

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **DEC 31, 2019**

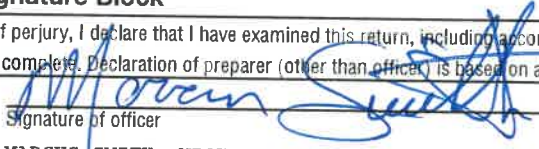
<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>SPEEDWAY CHILDREN'S CHARITIES</b>		<b>D</b> Employer identification number <b>56-1331429</b>
	Doing business as		<b>E</b> Telephone number <b>704-532-3306</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>5401 E INDEPENDENCE BLVD</b>		<b>G</b> Gross receipts \$ <b>736,138.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28212</b>		
<b>F</b> Name and address of principal officer: <b>MARCUS SMITH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>SPEEDWAYCHARITIES.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1982</b>	<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	560
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,251,843.	384,229.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,000.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,652.	117,253.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,349,495.	501,482.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	2,979,955.	2,929,550.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>191,266.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,123,097.	227,092.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,103,052.	3,156,642.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	246,443.	-2,655,160.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,175,563.	520,403.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶  Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
▶ **MARCUS SMITH, VICE CHAIRMAN** Type or print name and title

<b>Paid</b>	Print/Type preparer's name <b>YONG ZHANG, CPA</b>	Preparer's signature <b>Yong Zhang</b>	Date <b>7/10/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01249785</b>
<b>Preparer Use Only</b>	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Firm's address ▶ <b>1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102</b>		
	Phone no. <b>703-336-6400</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO RAISE FUNDS AND PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS THAT MEET THE DIRECT NEEDS OF CHILDREN WITH MEDICAL, EDUCATIONAL OR SOCIAL CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,931,160. including grants of \$ 2,929,550. ) (Revenue \$ 0. ) FUNDS WERE RAISED THROUGHOUT THE YEAR BY HOLDING AUCTIONS, DINNERS, GOLF OUTINGS, DRAWINGS AND NUMEROUS OTHER EVENTS. THE FUNDS RAISED FROM THESE EVENTS ALLOWED SPEEDWAY CHILDREN'S CHARITIES TO ISSUE FUNDS TO 501(C)(3) NONPROFIT ORGANIZATIONS THAT COMPLIED WITH OUR EXEMPT PURPOSE.

DURING FISCAL YEAR ENDING 12/31/19 SPEEDWAY CHILDREN'S CHARITIES DISTRIBUTED OVER \$2.9M TO OVER 400 CHILDREN'S PROGRAMS SUPPORTING AN ESTIMATED 600,000 CHILDREN. SINCE 1982 THE ORGANIZATION HAS DISTRIBUTED MORE THAN \$58 MILLION IN GRANTS, ASSISTING CHILDREN IN NEED WITH THE TOOLS TO BUILD A BETTER, BRIGHTER AND HEALTHIER FUTURE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,931,160.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
26		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
36	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a		37
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b		11
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  AL,  AR,  AZ,  CA,  CO,  CT,  FL,  GA,  IL,  KS,  KY,  MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records   
 NANCY BISSON - 704-532-3306  
 5401 E. INDEPENDENCE BLVD., CHARLOTTE, NC 28212



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) O. BRUTON SMITH CHAIRMAN	0.20	X		X				0.	0.	0.
(2) MARCUS SMITH VICE CHAIRMAN	0.20 40.00	X		X				0.	0.	0.
(3) CLAUDIA BYRD DIRECTOR	40.00	X						0.	0.	0.
(4) JERRY CALDWELL DIRECTOR	0.20 40.00	X						0.	0.	0.
(5) ED CLARK DIRECTOR	0.20 40.00	X						0.	0.	0.
(6) CONRAD CLEMENT DIRECTOR	0.20	X						0.	0.	0.
(7) RAY EVERNHAM DIRECTOR	0.20	X						0.	0.	0.
(8) EDDIE GOSSAGE DIRECTOR	0.20 40.00	X						0.	0.	0.
(9) DON HAWK DIRECTOR	0.20 40.00	X						0.	0.	0.
(10) DAVID MCGRATH DIRECTOR	0.20 40.00	X						0.	0.	0.
(11) STEVE PAGE DIRECTOR	0.20 40.00	X						0.	0.	0.
(12) CHRIS POWELL DIRECTOR	0.20 40.00	X						0.	0.	0.
(13) MARK SIMENDINGER DIRECTOR	0.20 40.00	X						0.	0.	0.
(14) GREG WALTER DIRECTOR	0.20 40.00	X						0.	0.	0.
(15) DARRELL WALTRIP DIRECTOR	0.20	X						0.	0.	0.
(16) JESSICA FICKENSCHER MANAGING DIRECTOR	0.30 40.00			X				0.	0.	0.
(17) JAMES GREENE III SECRETARY	0.20			X				0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARLA WESTON TREASURER & ASSISTANT SECRETARY	0.30 40.00			X				0.	0.	0.
<b>1b Subtotal</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	255,999.				
	<b>d</b> Related organizations	<b>1d</b>	34,553.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	93,677.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 72,084.				
	<b>h</b> Total. Add lines 1a-1f			384,229.			
	<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g</b> Total. Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ 255,999. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		182,554.				
			135,855.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			46,699.		46,699.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		169,355.				
			98,801.				
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities			70,554.		70,554.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total revenue. See instructions			501,482.	0.	0.	117,253.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,929,550.	2,929,550.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	19,615.		19,615.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	88.			88.
<b>13</b> Office expenses	5,047.			5,047.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	231.			231.
<b>17</b> Travel	3,585.			3,585.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,159.			1,159.
<b>23</b> Insurance	5,846.			5,846.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PAYROLL SERVICES	122,711.	1,610.	14,326.	106,775.
<b>b</b> OTHER EXPENSES	68,515.			68,515.
<b>c</b> TAX AND LICENSE	295.		275.	20.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,156,642.	2,931,160.	34,216.	191,266.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing .....	2,953,004.	1	341,890.	
	2	Savings and temporary cash investments .....		2		
	3	Pledges and grants receivable, net .....	210,843.	3	170,843.	
	4	Accounts receivable, net .....	162,354.	4	121,137.	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....		8		
	9	Prepaid expenses and deferred charges .....	21,206.	9	29,988.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	58,353.		
	b	Less: accumulated depreciation .....	10b	45,546.	10c	12,807.
	11	Investments - publicly traded securities .....		11		
	12	Investments - other securities. See Part IV, line 11 .....		12		
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	26,350.	15	26,350.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,387,723.	16	703,015.		
Liabilities	17	Accounts payable and accrued expenses .....	95,447.	17	138,925.	
	18	Grants payable .....	4,800.	18	4,800.	
	19	Deferred revenue .....	111,913.	19	38,887.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23		
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	212,160.	26	182,612.	
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions .....	3,175,563.	27	520,403.	
	28	Net assets with donor restrictions .....		28		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds .....		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	31	Retained earnings, endowment, accumulated income, or other funds .....		31		
32	<b>Total net assets or fund balances</b> .....	3,175,563.	32	520,403.		
33	<b>Total liabilities and net assets/fund balances</b> .....	3,387,723.	33	703,015.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	501,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,156,642.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,655,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,175,563.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	520,403.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		x
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization: **SPEEDWAY CHILDREN'S CHARITIES** Employer identification number: **56-1331429**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
    - f Enter the number of supported organizations
    - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,867,703.	4,064,331.	3,861,155.	4,251,843.	384,229.	16,429,261.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	3,867,703.	4,064,331.	3,861,155.	4,251,843.	384,229.	16,429,261.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,293,799.
6 <b>Public support.</b> Subtract line 5 from line 4.						14,135,462.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	3,867,703.	4,064,331.	3,861,155.	4,251,843.	384,229.	16,429,261.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,275,494.	1,216,110.	1,192,954.	1,405,451.	351,909.	5,441,918.
11 <b>Total support.</b> Add lines 7 through 10						21,871,179.
12 Gross receipts from related activities, etc. (see instructions) .....					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	64.63	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	66.49	%
16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**Part VI**

**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING/GAMING EVENTS

2015 AMOUNT: \$ 1,275,494.

2016 AMOUNT: \$ 1,216,110.

2017 AMOUNT: \$ 1,192,954.

2018 AMOUNT: \$ 1,405,451.

2019 AMOUNT: \$ 351,909.

PART II PUBLIC SUPPORT

2019 IS A SHORT YEAR SPANNING A THREE MONTH PERIOD FROM OCTOBER TO

DECEMBER 2019. AMOUNTS REFLECT ONLY THOSE REVENUES RECORDED DURING THE

SHORT PERIOD.



