Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2017 cale	ndar year, or tax year beginning Oct 1 , 2017, and endi	ng S	Sep 30	, 20 18
В	Check if a	applicable:	C Name of organization SPEEDWAY CHILDREN'S CHARITIES		D Employ	er identification number
	Address	8	Doing business as	- u - '	56-1	331429
	Name cha		Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite		ne number
	Initial retu		5401 E. INDEPENDENCE BLVD		(704)532-3306
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		(,01	7002 0000
	Amended	. 8	CHARLOTTE, NC 28212		G Gross re	eceipts \$ 5,054,109.
			F Name and address of principal officer:	IJ/a\ la thia		subordinates? Yes No
ш	Application	on pending		1878		
	- 1		O. Bruton Smith, PO Box 18747, Charlotte, NC 282			s included? L Yes No a list. (see instructions)
<u>. </u>		npt status:				n
	Website:		peedwaycharities.org		up exemption	
1			X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	ation: 19	82 M State	of legal domicile: NC
ľ	art I	Summ				
			escribe the organization's mission or most significant activities: $\underline{\mathtt{Spee}}$			
Activities & Governance		primar	y exempt purpose is to raise funds and provide gra	ints to	non-prof	it organizations
nar		that m	eet the needs of children with medical, educati	onal or	social	challenges.
Ver	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more th	an 25% of	its net assets.
9	3	Number of	of voting members of the governing body (Part VI, line 1a)		. 3	17
ංජ	4	Number of	of independent voting members of the governing body (Part VI, line 1b)	. 4	17
ijes	5	Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	0
ţi	6	Total nun	nber of volunteers (estimate if necessary)		. 6	2,100
Ac	1		elated business revenue from Part VIII, column (C), line 12		. 7a	-25.
			ated business taxable income from Form 990-T, line 34		. 7b	-25.
			,		Year	Current Year
41	8	Contribut	tions and grants (Part VIII, line 1h)	4.0	64,331.	3,861,155.
Jue			service revenue (Part VIII, line 2g)	4,0	04,001.	5,001,133.
Revenue			nt income (Part VIII, column (A), lines 3, 4, and 7d)		-11.	
Re			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_ ?	14,174.	-32,164.
	1					
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50,146.	3,828,991.
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)	3,1	31,467.	3,245,875.
	i		paid to or for members (Part IX, column (A), line 4)			
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5–10)		-	
ens			onal fundraising fees (Part IX, column (A), line 11e)			
Х			draising expenses (Part IX, column (D), line 25) 728,111.			
	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		93,669.	841,780.
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		25,136.	4,087,655.
	19	Revenue	less expenses. Subtract line 18 from line 12		74,990.	-258,664.
Net Assets or Fund Balances					Current Year	End of Year
sets	20	Total ass	ets (Part X, line 16)	3,4	22,313.	3,242,526.
ot As	21	Total liab	ilities (Part X, line 26)	2	34,529.	313,406.
žĒ	22		ts or fund balances. Subtract line 21 from line 20	3,1	87,784.	2,929,120.
P	art II	Signat	ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and stat			my knowledge and belief, it is
tru	ie, correct	t, and compl	lete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any kn	owledge.	
			Made to the same and the		7/	7/2010
Sig	gn	Sign	ature of officer		Date	+12019
Here		Ch	arles H. Swannack, Jr., Executive Director			
			e or print name and title			
	al al	Print/Ty	pe preparer's name Preparer's signature [Date	CI.	PTIN
Pa			0 10 0		Check self-em	
	epare	220	- Self-Prepared			I
US	se Onl	У	ddress >		Firm's EIN ▶	
Ma	v the IR		s this return with the preparer shown above? (see instructions)		Phone no.	□ Vaa ☑ Na
1010	y and in		a the retain with the proparer shown above: (see motructions)			Yes X No

