To assist children and families affected by Krabbe disease. | 10,000. |
| Jason Taylor Foundation 510 Shotgun Road Suite 520 Sunrise , FL 33326 | None | Exempt | To assist children in need. | 7,500. |

Statement 13 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

| <u>Name and Address</u> | <u>Donee Relationship</u> | <u>Found- ation Status</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|-----------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|----------------------------------------------------------------|---------------|
| Jeff Gordon Foundation 4345 Papa Joe Hendrick Blvd. Charlotte, NC 28262 | None | Exempt | Assist in raising awareness for sight impairments. | \$ 5,000. |
| KIPP Charlotte 931 Wilann Drive Charlotte, NC 28215 | None | Exempt | To benefit children with pediatric cancer. | 54,000. |
| Lewy Body Dementia Association 912 Killian Hill Road Suite 202C Atlanta, GA 92019 | None | Exempt | To raise awareness of the Lewy Body Dementias. | 7,500. |
| Little Smiles 13860-38 Wellington Trace Wellington, FL 33314 | None | Exempt | To assist children with serious illnesses. | 10,000. |
| Marston Middle School 3799 Clairemont Drive San Diego, CA 92117 | None | Exempt | K-12 Education Grant | 48,227. |
| Miami Dolphins Foundation 7500 SW 30th Street Davie, FL 33314 | None | Exempt | To support programs that engage communities. | 8,000. |
| Pressly School 222 Knox Street Statesville, NC 28677 | None | Exempt | K-12 Education Grant | 25,401. |
| Project Morry 900 Dobbs Ferry Road Whire Plains, NY 10607 | None | Exempt | To assist at-risk youth. | 15,000. |
| Ronald McDonald House of Charlotte 1200 E. Morehead Street, Ste 260 Charlotte, NC 28204 | None | Exempt | To fund the toddler program. | 9,375. |
| Second Harvest Food Bank 500-B Spratt Street Charlotte, NC 28206 | None | Exempt | To Fund the Kids Cafe program. | 10,000. |
| Sehorn's Center 5314 Round Meadow Road Hidden Hills, CA 91302 | None | Exempt | To assist families in need. | 7,500. |

Jimmie Johnson Foundation

20-2387645

Statement 13 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

| <u>Name and Address</u> | <u>Donee Relationship</u> | <u>Found- ation Status</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|---------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|----------------------|
| Muskogee High School 2400 Estelle Muskogee, OK 74401 | None | Exempt | K-12 Education Grant | \$ 54,478. |
| The Columbus Foundation 1234 Broad Street Columbus , OH 43205 | None | Exempt | To assist families in need. | 7,500. |
| The NASCAR Foundation 550 South Caldwell Street Ste 2000 Charlotte, NC 28202 | None | Exempt | To benefit Speediatrics. | 5,000. |
| Tim Brown Foundation 1170 W Pleasant Run Road DeSoto, TX 75115 | None | Exempt | Assist at-risk youth | 20,000. |
| Tony Goetz Elementary 2412 Haskell Blve Muskogee, OK 74403 | None | Exempt | K-12 Education Grant | 25,038. |
| Emerald STEM Magnet Middle School 1221 Emerald Ave El Cajon, CA 92020 | None | Exempt | K-12 Education Grant | 79,067. |
| YWCA of San Diego County 1012-C Street San Diego, CA 92101 | None | Exempt | To fund children's programs at Becky's House. | 10,000. |
| Mission Bay High School 2475 Grand Avenue San Diego, CA 92103 | None | Exempt | K-12 Education Grant. | 39,871. |
| Various organization less than \$5,000 Various Various, US 00000 | None | Exempt | Various programs addressing the needs of children, their families or communities. | 12,071. |
| Total | | | | <u>\$ 1,000,572.</u> |

Statement 14
Form 990-PF, Part XV, Line 3b
Recipient Approved for Future Payment

| <u>Name and Address</u> | <u>Donee Relationship</u> | <u>Found- ation Status</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|-----------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|---------------------------------|-----------------|
| Mitchell Elementary 733 N. 73rd East Tulsa, OK 74115 | None | Exempt | K-12 Education Grant. | \$ 34,000. |
| San Diego United School District 4100 Norman Street San Diego , CA 92103 | None | Exempt | K-12 Education Grant. | 10,769. |
| Emerald STEM Magnet Middle School 1221 Emerald Ave El Cajon, CA 92020 | None | Exempt | K-12 Education Grant | 19,767. |
| Grossmont High School 1100 Murray Drive El Cajon, CA 92020 | None | Exempt | K-12 Education Grant | 14,400. |
| Muskogee High School 2400 Estelle Muskogee, OK 74401 | None | Exempt | K-12 Education Grant | 13,620. |
| Ronald McDonald House of Charlotte 1200 E. Morehead Street, Ste 260 Charlotte, NC 28204 | None | Exempt | To fund the toddler program. | 9,375. |
| Total \$ | | | | <u>101,931.</u> |