Schedule A

Identification of Excess Contributions  
Included on Part II, Line 5

2019

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
SONIC AUTOMOTIVE	480,340.	42,916.
SPEEDWAY MOTORSPORTS LLC	2,688,307.	2,250,883.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		2,293,799.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  SPEEDWAY CHILDREN'S CHARITIES	Employer identification number  56-1331429
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 27,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 12,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 12,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 19,409.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SPEEDWAY CHILDREN'S CHARITIES	Employer identification number  56-1331429
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 11,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 9,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 32,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 7,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPEEDWAY CHILDREN'S CHARITIES</b>	Employer identification number <b>56-1331429</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	AUCTION AND RAFFLE ITEMS _____ _____ _____	\$ 1,175.	12/31/19
2	RAFFLE ITEM _____ _____ _____	\$ 75.	12/31/19
6	FOOD & BEVERAGE _____ _____ _____	\$ 19,409.	12/31/19
10	AUCTION, RAFFLE, FOOD & BEVERAGE _____ _____ _____	\$ 28,858.	12/31/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  SPEEDWAY CHILDREN'S CHARITIES	Employer identification number  56-1331429
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
<b>(e) Transfer of gift</b>			
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
-----			
<b>(e) Transfer of gift</b>			
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
-----			
<b>(e) Transfer of gift</b>			
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
-----			
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		58,353.	45,546.	12,807.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,807.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THE GUIDANCE UNDER THE ACCOUNTING TOPIC FOR UNCERTAINTY IN INCOME TAXES.

GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS

BEFORE 2016.

DURING THE YEAR ENDED DECEMBER 31, 2019, THE ORGANIZATION HAD NO UNRELATED

BUSINESS TAXABLE INCOME.

**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		OUTDOOR EVENT (event type)	DINNER (event type)	9 (total number)		
Revenue	1	Gross receipts	49,035.	140,289.	249,229.	438,553.
	2	Less: Contributions	35,869.	93,815.	126,315.	255,999.
	3	Gross income (line 1 minus line 2)	13,166.	46,474.	122,914.	182,554.
Direct Expenses	4	Cash prizes	0.	0.	0.	
	5	Noncash prizes	0.	0.	1,000.	1,000.
	6	Rent/facility costs	0.	0.	10,307.	10,307.
	7	Food and beverages	0.	3,484.	771.	4,255.
	8	Entertainment	0.	0.	0.	
	9	Other direct expenses	17,259.	15,127.	87,907.	120,293.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				135,855.
11	Net income summary. Subtract line 10 from line 3, column (d)				46,699.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			169,355.
Direct Expenses	2	Cash prizes			77,496.	77,496.
	3	Noncash prizes			10,232.	10,232.
	4	Rent/facility costs				
	5	Other direct expenses			11,073.	11,073.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				98,801.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				70,554.	

9 Enter the state(s) in which the organization conducts gaming activities: CA, GA, NC, NV, TN, TX

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility									
13a								%	
b An outside facility		13b		100.00				%	
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ NANCY BISSON

Address ▶ 5401 E. INDEPENDENCE BLVD - CHARLOTTE, NC 28212

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ CHAPTER DIRECTORS

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ SEE PART IV.

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 70,544.

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

CHAPTER DIRECTORS OVERSEE LOCAL GAMING EVENTS AS PART OF THEIR POSITION

WITH SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATED TO GAMING

MANAGER, WHICH REPRESENTS A MINOR PART OF THE RESPONSIBILITIES.