lfelfu		nent of Program Service		Nl. 11f	
1		ribe the organization's missi	esponse or note to any line in this P	'art III	<u> L</u>
	-	_		o in to make funda and	
			es' primary exempt purpos		
			t organizations that meet ational or social challer		
	curraren	with medical, educ	actoriat or social charter	iges.	
2	Did the orga	anization undertake any sign	ificant program services during the ye	ear which were not listed on the	
-			· · · · · · · · · · · · · · · · · · ·		Yes ⊠ No
		scribe these new services or			res MINO
3			g, or make significant changes in I	how it conducts any program	
0					Yes ⊠ No
		scribe these changes on Sch			Tes MINO
4	•	9	edule o. rvice accomplishments for each of its	n three largest program convices as	manaurad by
*	expenses. S	Section 501(c)(3) and 501(c)(4) organizations are required to repo for each program service reported.		
4a			3,354. including grants of \$ 3,2		
			t the year by holding aud		
	-		numerous other events. T		
			<u>peedway Children's Charit</u>		
	to 501(c)(3) nonprofit orga	nizations that complied w	vith our exempt	
			/30/18 Speedway Children'		
			ver 400 children's progra		
			Since 1982 the organiza		
	more tha	n \$52 million in gr	ants, assisting children	in need with the	
	tools to	build a better, br	ighter and healthier futu	ire.	
4b	(Code:	\ (Eynansas \$	including grants of \$) (Rayanua \$	
40	`				

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

				••••••	

				••••••	
4d		ram services (Describe in Sc			
4d	(Expenses S) ⇒\$)	

2 Is 3 D ca 4 Se el 5 Is as Pa	Checklist of Required Schedules state organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," omplete Schedule A	1 2 3	Yes X	No
2 Is 3 D ca 4 Se el 5 Is as Pa	omplete Schedule A	3	×	140
2 Is 3 D ca 4 Se el 5 Is as Pa	omplete Schedule A	3		
2 Is 3 D ca 4 Se el 5 Is	s the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)?	3		,
3 D ca 4 Si el 5 Is	old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to andidates for public office? If "Yes," complete Schedule C, Part I	3	^	
4 Se el 5 Is as Pe	ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
el 5 I s as <i>Pi</i>				×_
as Pa		4		×
6 D	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
ha	olid the organization maintain any donor advised funds or any similar funds or accounts for which donors ave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part I	6		×
7 D	old the organization receive or hold a conservation easement, including easements to preserve open space, ne environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8 D	oid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III	8		×
9 D	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a ustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or lebt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10 D	Did the organization, directly or through a related organization, hold assets in temporarily restricted indowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11 If	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		×
a D	old the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
b D	omplete Schedule D, Part VI	11a	×	
c D	If its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	×
	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
	oid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	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)? If "Yes," complete Schedule D, Part X.	11f	×	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
	Vas the organization included in consolidated, independent audited financial statements for the tax year? If Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 Is	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
fu	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, undraising, business, investment, and program service activities outside the United States, or aggregate			
	oreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or or any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
	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? If "Yes," complete Schedule F, Parts III and IV	16		×
17 D	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? If "Yes," complete Schedule G, Part I (see instructions)	17		
18 D	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			×
19 D	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? f "Yes," complete Schedule G, Part III	18	×	

	• ,			
Part IV	Checklist	of Required	Schedules	(continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	×	
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	22		×
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	23		×
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	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a		24c 24d		
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	25a		_ <u>×</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or	25b		<u>×</u>
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	×	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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? <i>If "Yes," complete Schedule R, Part I </i>	33		×
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	34	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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	36		×
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	37	<u> </u>	×
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.	38	×	
		Г	000	(2017)

Form 990	9 (2017)		l	Page 5
Part \		***************************************	***************************************	
	Check if Schedule O contains a response or note to any line in this Part V			, \Box
4			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	reportable gaming (gambling) winnings to prize winners?	4 -		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	×	
200	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	×	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6-		١.,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		×
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a .	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	·			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- ~		
10	Section 50 I(c)(I) organizations. Enter.			