Computation of Cost of Goods Sold (Form 990-PF)

| | |
|----------------------------------------------------------|----------------------|
| 1. Inventory at start of year..... | 4,391. |
| 2. Purchases..... | 1,926. |
| 3. Cost of labor..... | 0. |
| 4. Additional 263A costs..... | 0. |
| 5. Other costs..... | 0. |
| 6. Total (Add lines 1 through 5)..... | <u>6,317.</u> |
| 7. Inventory at end of year..... | <u>0.</u> |
| 8. Cost of goods sold (Subtract line 7 from line 6)..... | <u><u>6,317.</u></u> |

Depreciation Worksheet
Form 990-PF, Part I
Allocated Depreciation

| <u>Description</u> | <u>Date Acquired</u> | <u>Cost Basis</u> | <u>Prior Year Depr</u> | <u>Method</u> | <u>Rate</u> | <u>Life</u> | <u>Current Year Depr</u> | <u>Net Invest Income</u> | <u>Adjusted Net Income</u> |
|--------------------------|----------------------|-------------------|------------------------|---------------|-------------|-------------|--------------------------|--------------------------|----------------------------|
| Raisers Edge Database SW | 1/01/07 | 6,790 | 6,000 | S/L | | 3 | 790 | 0 | 0 |

**Average Monthly Fair Market Value of Securities
Form 990-PF, Part X, Line 1a**

| Security | January | February | March | April | May | June | July | August | September | October | November | December |
|-----------------------------------|------------------|----------|------------------|----------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|
| Fixed Income Mutual Funds | | | | | | | | | | | | |
| Averages | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>198,105</u> | <u>199,094</u> | <u>201,669</u> | <u>203,505</u> | <u>205,455</u> | <u>471,703</u> | <u>467,608</u> | <u>60,369</u> |
| Totals | <u>2,007,508</u> | | Number of Months | | <u>12</u> | | | | | | | |
| Average Monthly Fair Market Value | <u>167,292</u> | | | | | | | | | | | |

Average Monthly Cash Balances
Form 990-PF, Part X, Line 1b

| Cash Bal. | January | February | March | April | May | June | July | August | September | October | November | December |
|-------------------------------|------------------|----------------|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Fixed Income Mutual Funds | 316,676 | 330,475 | 334,821 | 322,329 | 208,970 | 113,472 | 129,834 | 148,953 | 219,212 | 282,935 | 239,615 | 134,766 |
| Averages | <u>316,676</u> | <u>330,475</u> | <u>334,821</u> | <u>322,329</u> | <u>208,970</u> | <u>113,472</u> | <u>129,834</u> | <u>148,953</u> | <u>219,212</u> | <u>282,935</u> | <u>239,615</u> | <u>134,766</u> |
| Totals | <u>2,782,058</u> | | Number of Months | | <u>12</u> | | | | | | | |
| Average Monthly Cash Balances | <u>231,838</u> | | | | | | | | | | | |

Jimmie Johnson Foundation

| No. | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | Life | Rate | Current Depr. |
|-------------------------------|--------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|----------------|----------------|--------|------|------|------------------|
| Form 990/990-PF | | | | | | | | | | | | | | | | |
| Machinery and Equipment | | | | | | | | | | | | | | | | |
| 1 | Raisers Edge Database SW | 1/01/07 | | 6,790 | | | | | | | 6,790 | 6,000 | S/L | 3.4 | | 790 |
| Total Machinery and Equipment | | | | 6,790 | | 0 | 0 | 0 | 0 | 0 | 6,790 | 6,000 | | | | 790 |
| Total Depreciation | | | | <u>6,790</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>6,790</u> | <u>6,000</u> | | | | <u>790</u> |
| Grand Total Depreciation | | | | <u>6,790</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>6,790</u> | <u>6,000</u> | | | | <u>790</u> |