**Part IV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number  
56-1331429

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	56-2238007	501(C)(3)	15,000.	0.			AFTERSCHOOL PROGRAM
A CHILD'S PLACE OF CHARLOTTE, INC. 601 EAST 5TH STREET, SUITE 230 CHARLOTTE, NC 28202	58-1911741	501(C)(3)	10,000.	0.			EDUCATIONAL ASSISTANCE FOR HOMELESS CHILDREN
ABUSE ALTERNATIVES 104 MEMORIAL DR. BRISTOL, TN 37620	54-1101180	501(C)(3)	11,000.	0.			SAFETY FOR ABUSED CHILDREN
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	56-0554413	501(C)(3)	10,000.	0.			THERAPY SUPPLIES FOR CHILDREN IN PSYCH TREATMENT
AMERICAN RED CROSS OF MOUNTAIN EMPIRE VIRGINIA - 14298 LEE HIGHWAY - BRISTOL, VA 24202	53-0196605	501(C)(3)	9,000.	0.			DISASTER RELIEF FOR CHILDREN
AMERICAN RED CROSS OF NORTHEAST TENNESSEE - 660 EASTERN STAR ROAD - KINGSPOST, TN 37663	53-0196605	501(C)(3)	7,000.	0.			SAFETY EDUCATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 201.
- 3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF WASHINGTON CO. 110 EAST MOUNTCASTLE DR. JOHNSON CITY, TN 37601	62-0694557	501(C)(3)	10,000.	0.			RESPIRE SERVICES TO CHILDREN WITH DISABILITIES
ASSISTANCE AND RESOURCE MINISTRY (ARM) - 715 W. C STREET - ELIZABETHTON, TN 37643	62-1533942	501(C)(3)	7,000.	0.			SHOE AND UNDERWEAR PROGRAM FOR CHILDREN OF CARTER COUNTY
ASSISTANCE LEAGUE LAS VEGAS 6446 W. CHARLESTON BLVD. LAS VEGAS, NV 89146	88-0137831	501(C)(3)	7,000.	0.			PHILANTHROPIC PROGRAMS FOR YOUTH IN THE LAS VEGAS COMMUNITY
ASSISTANCE LEAGUE OF CHARLOTTE P.O. BOX 471112 CHARLOTTE, NC 28247	56-1781080	501(C)(3)	22,000.	0.			CLOTHING AND TOILETRIES AT RISK ELEMENTARY STUDENTS
ATRIUM HEALTH FOUNDATION 208 EAST BLVD. CHARLOTTE, NC 28203	56-6060481	501(C)(3)	100,000.	0.			OUTFITTING A YOUTH CANCER INFUSIONARIUM
AUTISM CHARLOTTE 821 BAXTER STREET, SUITE 310 CHARLOTTE, NC 28202	06-1801739	501(C)(3)	20,000.	0.			INCLUSION-BASED AFTERSCHOOL/SUMMER PROGRAM
B.R.A.K.E.S. (PUT ON THE BRAKES) 7148 WEDDINGTON ROAD NW, SUITE 150 CONCORD, NC 28027	26-2176362	501(C)(3)	25,000.	0.			TEEN SAFE DRIVING EDUCATION
BABY'S BOUNTY 3400 W. DESERT INN RD., #24 LAS VEGAS, NV 89102	26-2678979	501(C)(3)	7,500.	0.			INFANT ESSENTIALS TO DISADVANTAGED FAMILIES
BEDS FOR KIDS, INC. 2519 S. TRYON ST. CHARLOTTE, NC 28203	27-4153074	501(C)(3)	12,000.	0.			FULL BED SET FOR CHILDREN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEE MIGHTY 338 S. SHARON AMITY ROAD, #515 CHARLOTTE, NC 28211	82-2967919	501(C)(3)	15,000.	0.			MEDICAL EQUIPMENT FOR NICU PATIENT SUPPORT
BEST BUDDIES INTERNATIONAL 10020 MONROE ROAD, SUITE 210 MATTHEWS, NC 28105	52-1614576	501(C)(3)	10,000.	0.			MENTORING DISABLED CHILDREN
BETHANY CHRISTIAN SERVICES 318 ERIN DRIVE SUITE 10 KNOXVILLE, TN 37919	38-2842293	501(C)(3)	7,000.	0.			ADVOCACY TO PLACE CHILDREN IN LONG TERM LIVING SITUATIONS
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 3801 E. INDEPENDENCE BLVD. - CHARLOTTE, NC 28205	56-2264009	501(C)(3)	10,000.	0.			MENTORING AT RISK CHILDREN
BIG BROTHERS/ BIG SISTERS OF EAST TENNESSEE - 301 LOUIS ST. SUITE 302 - KINGSFORD, TN 37660	62-0842531	501(C)(3)	11,000.	0.			COMMUNITY AND SCHOOL BASED MENTORING
BOYS & GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING ST., NW - CONCORD, NC 28025	56-0577630	501(C)(3)	10,000.	0.			AFTERSCHOOL ACADEMIC/ DELINQUENCY PREVENTION
BOYS AND GIRLS CLUB OF CENTRAL APPALACHIA - P.O. BOX 1505 - GRUNDY, VA 24614	20-5517073	501(C)(3)	11,000.	0.			SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, MATH AND READING PROGRAM
BOYS AND GIRLS CLUB OF ELIZABETHTON/CARTER CO. - 104 HUDSON DR. - ELIZABETHTON, TN 37643	62-0502737	501(C)(3)	11,000.	0.			CHILD HEALTH INITIATIVES
BOYS AND GIRLS CLUB OF GREATER KINGSFORD - P.O. BOX 784 - KINGSFORD, TN 37662	62-0481370	501(C)(3)	11,000.	0.			TOOLS FOR KIDS TO OVERCOME ADVERSITY AND NEGATIVE OUTSIDE INFLUENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF GREENVILLE & GREENE COUNTY - P.O. BOX 1977 - GREENVILLE, TN 37744	62-1706248	501(C)(3)	11,000.	0.			HOMEWORK, TUTORING, & POSITIVE REWARDS
BOYS AND GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY - 2210 WEST MARKET ST - JOHNSON CITY, TN 37604	62-0810733	501(C)(3)	11,000.	0.			TRAUMA INFORMED CARE AND STEM PROGRAMMING
BOYS AND GIRLS CLUB OF MORRISTOWN P.O. BOX 1461 MORRISTOWN, TN 37816	62-0630667	501(C)(3)	11,000.	0.			HEAD OF THE CLASS - HOMEWORK AND TUTORING
BOYS AND GIRLS CLUB OF THE MOUNTAIN EMPIRE - P.O. BOX 1074 - BRISTOL, VA 24203	54-0653489	501(C)(3)	11,000.	0.			POWER HOUR AFTERSCHOOL PROGRAM
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 NORTH DUTTON AVENUE SUITE 14 - SANTA ROSA, CA 95401	68-0309534	501(C)(3)	8,000.	0.			JUVENILE HALL/REACH RE-ENTRY PROGRAM
BREAD OF LIFE CHILDREN'S MINISTRY 30427 OLD SALTWORKS RD. MEADOWVIEW, VA 24361	54-2057171	501(C)(3)	9,000.	0.			BACKPACK FOOD PROGRAM AND SCHOOL SUPPLIES
BRISTOL EMERGENCY FOOD PANTRY 201 OVERBROOK DR. BRISTOL, TN 37620	62-0984494	501(C)(3)	9,000.	0.			EMERGENCY FOOD NEEDS OF FAMILIES WITH CHILDREN
BRISTOL FAITH IN ACTION 1534 EUCLID AVE BRISTOL, VA 24201	54-2038035	501(C)(3)	11,000.	0.			HOUSING ASSISTANCE FOR FAMILIES WITH CHILDREN
BRISTOL REGIONAL SPEECH AND HEARING - 2603 OSBORNE ST - BRISTOL, VA 24201	62-0556300	501(C)(3)	10,000.	0.			THERAPY TO DISABLED CHILDREN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUCE IRONS CAMP FUND (DBA WAYFINDERS) - 725 PROVIDENCE RD. SUITE 212 - CHARLOTTE, NC 28207	55-0825218	501(C)(3)	15,000.	0.			RESIDENTIAL SUMMER CAMP & ENRICHMENT PROGRAM FOR LOW INCOME CHILDREN
CABARRUS COOPERATIVE CHRISTIAN MINISTRY - 258 N. CANNON BLVD. - KANNAPOLIS, NC 28083	56-1320818	501(C)(3)	15,000.	0.			EMPOWERING INDEPENDENCE FOR HOMELESS FAMILIES
CALIFORNIA PARENTING INSTITUTE DBA CHILD PARENT INSTITUTE - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	20,000.	0.			FUNDING TO SUPPORT THE BASIC NEEDS OF HOUSING, FOOD AND UTILITIES
CAMP CARE, INC. P.O. BOX 35072 CHARLOTTE, NC 28235	56-1467274	501(C)(3)	20,000.	0.			SUMMER CAMP FOR KIDS/SIBLINGS WITH CANCER
CAMP LUCK, INC. P.O. BOX 5159 CHARLOTTE, NC 28299	27-4174759	501(C)(3)	7,500.	0.			SUMMER CAMP FOR MEDICALLY FRAGILE CHILDREN
CAMP SUMMIT, INC. 17210 CAMPBELL RD., SUITE 180-W DALLAS, TX 75252	75-2488486	501(C)(3)	25,000.	0.			CAMP FINANCIAL ASSISTANCE TO INDIVIDUALS WITH DISABILITIES
CANDLELIGHTERS FOR CHILDHOOD CANCER OF NEVADA - 8990 SPANISH RIDGE AVE., STE. 100 - LAS VEGAS, NV 89148	94-2579116	501(C)(3)	7,500.	0.			EMOTIONAL SUPPORT, QUALITY OF LIFE PROGRAMS, AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR
CAP THE GAP FOR FOSTER CARE P.O. BOX 3092 KINGSPORT, TN 37664	62-1546506	501(C)(3)	10,000.	0.			MEETING BASIC NEEDS OF CHILDREN IN FOSTER CARE
CAP THE GAP FOR FOSTER CARE-CARTER JOHNSON AND UNICOI - P.O. BOX 1334 - ELIZABETHTON, TN 37644	46-2119547	501(C)(3)	9,000.	0.			MEETING BASIC NEEDS OF CHILDREN IN FOSTER CARE

Schedule I (Form 990)

SPEEDWAY CHILDREN'S CHARITIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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CARE CENTER P.O. BOX 24 RICHLANDS, VA 24642	82-4202466	501(C)(3)	6,000.	0.			EQUIPMENT FOR TREATING CHILDREN SEXUALLY ABUSED
CARTER CO. IMAGINATION LIBRARY 2207 EAGLE DR. ELIZABETHTON, TN 37643	43-2082197	501(C)(3)	7,000.	0.			PROVIDE FREE BOOKS FOR CHILDREN BIRTH TO 5 YEARS
CARTER COUNTY FOSTER CARE P.O. BOX 604 ELIZABETHTON, TN 74644	58-2247802	501(C)(3)	5,500.	0.			PROVIDE EMERGENCY NECESSITIES FOR CHILDREN TRANSITIONING HOMES
CASA FOR KIDS 310 SHELBY STREET KINGSPORT, TN 37660	62-1464923	501(C)(3)	11,000.	0.			RECRUIT, TRAIN AND MONITOR COURT ADVOCATE FOR CHILDREN
CASA OF NORTHEAST TENNESSEE P.O. BOX 1021 JOHNSON CITY, TN 37605	45-0515257	501(C)(3)	11,000.	0.			RECRUIT, TRAIN AND MONITOR COURT ADVOCATE FOR CHILDREN
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - 987 AIRWAY COURT - SANTA ROSA, CA 95403	94-2479393	501(C)(3)	10,000.	0.			FAMILY SUPPORT CENTER FOR HOMELESS CHILDREN
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250597	501(C)(3)	8,000.	0.			ENGAGE YOUTH TO GROW, COOK AND EAT WHOLESOME
CHARITY LEAGUE, INC. P.O. BOX 471332 CHARLOTTE, NC 28247	56-0560327	501(C)(3)	30,000.	0.			CLOTHING AND TOILETRIES AT RISK ELEMENTARY STUDENTS
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	36-4522499	501(C)(3)	7,500.	0.			PRESCHOOL PROGRAM FOR LEARNING ENRICHMENT