100000000000000000000000000000000000000	DEVOCAMONA PRO		 1 (0047)
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	×
C	Enter the amount of reserves on hand		
	the organization is licensed to issue qualified health plans		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	Note. See the instructions for additional information the organization must report on Schedule O.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 200900000000000000000000000000000000000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	against amounts due or received from them.)		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	Gross income from members or shareholders		
11	Section 501(c)(12) organizations. Enter:		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10	Section 501(c)(7) organizations. Enter:	30	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
9	Sponsoring organizations maintaining donor advised funds.		
-	sponsoring organization have excess business holdings at any time during the year?	8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	811	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	^
f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6	 ×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	V
d	required to file Form 8282?	7c	×
	to the organization self, exchange, or otherwise dispose of tangible personal property for which it was	l _	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ions.
Section	on A. Governing Body and Management		•	
			Yes	No
1a	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 in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 15 16 17 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?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	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?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		×
а	The governing body?	8a	×	
þ	Each committee with authority to act on behalf of the governing body?	8b	×	
9	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 in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Ci	<u>_</u>	
400	Did the aggregation have lead charters by makes an efficiency	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1	×
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?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed AK continued on sched Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ule. n 501(O (c)(3)s	only)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Nancy Bisson, 5401 E. Independence Blvd, Charlotte, NC 28212 (704)532-3306		: ▶	

Form 990 (2017)

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

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted line)	bo of directo	unles	Pos eck s pe	rson	e than of is both or/trust Highest compensated	an	(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
(1)O. Bruton Smith	0.20	×		×						
Chairman	40.00			^				0.	0.	0.
(2) Marcus Smith Vice Chairman	0.20	×		×				0.	0.	0.
(3) Claudia Byrd Director	40.00	×						0.	0.	0.
(4) Jerry Caldwell	0.20									
Director	40.00	×						0.	0.	0.
(5) Ed Clark Director	0.20	×						0.	0.	0.
(6) Conrad Clement Director	0.30	×						0.	0.	0.
(7) Ray Evernham Director	0.20	×						0.	0.	0.
(8) Eddie Gossage Director	0.20	×			-			0.	0.	0.
(9) Jeff Hammond Director	0.20	×						0.	0.	0.
(10) Don Hawk Director	0.20	×						0.	0.	0.
(11) David McGrath Director	0.20	×						0.	0.	0.
(12) Steve Page Director	0.20							0.	0.	0.
(13) Chris Powell Director	0.20							0.	0.	0.
(14) Tyler Schropp Director	0.20	×						0%.	0.	0.

REV 09/12/18 PRO

Part VII	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ontinue	d)
	(A) Name and title	(B) Average hours per week (list any	do not check more than box, unless person is bot officer and a director/trus						compensation	(E) Reportable compensation for related	e Estir from amo	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organizations
	imendinger	0.20										
Direct (16) Greg W	21+22	40.00	×						0.		0.	0.
Direct		40.00	×						0.		0.	0.
(17) Darrel	l Waltrip	0.20										
Direct		0.00	×						0.		0.	0.
	Green III	1.00			×							0
Secret (19) Carla		0.00			^				0.		0.	0.
	rer/Assistant Secretary	40.00			×				0.		0.	0.
	Swannack, Jr.	40.00										
	ive Director	0.00			×				0.	60,05	54.	0.
(21)												
(22)												
(23)												
(24)										}		
(25)												
1201												
1b Sub-t	otal			•	•		•		0.	60,05	54.	0.
	from continuation sheets to Part	•										
2 Total	(add lines 1b and 1c)	t not limited						▶ e) w	0. ho received m	60,05 ore than \$10		O.
3 Did t	able compensation from the organic ne organization list any former of oyee on line 1a? If "Yes," complete s	ficer, direc							oloyee, or high	-		Yes No
organ	ny individual listed on line 1a, is the ization and related organizations	greater th	an \$	150,	000)? /	f "Ye	s, "	complete Sch			
5 Did a	ny person listed on line 1a receive crvices rendered to the organization	or accrue co	ompe	nsat	tion	fro	n any	/ un	related organi	zation or indi		5 ×
	ndependent Contractors	,									•	5 X
1 Comp	plete this table for your five highest on the ensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of s	services	С	(C) ompensation
	number of independent contractored more than \$100,000 of compens							o th	nose listed ab	ove) who		101