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CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	56-0571223	501(C)(3)	10,000.	0.			MUSIC THERAPY PROGRAM FOR KIDS OF PARENT IN POST-REHAB FACILITY
CHARLOTTE SPEECH AND HEARING CENTER, INC. - 741 KENILWORTH AVE - CHARLOTTE, NC 28204	56-0892041	501(C)(3)	12,000.	0.			LANGUAGE AND LITERACY PROGRAM FOR CHILDREN
CHILD ADVOCACY CENTER OF THE 3RD JUDICIAL DISTRICT - P.O. BOX 743 - MOSHEIM, TN 37818	62-1822505	501(C)(3)	8,500.	0.			THERAPEUTIC SERVICES FOR SEXUALLY ABUSED CHILDREN
CHILDREN EXCEEDING EXPECTATIONS SCHOOL J/LK - 1009 SUSSEX DRIVE - KINGSFORT, TN 37600	62-0634742	501(C)(3)	12,000.	0.			SCHOOL FOR CHILDREN GOING THROUGH CANCER TREATMENT
CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY - 1854 CALN DR - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	25,000.	0.			FOOD AND CLOTHING FOR CHILDREN AND FAMILIES IN NEED
CHILDREN'S ADVOCACY CENTER OF HIGHLANDS COMMUNITY SERVICES - 21451 SUGAR HOLLOW ROAD - BRISTOL, VA 24202	54-0979632	501(C)(3)	11,000.	0.			COUNSELING FOR CHILDREN SEXUALLY ABUSED
CHILDREN'S ADVOCACY CENTER OF SULLIVAN CO. - 150 BLOUNTVILLE BYPASS - BLOUNTVILLE, TN 37617	62-1232172	501(C)(3)	10,500.	0.			THERAPY FOR THE ABUSED CHILD AND THE NON-OFFENDING FAMILY MEMBER
CHILDREN'S ADVOCACY CENTER OF THE 1ST JUDICIAL DISTRICT - P.O. BOX 827 - JOHNSON CITY, TN 37605	62-1765785	501(C)(3)	10,000.	0.			SERVICES TO CHILD VICTIMS OF PHYSICAL AND SEXUAL ABUSE
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC. - 2200 E 7TH STREET - CHARLOTTE, NC 28204	56-0529946	501(C)(3)	14,000.	0.			PROGRAM TO PLACE FOSTER CHILDREN IN PERMANENT HOMES



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CHRISTMAS BOX OF NORTHEAST TENNESSEE - 644 MARTIN STREET - ERWIN, TN 37650	62-1545469	501(C)(3)	8,000.	0.			FEEDING CHILDREN IN POVERTY
COALITION FOR KIDS P.O. BOX 3156 JOHNSON CITY, TN 37602	62-1765487	501(C)(3)	11,000.	0.			AWESOME KIDS CLUB TUTORING AND MENTORING
COMMON HEART, INC. 116 BUSINESS PARK DRIVE (MAILING: PO BOX 2761, INDIAN TRAIL, NC 28079) - IND	46-1161476	501(C)(3)	20,000.	0.			FOOD ASSISTANCE PROGRAM FOR FAMILIES IN UNION COUNTY
COMMUNITIES IN SCHOOLS OF CHARLOTTE-WECKLENBURG, INC. - 601 EAST 5TH STREET #300 - CHARLOTTE, NC 28202	58-1661795	501(C)(3)	7,500.	0.			SOCIAL AND EDUCATIONAL PROGRAMS FOR CHILDREN
COMMUNITIES IN SCHOOLS OF SOUTHWEST VIRGINIA - 220 LEE STREET - BRISTOL, VA 24201	46-1775208	501(C)(3)	10,000.	0.			CLOTHING AND FOOD FOR NEEDY CHILDREN
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE SUITE 210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	7,500.	0.			DENTAL CARE PROGRAMS FOR CHILDREN
CONSERVATION CORPS NORTH BAY 27 LARKSPUR STREET SAN RAFAEL, CA 95901	94-2831592	501(C)(3)	8,000.	0.			ON THE JOB TRAINING IN NATURAL RESOURCES
COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY - 365 CASA MANANA ROAD BUILDING K ROOM L - SANTA ROSA, CA 95409	68-0404770	501(C)(3)	8,000.	0.			CASA MENTORING AND GANG PREVENTION PROGRAM
CRISIS PREGNANCY CENTER OF GASTON COUNTY, INC. - 700 ROBINSON ROAD - GASTONIA, NC 28056	56-1499208	501(C)(3)	8,000.	0.			INFANT SAFETY SUPPLIES FOR LOW INCOME FAMILIES

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CROSS COUNTRY FOR YOUTH 6514 CHESTNUT GROVE LANE CHARLOTTE, NC 28210	01-0878480	501(C)(3)	10,000.	0.			FITNESS, CHARACTER BUILDING AND NUTRITION PROGRAM FOR YOUTH
CROSSROADS MEDICAL MISSION P.O. BOX 16852 BRISTOL, VA 24209	54-2038877	501(C)(3)	11,000.	0.			FREE HEALTHCARE AND MEDICATIONS AND SCHOOL/SPORTS PHYSICALS
CRUMLEY HOUSE BRAIN INJURY REHAB CENTER - 300 URBANA RD. - LIMESTONE, TN 37681	58-1988511	501(C)(3)	11,000.	0.			CARE AND TRAINING FOR YOUTH CONCUSSIONS AND PREVENTION
DALLAS SERVICES 5442 LA SIERRA DRIVE DALLAS, TX 75231	75-0958408	501(C)(3)	25,000.	0.			FREE EYE EXAM AND PRESCRIPTION EYEGLASSES
DISCOVERY CHILDREN'S MUSEUM 360 PROMENADE PLACE LAS VEGAS, NV 89106	94-2943891	501(C)(3)	7,500.	0.			EXPLORATORY LEARNING SCHOOL FIELD TRIPS FOR DISADVANTAGED CHILDREN
DOVE HOUSE CHILDREN'S ADVOCACY CENTER - 2407 SIMONTON RD. - STATESVILLE, NC 28625	20-0840600	501(C)(3)	10,000.	0.			BODY SAFETY & ABUSE PREVENTION FOR CHILDREN
DOWN SYNDROME ASSOCIATION OF GREATER CHARLOTTE - 3900 PARK ROAD, #C - CHARLOTTE, NC 28209	56-1541529	501(C)(3)	20,000.	0.			SUMMER CAMP FOR CHILDREN WITH DOWN SYNDROME
EAST TN CHRISTIAN HOME AND ACADEMY P.O. BOX 1147 ELIZABETHTON, TN 37644	62-0517558	501(C)(3)	10,000.	0.			GIRLS IN HOME WITH AN INDEPENDENT LIVING PROGRAM FOR THE FUTURE
EASTER SEALS NEVADA 7281 W. CHARLESTON BLVD. LAS VEGAS, NV 89117	94-2815686	501(C)(3)	6,985.	0.			LAS VEGAS CHILDREN'S THERAPY CLINIC

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EDUCATIONAL EXCELLENCE FOUNDATION OF GALLATIN COUNTY - 50 PAW PRINT PATH - WARSAW, KY 41092	45-2394650	501(C)(3)	6,500.	0.			IMAGINATION LIBRARY BOOK PROGRAM
EYE CARE FOR KIDS 6150 W. SMOKE RANCH RD. LAS VEGAS, NV 89108	81-0712998	501(C)(3)	6,500.	0.			EYE CARE PROFESSIONAL SERVICES FOR LOW-INCOME CHILDREN
FAMILY CRISIS SUPPORT SERVICES 701 KENTUCKY AVE SE NORTON, VA 24273	52-1284719	501(C)(3)	10,000.	0.			SHELTER FROM DOMESTIC VIOLENCE FOR CHILDREN
FEEDING AMERICA SOUTHWEST VIRGINIA 21452 GRAVEL LAKE ROAD, P.O. BOX 257 ABINGDON, VA 24211	54-1939556	501(C)(3)	12,000.	0.			FEED CHILDREN IN POVERTY
FORGET ME NOT CHILDREN'S SERVICES 5345 HIGHWAY 12 W SANTA ROSA, CA 95407	26-3464770	501(C)(3)	11,000.	0.			HEALTHY, FRESH FOOD FOR SONOMA COUNTY'S CHILDREN IN THE WELFARE SYSTEM
FOUNDATION FOR GIRLS 906 DACAVIN DRIVE CHARLOTTE, NC 28226	47-2887394	501(C)(3)	20,000.	0.			MOBILE TECH LAB FOR DIGITAL LITERACY
FOUNDATION FOR POSITIVELY KIDS, INC. - 2480 E. TOMPKINS AVE., STE #222 - LAS VEGAS, NV 89121	88-0419638	501(C)(3)	7,500.	0.			SPECIALIZED THERAPEUTIC TOYS AND GAMES FOR THE MEDICALLY FRAGILE AND/OR DEVELOPMENTALLY DELAYED
FRIENDS IN SONOMA HELPING (FISH) PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	7,500.	0.			FUND THE REDESIGNED F.I.S.H. FOOD PROGRAM FOR CHILDREN OF SONOMA VALLEY
GARRETT THOMAS FOUNDATION INC. 1700 UNIVERSITY COMMERCIAL PL CHARLOTTE, NC 28213	45-2683114	501(C)(3)	6,000.	0.			EMERGENCY RELIEF PROGRAM FOR CHILDREN WITH CYSTIC FIBROSIS

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GIGI'S HOUSE, INC. 7147 JONESBORO RD, SUITE 870051 MORROW, GA 30287	81-3818377	501(C)(3)	9,000.	0.			CAMP TO HELP KIDS BUILD TRUST AND SELF-ESTEEM
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502	94-1551410	501(C)(3)	6,000.	0.			SERVICES FOR YOUNG WOMEN AT THE SONOMA COUNTY JUVENILE HALL AND VALLEY OF THE MOON CHILDREN'S
GIRLS INCORPORATED OF BRISTOL 613 HIGHLAND AVE. BRISTOL, VA 24201	62-0514164	501(C)(3)	11,000.	0.			CHILDRENS DRUG PREVENTION
GIRLS INCORPORATED OF JOHNSON CITY/WASHINGTON COUNTY - P.O. BOX 1435 - JOHNSON CITY, TN 37605, TN 37605	62-0493392	501(C)(3)	11,000.	0.			EDUCATIONAL PROGRAM INSPIRING GIRLS TO BE SMART, BOLD AND STRONG
GIRLS INCORPORATED OF KINGSFORT 1100 GIRLS PLACE, P.O. BOX 981 KINGSFORT, TN 37662	62-6064042	501(C)(3)	10,800.	0.			EDUCATIONAL PROGRAM INSPIRING GIRLS TO BE SMART, BOLD AND STRONG
GIRLS ON THE RUN OF NE. TENNESSEE P.O. BOX 5622 JOHNSON CITY, TN 37602	20-8559320	501(C)(3)	10,000.	0.			AFTERSCHOOL RUNNING PROGRAM
GOD'S COMPANY, DBA FOOD FOR THE SOUL - PO BOX 134 - KELLER, TX 76244	94-3476983	501(C)(3)	25,000.	0.			BACKPACK PROGRAM FOR FOOD INSECURE CHILDREN
GOOD SAMARITAN MINISTRIES P.O. BOX 2441 JOHNSON CITY, TN 37605	62-1233320	501(C)(3)	10,000.	0.			FOOD PROGRAM FOR CHILDREN IN POVERTY
GREATER KINGSFORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY KINGSFORT, TN 37660	58-1564232	501(C)(3)	11,000.	0.			CHILDCARE FOR DISABLED CHILDREN

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HANDS ON! DISCOVERY CENTER 1212 SUNCREST DRIVE GRAY, TN 37615	62-1282542	501(C)(3)	10,000.	0.			EDUCATIONAL PROGRAM FOR CHILDREN
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	10,000.	0.			YOUTH WAGES FOR THE HANNA BOY WORK PROGRAM
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	78-0001847	501(C)(3)	11,000.	0.			EDUCATION FOR CHILDREN TO BREAK THE CYCLE OF OBESITY AND DENTAL DISEASE
HEALTH SERVICES OF NORTH TEXAS, INC. - 4401 N. I-35, STE. 312 - DENTON, TX 76207	75-2252866	501(C)(3)	19,890.	0.			UNINSURED CHILDREN WITH ESSENTIAL MEDICAL CARE
HEART MATH TUTORING PO BOX 30623 CHARLOTTE, NC 28230	46-4366030	501(C)(3)	12,500.	0.			MATH TUTORING FOR LOW INCOME CHILDREN
HELP OF SOUTHERN NEVADA 1640 E. FLAMINGO RD., STE. #100 LAS VEGAS, NV 89119	88-0108496	501(C)(3)	7,500.	0.			CAR SEATS AND ESSENTIAL BABY ITEMS TO LOW-INCOME FAMILIES IN SOUTHERN NEVADA
HELPING HANDS OF VEGAS VALLEY INC. 3640 N. 5TH ST., STE. 130 NORTH LAS VEGAS, NV 89032	88-0466726	501(C)(3)	8,000.	0.			LUNCH TO SENIORS WHO TAKE THE RESPONSIBILITY OF RAISING THEIR GRANDCHILDREN.
HOLSTON UNITED METHODIST HOME FOR CHILDREN - PO BOX 188 - GREENEVILLE, TN 37744	62-0515531	501(C)(3)	6,000.	0.			MATCHING CHILDREN WITH FAMILIES
HOLY ANGELS, INC. 6600 WILKINSON BLVD. (PO BOX 710) BELMONT, NC 28012	51-0230406	501(C)(3)	10,000.	0.			ADAPTIVE SWINGS FOR DISABLED CHILDREN

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HOPE HOUSE P.O. BOX 5821 KINGSPORT, TN 37663	56-2277775	501(C)(3)	10,000.	0.			PHYSICAL, EMOTIONAL AND BASIC HEALTH NEEDS OF BABIES AND CHILDREN
HOPE HOUSE OF SCOTT CO. P.O. BOX 1992 GATE CITY, VA 24251	54-1893016	501(C)(3)	9,000.	0.			BASIC NEEDS FOR YOUTH RESIDING IN THEIR SHELTER
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION - 7845 LITTLE AVE - CHARLOTTE, NC 28226	56-1219017	501(C)(3)	20,000.	0.			KIDSPATH PEDIATRIC CARE
HOSPICE OF IREDELL 2347 SIMONTON ROAD STATESVILLE, NC 28625	56-1376577	501(C)(3)	10,000.	0.			PEDIATRIC BEREAVEMENT SCHOOL PROGRAM
INDIVIDUALS NOW DBA SOCIAL ADVOCATES FOR YOUTH - 2447 SUMMERFIELD ROAD - SANTA ROSA, CA 95405	94-1711490	501(C)(3)	8,000.	0.			EMERGENCY SERVICES FOR RUNAWAY AND HOMELESS YOUTH
INREACH 4530 PARK RD. SUITE 300 CHARLOTTE, NC 28209	52-1084075	501(C)(3)	22,000.	0.			BASIC NEEDS FOR FAMILIES CARING FOR DISABLED CHILDREN
ISAIAH 117 HOUSE P.O. BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)(3)	61,000.	0.			A SAFE, COMFORTABLE HOME FOR FOSTER CARE CHILDREN IN TRANSITION
JEREMIAH SCHOOL P.O. BOX 6024 JOHNSON CITY, TN 37602	47-3549152	501(C)(3)	8,000.	0.			ENRICHMENT PROGRAM CURRICULUM FOCUSING ON LIFE AND SOCIAL SKILLS
JERICO SHRINERS P.O. BOX 5548 KINGSPORT, TN 37883	36-2193608	501(C)(3)	7,000.	0.			HOSPITAL TREATMENT FOR CHILDREN AT NO CHARGE TO PARENTS

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JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404	94-3386103	501(C)(3)	7,500.	0.			FREE HEALTH SERVICES FOR UNDERSERVED CHILDREN
JUNIOR CHARITY LEAGUE OF CONCORD, INC. - 1 BUFFALO AVE NW SUITE 205 - CONCORD, NC 28025	56-6061166	501(C)(3)	20,000.	0.			CLOTHING AND TOILETRIES FOR AT RISK CHILDREN
KINDER-MOURN INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)(3)	15,000.	0.			BEREAVEMENT PROGRAM FOR SCHOOL CHILDREN
LANCASTER CHILDREN'S HOME, INC. PO BOX 416 LANCASTER, SC 29721	57-0549954	501(C)(3)	20,000.	0.			ONSITE COUNSELING FOR AT RISK CHILDREN
LEARNING HELP CENTERS OF CHARLOTTE 1901 ARCHDALE ROAD CHARLOTTE, NC 28211	45-5097492	501(C)(3)	7,500.	0.			LITERACY PROGRAM AND SUMMER ENRICHMENT ACTIVITIES
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	7,000.	0.			HELP FOR AT-RISK CHILDREN TO ESCAPE ABUSE AND NEGLECT AND TO KEEP THEM OUT OF THE FOSTER CARE
LIFEWORKS OF SONOMA COUNTY 1260 N DUTTON AVENUE SUITE 105 SANTA ROSA, CA 95401	68-0375462	501(C)(3)	7,000.	0.			AT-RISK YOUTH PROGRAMS
LIME FOUNDATION 3327 MCMAUDE PLACE SANTA ROSA, CA 95407	47-2046585	501(C)(3)	7,000.	0.			TRADE ACADEMY FOR DISADVANTAGED YOUTH
LXI P.O. BOX 1784 JOHNSON CITY, TN 37605	47-3719963	501(C)(3)	7,000.	0.			INTER-CITY YOUTH WITH LIFE SKILLS, CLEAR VISION AND HEALTHY RELATIONSHIPS