Principal and Company of the Company	90 (2017							Page 9
Part	VIII	Statement of Reve						
		Check if Schedule C) contains a resp	oonse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s 1a			, 0.000		012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
s, G	С	Fundraising events .	1c	2,579,714.				
Gifts, ilar An	d	Related organizations	s 1d	376,303.				
JS, (е	Government grants (con						
er S	f	All other contributions, g						
햙		and similar amounts not inc		905,138.				
Contributions, and Other Sim	9	Noncash contributions include		434,520.	0 001 155			
	<u>h</u>	Total. Add lines 1a-1	<u>†</u>	▶ Business Code	3,861,155.			
Program Service Revenue	2a			Dusiness Code				
ě	za b							
e	c							
ervi	d							
E	е							
gra	f	All other program ser						
Pro	g	Total. Add lines 2a-2						
	3	Investment income						
		and other similar amo	•					
	4	Income from investmen	•	•				
	5	Royalties	(i) Real					
	ο-	O	(I) Real	(ii) Personal		and the last		
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						And the second s
	c d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory					A con-	
	b	Less: cost or other basis and sales expenses .			1000 (2000) 1000 (2000) 1000 (2000)			
		Gain or (loss)						
	9	· ·					10000	
	u	Not gain or (1033)				77		
Other Revenue	8a	Gross income from fu						special control of the second
eve		events (not including \$ of contributions reported)	2,579,714.					The second second second
<u>.</u>		See Part IV, line 18 .		006 540				
Ę	b	Less: direct expenses		020/010.				
0		Net income or (loss) f			-215,473.		0.	-215,473.
		Gross income from ga			2137173.		0.	213/475.
		See Part IV, line 19 .	· · · · a	366,406.			1986	
	b	Less: direct expenses	s b	183,097.				
	С	Net income or (loss) f			183,309.	0.	-25.	183,334.
	10a	Gross sales of in	•					
		returns and allowance	-		Service of the servic	E 1 F		
		Less: cost of goods s Net income or (loss) f		entony -				
	С	Miscellaneous F		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						

3,828,991.

0.

-25.

Total. Add lines 11a-11d.

Total revenue. See instructions.

Part	Statement of Functional Expenses	nnlete all columns	All other organization	as must complete of	Alumn (A)					
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										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,245,875.	3,245,875.	gonoral expenses	oxperises.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages									
9 10	Other employee benefits									
11 a b	Fees for services (non-employees): Management									
c d	Accounting	22,000.	0.	22,000.	0.					
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		<u>162.</u>							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12 13	Advertising and promotion	7,178. 21,509.	0.	0.	7,178. 21,509.					
14 15 16	Information technology	1.040								
17 18	Occupancy	1,842. 31,619.	0.	10,434.	1,842. 21,185.					
19	for any federal, state, or local public officials Conferences, conventions, and meetings									
20 21	Interest									
22 23	Depreciation, depletion, and amortization . Insurance	4,899. 7,653.	0.	0. 2,756.	4,899. 4,897.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	556,000	10.470	65.000						
a b	Payroll Services Tax & License	556,909. 6,795.	13,479.	65,000.	478,430.					
c d	Fundraising Expense	181,376.	0.	0.	6,795. 181,376.					
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	4,087,655.	3,259,354.	100,190.	728,111.					
26	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) if		,	,	,					

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				
	1	Cash—non-interest-bearing	3,150,722.	1	3,039,375.					
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net	230,234.	3						
	4	Accounts receivable, net		0.	4	157,094.				
	5	Loans and other receivables from current and former officers, directo trustees, key employees, and highest compensated employee Complete Part II of Schedule L		5						
fs	6	Loans and other receivables from other disqualified persons (as defined under sect 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a sponsoring organizations of section 501(c)(9) voluntary employees' benefici organizations (see instructions). Complete Part II of Schedule L		6						
Assets	7	Notes and loans receivable, net			7					
ď	8	Inventories for sale or use		23,218.	8	23,218.				
	9	Prepaid expenses and deferred charges		7,384.	9	10,918.				
	10a	Land, buildings, and equipment: cost or								
		other basis. Complete Part VI of Schedule D 10a 51, 47	70.							
	b	Less: accumulated depreciation 10b 39,54	49.	10,755.	10c	11,921.				
	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		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,422,313.	16	3,242,526.				
	17	Accounts payable and accrued expenses		96,465.	17	114,036.				
	18	Grants payable		72,925.	18	76,925.				
	19	Deferred revenue		65,139.	19	122,445.				
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .			21					
Liabilities	22	Loans and other payables to current and former officers, director								
Ĭ		trustees, key employees, highest compensated employees, a			100					
ā		disqualified persons. Complete Part II of Schedule L			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 the parties, and other liabilities not included on lines 17-24). Complete Par								
		of Schedule D			25					
	26	Total liabilities. Add lines 17 through 25		234,529.	26	313,406.				
_			and			313,400.				
es		complete lines 27 through 29, and lines 33 and 34.								
J.	27	Unrestricted net assets		3,187,784.	27	2,929,120.				
39	28	Temporarily restricted net assets			28					
ō	29	Permanently restricted net assets			29					
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □								
Net Assets or Fund Balances		complete lines 30 through 34.								
ts	30	Capital stock or trust principal, or current funds		Table Annual Company September Comment Tradition September 2005 to the Conference of September 2005 to	30	AND THE PROPERTY OF THE PROPER				
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund			31					
Ä	32	Retained earnings, endowment, accumulated income, or other funds .			32					
Net	33	Total net assets or fund balances		3,187,784.	33	2,929,120.				
	34	Total liabilities and net assets/fund balances		3,422,313.	34	3,242,526.				