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MANEGAIT THERAPEUTIC HORSEMANSHIP 3160 N. CUSTER RD. MCKINNEY, TX 75071	26-1525268	501(C)(3)	10,000.	0.			AUDITORY AND LISTENING EQUIPMENT FOR DAILY BRAIN-BUILDING EXERCISES
MATRIX, A PARENT NETWORK AND RESOURCE CENTER - 94 GALLI DRIVE SUITE C - NOVATO, CA 94949	94-2747307	501(C)(3)	7,500.	0.			TRAINING PROGRAMS FOR FAMILIES OF CHILDREN WITH DISABILITIES
MCCLURE RIVER VALLEY COMMUNITY CENTER - 124 RITTER CIRCLE - MCCLURE, VA 24269	54-1509759	501(C)(3)	10,000.	0.			CHRISTMAS SUPPORT FOR UNDERSERVED CHILDREN IN THE REGION
METROCREST SERVICES, INC. 13801 HUTTON DR., SUITE 150 FARMERS BRANCH, TX 75234	75-1548334	501(C)(3)	18,082.	0.			FOOD BAGS TO CHILDREN DURING THE SUMMER MONTHS
MISTY MEADOWS MITEY RIDERS INC. 455 PROVIDENCE ROAD S. WAXHAW, NC 28173	54-2045099	501(C)(3)	15,000.	0.			EQUINE THERAPY FOR DISABLED CHILDREN
MOUNTAIN REGION SPEECH AND HEARING CENTER - 301 LOUIS ST. SUITE 101 - KINGSFORD, TN 37660	51-0141536	501(C)(3)	11,000.	0.			TREATMENT SCHOLARSHIPS FOR YOUTH
MULTI-CULTURAL COMMUNITY STUDENT UNION - P.O. BOX 1938 - CONCORD, NC 28026	56-2037039	501(C)(3)	9,000.	0.			MATH AND MUSIC PROGRAM FOR AT RISK CHILDREN
NATIONAL AMBUCS, INC. (LAS VEGAS CHAPTER) - 1000 RANCHO CIRCLE - LAS VEGAS, NV 89107	90-1109753	501(C)(3)	7,000.	0.			CUSTOM ADAPTIVE TRICYCLES TO CHILDREN IN THE GREATER LAS VEGAS AREA
NEVADA BALLET THEATRE, INC. 1651 INNER CIRCLE LAS VEGAS, NV 89134	94-2427112	501(C)(3)	6,500.	0.			DANCE UNIFORMS FOR CHILDREN IN LOW-INCOME COMMUNITIES

Schedule I (Form 990)



SPEEDWAY CHILDREN'S CHARITIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA DIABETES ASSOCIATION FOR CHILDREN AND ADULTS - 6585 HIGH STREET, STE. 219 - LAS VEGAS, NV 89113	88-0386000	501(C)(3)	7,500.	0.			CAMP FOR CHILDREN AND TEENS IN SOUTHERN NEVADA WITH TYPE 1 DIABETES
NEW HORIZONS CENTER FOR LEARNING 6701 WEST CHARLESTON BLVD. LAS VEGAS, NV 89146	88-0124435	501(C)(3)	10,000.	0.			PROGRAM FOR SPECIAL EDUCATION STUDENTS TO BECOME INDEPENDENT AND PRODUCTIVE MEMBERS OF
NLSWONGER CHILDREN'S HOSPITAL -- MOUNTAIN STATES/BALLAD HEALTH - 303 MED TECH PARKWAY SUITE 370 - JOHNSON CITY, TN 37604	62-0476282	501(C)(3)	6,975.	0.			TABLE TOUCH TECHNOLOGY TO EASE ANXIETIES
ON THE MOVE 714 MENDOCINO AVENUE SANTA ROSA, CA 95401	75-3149095	501(C)(3)	6,000.	0.			THERAPEUTIC INTERVENTION PROGRAMS FOR CHILDREN OF POST TRAUMATIC STRESS
ONE ACRE CAF P.O. BOX 3411 JOHNSON CITY, TN 37602	46-0971039	501(C)(3)	8,000.	0.			FEEDING PROGRAM FOR CHILDREN
PALMETTO CITIZENS AGAINST SEXUAL ASSAULT - 106 NORTH YORK STREET - LANCASTER, SC 29720	57-0811359	501(C)(3)	10,000.	0.			EXAM FOR CHILDREN THAT HAVE BEEN ABUSED
PARKLAND FOUNDATION 1341 W. MOCKINGBIRD LN. SUITE 1100E DALLAS, TX 75247	75-2089180	501(C)(3)	10,000.	0.			MEDICAL AND DENTAL SERVICES TO HOMELESS CHILDREN
PAT'S PLACE CHILD ADVOCACY CENTER 901 EAST BLVD. CHARLOTTE, NC 28203	20-1820596	501(C)(3)	22,000.	0.			SUPPORT PROGRAM FOR CHILDREN OF SEXUAL ABUSE
PEDIPLACE 502 SOUTH OLD ORCHARD LANE, SUITE 1 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	6,706.	0.			STAFF LAPTOPS USED FOR CLIENT INTAKE, RECORD KEEPING & CHARTING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	8,000.	0.			POSITIVE PARENTING PROGRAM
PETALUMA POLICING FOUNDATION 969 PETALUMA BLVD NORTH PETALUMA, CA 94952	46-5547348	501(C)(3)	10,000.	0.			EDUCATION OF HIGH SCHOOL STUDENTS ON THE REALITY DANGER AND CONSEQUENCES OF DRUNK DRIVING,
PIEDMONT RESIDENTIAL DEVELOPMENT CENTER, INC. - 601 COACH STREET - KANNAPOLIS, NC 28083	59-1719434	501(C)(3)	46,500.	0.			ELECTRIC GENERATOR TO SUSTAIN MEDICAL ASSISTANCE OF RESIDENCE
POWER CROSS MINISTRIES 1133 W. FRONT ST. STATESVILLE, NC 28677	14-1989435	501(C)(3)	30,000.	0.			FOOD FOR AFTERSCHOOL PROGRAM OF LOW INCOME CHILDREN
PROJECT 658 3646 CENTRAL AVE. CHARLOTTE, NC 28205	46-2956418	501(C)(3)	10,000.	0.			EARLY CHILDHOOD DEVELOPMENT PROGRAM TO SUPPORT LOW INCOME CHILDREN
READING BUDDIES 147 CHARLTON COURT BLUFF CITY, TN 37618	20-5005906	501(C)(3)	11,000.	0.			READING PROGRAM TO ENSURE CHILDREN ARE READING AT GRADE LEVEL
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	22,000.	0.			NUTRITIOUS FOOD TO FOOD INSECURE FAMILIES WITH CHILDREN.
RIDIN' HIGH THERAPEUTIC HORSE PROGRAM - 1525 MORNINGSIDE DRIVE - MORRISTOWN, TN 37814	62-1752021	501(C)(3)	10,000.	0.			THERAPY FOR CHILDREN DISPLACED FROM HOMES
RISE UP! P.O. BOX 4426 JOHNSON CITY, TN 37602	62-1641099	501(C)(3)	11,000.	0.			NUTRITION PROGRAM, LEADERSHIP TRAINING AND ENRICHMENT FIELD TRIPS FOR STUDENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER'S WAY OUTDOOR ADVENTURE CENTER - 10 6TH STREET - BRISTOL, TN 37620	62-1542726	501(C)(3)	8,000.	0.			OUTDOOR ACTIVITIES FOR DISABLED CHILDREN
RONALD MCDONALD HOUSE CHARITIES OF LAS VEGAS - 2323 POTOSI ST. - LAS VEGAS, NV 89146	94-3108570	501(C)(3)	10,000.	0.			PREVENTATIVE AND RESTORATIVE DENTAL CARE TO CHILDREN FROM LOW-INCOME FAMILIES IN
RONALD MCDONALD HOUSE OF CHARLOTTE, INC. - 1613 E. MOREHEAD STREET - CHARLOTTE, NC 28207	20-4671570	501(C)(3)	12,000.	0.			LODGING FACILITY FOR FAMILIES WITH HOSPITALIZED CHILDREN
ROSELAND CHARTER SCHOOL 1691 BURBANK AVENUE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	8,000.	0.			COLLEGE MENTOR PROGRAM
ROWAN HELPING MINISTRIES 226 N. LONG ST. SALISBURY, NC 28144	56-1544532	501(C)(3)	7,500.	0.			WEEKEND FOOD ASSISTANCE FOR SCHOOL CHILDREN
RUNNINGWORKS, INC. 401 HAWTHORNE LANE, #110-317 CHARLOTTE, NC 28204	45-4505930	501(C)(3)	7,000.	0.			ATHLETIC AND CHARACTER TRAINING PROGRAM FOR CHILDREN & TEENS
SAFE ALLIANCE 601 EAST FIFTH STREET, SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)(3)	20,000.	0.			DOMESTIC VIOLENCE SHELTER CHILDREN'S PROGRAM
SANTA PAL P.O. BOX 212 BRISTOL, VA 24203	31-1794923	501(C)(3)	10,800.	0.			CHRISTMAS GIFTS FOR UNDERPRIVILEGED CHILDREN
SECOND HARVEST FOOD BANK OF NORTHEAST TN - 1020 JERICHO DRIVE - KINGSFORD, TN 37663	62-1303822	501(C)(3)	12,000.	0.			NUTRITION FOR CHILDREN IN NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER HEALTH SERVICES, INC. 534 SPRATT STREET CHARLOTTE, NC 28206	20-3041985	501(C)(3)	7,500.	0.			HEALTHCARE & MEDICAL SERVICES FOR HOMELESS CHILDREN
SHEPARD'S INN P.O. BOX 2214 ELIZABETHTON, TN 37644	62-1690064	501(C)(3)	9,000.	0.			EMERGENCY SHELTER, WOMEN AND CHILDREN
SHINING HOPE FARMS 328 WHIPPOORWILL LANE MT. HOLLY, NC 28120	30-0067482	501(C)(3)	15,000.	0.			EQUINE THERAPY FOR MEDICALLY FRAGILE
SMALL MIRACLES THERAPEUTIC EQUESTRIAN CENTER - 1026 ROCK SPRINGS DRIVE - KINGSFORT, TN 37664	62-1603341	501(C)(3)	11,000.	0.			EQUINE THERAPY FOR DISABLED CHILDREN
SOMERSET ACADEMY OF LAS VEGAS 6630 SURREY ST. LAS VEGAS, NV 89119	27-5393412	501(C)(3)	9,621.	0.			MUSICAL INSTRUMENTS FOR SCHOOL AGED CHILDREN, GRADES K-12.
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - 250 D STREET SUITE 200 - SANTA ROSA, CA 95404	68-0137105	501(C)(3)	7,000.	0.			FREE BOOKMOBILE SONOMA COUNTY CHILDREN'S SERVICES
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	7,000.	0.			WATERSHED SCIENCE PROGRAM FOR ELEMENTARY STUDENTS
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	65-0429128	501(C)(3)	8,000.	0.			SONOMA VALLEY MENTORING PROGRAM FOR AT-RISK YOUTH
SONOMA VALLEY TEEN SERVICES DBA TEEN SERVICES SONOMA - 17440 SONOMA HIGHWAY - SONOMA, CA 95476	68-0390038	501(C)(3)	9,500.	0.			WORK READINESS TRAINING AND CAREER EXPLORATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE - 418 N STATE OF FRANKLIN ROAD - JOHNSON CITY, TN 37604	62-1578123	501(C)(3)	10,000.	0.			LODGING FACILITY FOR FAMILIES WITH HOSPITALIZED CHILDREN
SOUTHWEST DIABETIC FOUNDATION PO BOX 918 GAINESVILLE, TX 76241	75-6002547	501(C)(3)	12,000.	0.			MEDICAL SUPPLY COST OF LANCETS NEEDED BY CAMPERS TO TEST BLOOD SUGAR LEVELS
SPECIAL OLYMPICS GA INC. (HENRY CO. PARKS / RECREATION) - 10 CLEVELAND STREET - LOCUST GROVE, GA 30248	23-7201676	501(C)(3)	6,000.	0.			YEAR ROUND OLYMPIC TYPE TRAINING AND COMPETITIONS TO THOSE WITH INTELLECTUAL DISABILITIES
SPECIAL OLYMPICS NORTH CAROLINA, INC. - 7321 RAGING RIDGE ROAD - HARRISBURG, NC 28075	56-1149607	501(C)(3)	6,000.	0.			ATHLETIC PROGRAM FOR DISABLED CHILDREN
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC DR., STE. 160 HENDERSON, NV 89074	22-3829041	501(C)(3)	7,500.	0.			BOOKS AND BOOK BAGS TO SCHOOL-AGED CHILDREN
SULLIVAN CO. SHERIFF'S OFFICE AUXILIARY - P.O. BOX 589 - BLOUNTVILLE, TN 37617	27-0052413	501(C)(3)	10,000.	0.			MEETING CHILDREN'S BASIC NEEDS AT CHRISTMAS
SULLIVAN COUNTY IMAGINATION LIBRARY - 500 MARYLAN AVENUE - BRISTOL, TN 37620	55-0860873	501(C)(3)	7,000.	0.			BOOKS FOR CHILDREN
SUNNY HILLS SERVICES DBA SIDE BY SIDE - 300 SUNNY HILLS DRIVE - SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	8,000.	0.			PROGRAM STAFFING AND COST OF THERAPEUTIC EXCURSIONS, FEES AND TRAVEL COSTS
SUPPORT OUR STUDENTS 319 SOUTH E STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	7,000.	0.			SOS JUVENILE DIVERSION PROGRAM SET UP AND STAFF TRAINING

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEARNING COLLABORATIVE PO BOX 220488 CHARLOTTE, NC 28205	56-1668333 501(C)(3)		11,000.	0.			FOOD PROGRAM FOR IMPOVERISHED PRESCHOOL
THE LIVING ROOM CENTER, INC. 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876 501(C)(3)		8,000.	0.			MULTI-LEVELED SUPPORT FOR HOMELESS AND AT-RISK WOMEN AND CHILDREN.
THE LULLABY CONNECTION 1633 W. WARM SPRINGS RD. HENDERSON, NV 89014	88-0500044 501(C)(3)		6,500.	0.			CARE BAGS FOR NEWBORN INFANTS
THE RELATIVES, INC. 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022 501(C)(3)		10,000.	0.			HOUSING PROGRAM FOR KIDS AGING OUT OF FOSTER CARE
THE SALVATION ARMY 93 STONY CIRCLE SANTA ROSA, CA 95401	09-1156347 501(C)(3)		7,000.	0.			DOUBLE PUNCHES BOXING CLUB PROGRAM FOR LOW INCOME FAMILIES
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	58-0660607 501(C)(3)		15,000.	0.			MENTORING FOR LOW INCOME CHILDREN
THE SALVATION ARMY, A GEORGIA CORPORATION - 715 N. MAIN STREET - LOWELL, NC 28098	58-0660607 501(C)(3)		7,000.	0.			AFTERSCHOOL & SUMMER PROGRAMS FOR AT-RISK KIDS
THREE SQUARE 4190 N. PECOS RD. LAS VEGAS, NV 89115	30-0396918 501(C)(3)		7,289.	0.			WEEKEND FOOD BAGS FOR UNDER-PRIVILEGED SCHOOL-AGED CHILDREN
TLC COMMUNITY CENTER 145 JUDGE DON LEWIS BLVD ELIZABETHTON, TN 37643	32-0039948 501(C)(3)		9,000.	0.			MEALS, PLAY SPACES AND READING MATERIALS TO HIGH RISK KIDS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOURO UNIVERSITY NEVADA 874 AMERICAN PACIFIC DR. HENDERSON, NV 89014	20-0363127	501(C)(3)	5,130.	0.			PLAY, SPORTS AND EXERCISE FOR CHILDREN WITH AUTISM AND OTHER DEVELOPMENTAL DISABILITIES
TOWN SQUARE INC. FOOD MINISTRIES P.O. BOX 338 GLADE SPRING, VA 24340	54-1897853	501(C)(3)	8,500.	0.			FOOD BOXES FOR CHILDREN IN POVERTY
UNITED WAY OF SOUTHWEST VIRGINIA P.O. BOX 644 ABINGDON, VA 24210	54-0718860	501(C)(3)	8,000.	0.			BACKPACK FEEDING PROGRAM FOR CHILDREN
UNITED WAY OF WASHINGTON COUNTY 1907 N ROAN ST. SUITE 409 JOHNSON CITY, TN 37601	62-6001105	501(C)(3)	7,000.	0.			GUIDED READING SUPPORT IN DIGITAL SETTING
URBANPROMISE CHARLOTTE 6210 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	47-2302870	501(C)(3)	12,000.	0.			LITERACY AND CHARACTER FOCUSED OUT OF SCHOOL PROGRAMS
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - 112 CHILDREN'S CIRCLE - SANTA ROSA, CA 95409	68-0343720	501(C)(3)	7,500.	0.			DENTAL PROGRAM FOR CHILDREN WHO ENTER INTO EMERGENCY FOSTER CARE IN SONOMA COUNTY.
WAITING TO HEAR 4128 FORT HENRY DRIVE SUITE D 165 KINGSPORT, TN 37663	47-1332019	501(C)(3)	10,000.	0.			CAMP FOR HEARING IMPAIRED CHILDREN
WASHINGTON COUNTY FRIENDS OF SANTA P.O. BOX 54 ABINGDON, VA 24212	54-1778277	501(C)(3)	6,700.	0.			ASSISTANCE FOR NEEDY CHILDREN AT CHRISTMAS
YMCA OF BRISTOL 400 MLK JR. BLVD BRISTOL, TN 37620	62-0521204	501(C)(3)	11,000.	0.			AFTERSCHOOL PROGRAM FOR KIDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOKEFELLOW MINISTRY OF GREATER STATESVILLE - 1386 SHELTON AVE. - STATESVILLE, NC 28677	56-1010615	501(C)(3)	15,000.	0.			SUPPLIES FOR INFANTS OF LOW INCOME FAMILIES
YOUNG LIFE BRISTOL P.O. BOX 548 BRISTOL, TN 37621	84-0385934	501(C)(3)	10,000.	0.			SUMMER CAMP FOR MIDDLE AND HIGH SCHOOL STUDENTS
YOUNG LIFE KINGSFORT P.O. BOX 3374 KINGSFORT, TN 37664	84-0385934	501(C)(3)	8,000.	0.			MINISTRY TO HIGH SCHOOL STUDENTS
YOUNG LIFE UPPER EAST TENNESSEE P.O. BOX 4716 JOHNSON CITY, TN 37602	84-0385934	501(C)(3)	11,000.	0.			SUMMER CAMP
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 811 3RD STREET - SANTA ROSA, CA 95404	94-2347428	501(C)(3)	8,000.	0.			BASIC NEEDS SUCH AS FOOD, SHELTER, CLOTHING FOR VICTIMS OF DOMESTIC VIOLENCE
YWCA NETN AND SWVA 106 STATE ST. BRISTOL, TN 37620	62-0488044	501(C)(3)	11,000.	0.			AFFORDABLE QUALITY CHILDCARE