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		328,9				
2	Protal expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	-:	258,6	64.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	187,7	84.			
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 in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
alvena shekirashkash	33, column (B))	10	2,	929,1	20.			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	<u> </u>			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	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 comparisoned and appropriate basis corrections of the second statements for the year were comparisoned and appropriate basis corrections of the year were comparisoned and the year were com	oiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
р	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 audite separate basis, consolidated basis, or both:	ea on	a					
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or							
С	of the audit, review, or compilation of its financial statements and selection of an independent account		_					
	If the organization changed either its oversight process or selection process during the tax year, ex			×				
	Schedule O.	piain	113					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in					
Ja	the Single Audit Act and OMB Circular A-133?		. 3a		×			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under							
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a							
	, and a second a							

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

Employer identification number

PE	EDV	YAY	CHILDREN	'S CHARITI	IES				56-1331429		
Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
he	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1											
2	——————————————————————————————————————										
3											
4											
5	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
J		sec	ction 170(b)(1	(A)(iv). (Comp	olete Part II.)			·	, 0	ai unit described in	
6 7											
8		Ас	ommunity tru	st described ir	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9		An or ι	agricultural re	search organi	zation described	d in section 170(b)(1) iculture (see instruction	(A)(ix) op	erated in r the nam	conjunction with a lance, city, and state of	and-grant college the college or	
10		rec sup	eipts from act oport from gro	ivities related ss investment	to its exempt full income and uni	e than 331/3% of its sonctions—subject to corelated business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	1 33½% of its	
			-	-	•	sively to test for public	-				
12						ively for the benefit o					
						ns described in sect i					
					=	scribes the type of sur		-	•		
i	3		the supported	d organization	(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t			
. !)		Type II. A sup control or ma	oporting orgar nagement of	nization supervis the supporting o	sed or controlled in co organization vested in V, Sections A and C	nnection the same	with its s			
(ting organization oper ns). You must comp				ally integrated with,	
(k		that is not fur	nctionally integ	grated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	ution requirement an		
•	9					a written determination				e II, Type III	
1					organizations .						
						oorted organization(s)	T				
	(i)	Nam	e of supported org	ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
							Yes	No			
A)											
B)											
C)											
D)											
—— E)											
٠	. 1										