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

SPEEDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH

VARIOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE

GRANT RECIPIENT.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:**

CANDLELIGHTERS FOR CHILDHOOD CANCER OF NEVADA

**(H) PURPOSE OF GRANT OR ASSISTANCE:** EMOTIONAL SUPPORT, QUALITY OF LIFE

**Part IV** Supplemental Information

PROGRAMS, AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR FAMILIES

AFFECTED BY CHILDHOOD CANCER

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR POSITIVELY KIDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIALIZED THERAPEUTIC TOYS AND

GAMES FOR THE MEDICALLY FRAGILE AND/OR DEVELOPMENTALLY DELAYED CHILDREN

ENROLLED IN OUR EARLY INTERVENTION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICES FOR YOUNG WOMEN AT THE

SONOMA COUNTY JUVENILE HALL AND VALLEY OF THE MOON CHILDREN'S HOME

NAME OF ORGANIZATION OR GOVERNMENT: NEW HORIZONS CENTER FOR LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM FOR SPECIAL EDUCATION

STUDENTS TO BECOME INDEPENDENT AND PRODUCTIVE MEMBERS OF SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA POLICING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION OF HIGH SCHOOL STUDENTS ON

THE REALITY DANGER AND CONSEQUENCES OF DRUNK DRIVING, UNDERAGE DRINKING,

DISTRACTED DRIVING.

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE CHARITIES OF LAS VEGAS

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTATIVE AND RESTORATIVE DENTAL

CARE TO CHILDREN FROM LOW-INCOME FAMILIES IN SOUTHERN NEVADA

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **SPEEDWAY CHILDREN'S CHARITIES** Employer identification number **56-1331429**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	70	32,230.	SELLING PRICE
26 Other ( FOOD/BEVERAGE )	X	10	28,502.	SELLING PRICE
27 Other ( PRIZES )	X	64	11,232.	SELLING PRICE
28 Other ( SUPPLIES )	X	1	120.	SELLING PRICE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

ON OCCASION, AUCTIONEERS MAY BE USED TO SELL ITEMS DURING FUNDRAISING EVENTS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number  
56-1331429

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPEEDWAY CHILDREN'S CHARITIES PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS

AND PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS THAT MEET THE DIRECT

NEEDS OF CHILDREN WITH MEDICAL, EDUCATIONAL OR SOCIAL CHALLENGES.

FORM 990, PART VI, SECTION A, LINE 2:

O. BRUTON SMITH AND MARCUS SMITH HAVE A FAMILY RELATIONSHIP.

CLAUDIA BYRD AND JERRY CALDWELL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE NATIONAL BOARD OF DIRECTORS AND AUDIT COMMITTEE

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO BOARD MEMBERS,

KEY EMPLOYEES AND OFFICERS TO SIGN. IF A CONFLICT OF INTEREST IS

DISCLOSED, IT IS REVIEWED BY THE BOARD AND VOTED ON TO DETERMINE IF A

CONFLICT OF INTEREST EXISTS. THE INDIVIDUAL HAS THE OPPORTUNITY TO EXPLAIN

THE ALLEGED FAILURE. IF THE BOARD DETERMINES A CONFLICT OF INTEREST

EXISTS, CORRECTIVE ACTION IS TAKEN.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DC, AK

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL

STATEMENTS ARE MADE AVAILABLE UPON REQUEST. DOCUMENTS MAY BE MAILED OR

EMAILED TO PERSON REQUESTING DOCUMENTS. DOCUMENTS ARE ALSO AVAILABLE

ONLINE AT [SPEEDWAYCHARITIES.ORG](http://SPEEDWAYCHARITIES.ORG).

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number  
56-1331429

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SPEEDWAY MOTORSPORTS LLC - 51-0363307									
5401 E. INDEPENDENCE BLVD									
CHARLOTTE, NC 28212	MOTORSPORTS PROMOTER	DE		C CORP					X
NEW HAMPSHIRE MOTOR SPEEDWAY INC. -									
01-0443099, 1122 ROUTE 106 N, LOUDON, NH									
03307	MOTORSPORTS PROMOTER	NH		C CORP					X
OIL CHEM RESEARCH CORPORATION - 36-3608293									
5283 HIGHWAY 49 S.	MANUFACTURER OF								
HARRISBURG, NC 28075	LUBRICANTS	IL		C CORP					X
US LEGEND CARS INTERNATIONAL INC. -									
56-1780351, 5245 HIGHWAY 49 S., HARRISBURG,	MANUFACTURER OF RACE								
NC 28075	CARS	NC		C CORP					X
NORTH WILKESBORO SPEEDWAY INC. - 56-0622079									
381 SPEEDWAY LANE									
NORTH WILKESBORO, NC 28659	INACTIVE	NC		C CORP					X



**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
INEX CORPORATION - 56-1861546 5245 HIGHWAY 49 S. HARRISBURG, NC 28075	AUTO RACING SANCTIONING BODY	NC		C CORP					X
SPEEDWAY FUNDING II INC. - 84-3060646 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	BOND GUARANTOR	NC		C CORP					X
SPEEDWAY CONSULTING AND DESIGN LLC - 56-1802347, 5401 E. INDEPENDENCE BLVD, CHARLOTTE, NC 28212	INACTIVE	NC		C CORP					X
SMI SYSTEMS LLC - 56-2114978 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	PAYROLL PROVIDER	NV		C CORP					X
SMT TRACKSIDE LLC - 11-3663310 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	SOUVENIR VENDOR	NC		C CORP					X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	SPEEDWAY MOTORSPORTS LLC	C	32,518	CASH, FAIR MARKET VALUE
<b>(2)</b>	SPEEDWAY MOTORSPORTS LLC	M	72,580	COST
<b>(3)</b>	SPEEDWAY MOTORSPORTS LLC	P	102,923	COST
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	