Part	I Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
200000000000000000000000000000000000000	(Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	•
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,052,930.	3,648,199.	3,867,703.	4,064,331.	3,861,155.	18,494,318.
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		2 050 020	2 640 100	2 267 702	4 064 221	0.061.155	10 101 010
4	Total. Add lines 1 through 3	3,052,930.	3,648,199.	3,867,703.	4,064,331.	3,861,155.	18,494,318.
5	The portion of total contributions by						
	each person (other than a					to the second	
	governmental unit or publicly					The state of the s	
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					AND SECTION OF THE PROPERTY OF	1,382,650.
6	Public support. Subtract line 5 from line 4						17,111,668.
	on B. Total Support						11,111,000.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					<u> </u>	18,494,318.
8	Gross income from interest, dividends,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,151,554	0,002,200.	20/101/0201
_	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.)	1,126,512.	1,112,792.	1,275,494.	1,216,110.	1,192,954.	5,923,862.
11	Total support. Add lines 7 through 10		<u> </u>				24,418,180.
12	Gross receipts from related activities, etc					12	= 1 () ()
13	First five years. If the Form 990 is for t						
Sooti	organization, check this box and stop he on C. Computation of Public Suppo	rt Dorooptos					
	Public support percentage for 2017 (line			11 001,000 (0)		14	70.000
14 15	Public support percentage for 2017 (infe Public support percentage from 2016 Sc		-			15	70.08 % 68.76 %
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test—2016. If the organ						_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2	2 017 . If the ora	anization did r	not check a bo	ox on line 13 1	6a or 16b an	ıd line 14 is
110	10% or more, and if the organization m						
	Part VI how the organization meets the						
				_	· ·		🕨 🥅
b	10%-facts-and-circumstances test-2	2016. If the ora	anization did i	not check a bo	ox on line 13.	16a, 16b. or 1	7a, and line
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization	meets the "fac	ts-and-circum	stances" test.	The organizat	ion qualifies a	s a publicly
	supported organization						🕨 🗀
18	Private foundation. If the organization of	lid not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
8	Public support. (Subtract line 7c from		100				
Coati	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013	(0) 2014	(0) 2013	(u) 2010	(e) 2017	(I) Total
10a	Gross income from interest, dividends,						
iva	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						
С	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, check this box and stop he						
	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line						<u>%</u>
16	Public support percentage from 2016 Sc			· · · · ·	<u> </u>	16	%
	ion D. Computation of Investment In			vilino 10 oct	mn (fl)	47	0/
17	Investment income percentage for 2017	•		•			<u>%</u>
18	Investment income percentage from 201 331/3% support tests—2017. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
la.	33½% support tests—2016. If the organi		_			-	
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	· -	-	•	-		
	organization in the organization of	011001(0	LON OILINIO IT	·, · · · · · · · · · · · · · · · · · ·	J., JON 11110 DU/	. a.ia 000 iii0li0	10110 F

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V	NI.
		Yes	No
9			
y			
	1	0.00-07-00/00/00/00/00/00/00/00/00/00/00/00/00/	
s			
s d			
נ			
	2		
r			
	За	65000 ST0000000	
_	- Ou		
d			
е			
	3b		
3)			
′	3с	(850800402)	
ıe	36		
lf			
	4a		
n			
n			
•	A L		
	4b		100,000,000,000
n			
d			
3)			
•	4c		
33	46	2000000	SEC. 10.00
V			
Ι;			
n			
	al describe		
	5a	45.00 (194 <u>2</u> 4)	SPESSION CON
У			
	5b		
	5c		
0			
d			
r			
	6		
r			
h			
ŧ I		2.50	
	7		
?			
	8		ALL CONTRACTOR OF THE PARTY OF
_			
e -l			
d			
	9a		
h			
	9b	**************************************	- resultablished ST
it	75		
ıL			
	9c		B.B.C. #88
n			
d			
_	10a		
_	10d		
0			
	10b	1	

				age
Part	Supporting Organizations (continued)			Т.
4 4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
l _a	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
OCCLI	on b. Type i Supporting Organizations		Voo	l NI.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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.	1	974790379892	\$1364\$\$2565555
2	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? 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.	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	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)? 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).	4		
Secti	on D. All Type III Supporting Organizations	1		
	an arrain type in emphoraling enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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?	1	- Politico (na come)	20002002000
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	
		_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in	struct	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify			100
	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.	2a	100000000000000000000000000000000000000	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	101		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	9.3		
	activities but for the organization's involvement.			
9	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or place a majority of the officers directors as			
а	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>	20		
b	· · · · · · · · · · · · · · · · · · ·	3a		
IJ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	-		
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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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	Carlonia Ca	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part		<u>) Supporting Organi</u>	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
4	Distributable amount for 2017 from Section C. line 6		110 2011	7.110dilt 101 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	Excess distributions can yever, if arry, to 2017			
<u>a</u> b	From 2013			
C	E 0011			
d	= 0045			
е	From 2016			
f	Total of lines 3a through e			
<u>.</u>	Applied to underdistributions of prior years			
y _ h	Applied to 2017 distributable amount			
<u>:-</u>	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from		e de la companya de l	
•	Section D, line 7:			
a	Applied to underdistributions of prior years			F 1
<u>~</u>	Applied to 2017 distributable amount		4.1	
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	r.		
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017							
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.)						
Pt II Li	n 10: Other Income Part II, Line 10 Description: Event Revenue 2013:						
1126512	. 2014: 1112792. 2015: 1275494. 2016: 1216110. 2017: 1192954.						
	·						

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.

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ann	IDITAL CUIT DDENIA CUIDIETEC		55 100110
Washington Company of the Company of	COWAY CHILDREN'S CHARITIES		56-1331429
Par			
	Complete if the organization answered	,	
		(a) Donor advised funds	(b) Funds and other accounts
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 dono	or advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to t	the organization's exclusive legal cont	rol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered	I "Ves" on Form 990 Part IV line 7	,
1	Purpose(s) of conservation easements held by the		•
	Preservation of land for public use (e.g., recre		of a historically important land and
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neid a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemer		
С	Number of conservation easements on a certified	` ,	
d	Number of conservation easements included in	n (c) acquired after 7/25/06, and not	t on a
	•		· · 2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or te	rminated by the organization during the
	tax year		•
4	Number of states where property subject to cons	ervation easement is located >	
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation e	easements it holds?	· · · · ·
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	g conservation easements during the year
	▶ \$,
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	s conservation easements in its revenu	
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easen		
Pari			r Other Similar Assets
	Complete if the organization answered	•	
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
i.	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela		badadon, or research in furtherance of
			. 4
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		🕨 🖇
_	(ii) Assets included in Form 990, Part X		· · · ▶ \$
2	If the organization received or held works of a	rt, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		» \$
b	Assets included in Form 990, Part X		> \$

Part	III Organizations Maintaining	Collections	of Art, His	torical 1	Freasures	, or Ot	her Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, ar						
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generations	3						
4	Provide a description of the organization XIII.	tion's collection	ons and expl	ain how t	hey further	the org	anization's exem	pt purpose in Part
5	During the year, did the organization	solicit or rec	eive donatior	ns of art,	historical tr	reasure	s, or other simila	r
	assets to be sold to raise funds rather	than to be m	aintained as	part of the	e organizati	ion's co	llection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	angements.			•			
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?							t
b	If "Yes," explain the arrangement in P	art XIII and co	mplete the fo	ollowing to	able:			
							Ar	nount
С	Beginning balance					10	;	
d	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou	nt on Form 99	00, Part X, line	e 21, for e	escrow or co	ustodia	l account liability	? Yes No
b	If "Yes," explain the arrangement in P	art XIII. Check	k here if the e	xplanatio	n has been	provide	ed on Part XIII .	\square
Pari	V Endowment Funds.							
	Complete if the organization	answered "	Yes" on Fo	m 990, I	Part IV, line	e 10.		
		(a) Current ye	ear (b) Pr	ior year	(c) Two year	rs 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							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of			ce (line 1ç	g, column (a	a)) held	as:	
а	Board designated or quasi-endowme	nt 🟲	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶		%					
	The percentages on lines 2a, 2b, and							
За	Are there endowment funds not in th	e possession	of the organ	ization th	at are held	and ad	lministered for the	e
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended use		ization's end	owment f	funds.			
Part								
	Complete if the organization			· r · · · · · · · · · · · · · · · · · ·		e 11a.	See Form 990,	Part X, line 10.
	Description of property	1	st or other basis evestment)	1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			-				
b	Buildings							
C	Leasehold improvements			1				
d	Equipment		42,691.				31,028.	11,663.
e	Other		8,779.				8,521.	258.
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Fo			n (B), line 10	0c.) .		11,921.

Part VII	Investments—Other Securit		own OOO Dowl IV liv	a 11h Can Faura	200 Dart V Brand 0
	Complete if the organization a				····
<u></u>	(a) Description of security or cate (including name of security)	egory	(b) Book value		od of valuation: of-year market value
(1) Financia	I derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)				-	
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII	Investments—Program Rela	ited.			
	Complete if the organization a	answered "Yes" on Fo	orm 990, Part IV, Iir	ne 11c. See Form 9	990, Part X, line 13.
	(a) Description of investmen		(b) Book value	(c) Meth	od of valuation: of-year market value
(1)					,
(2)	-				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)	▶			
Part IX	Other Assets.	***************************************	1		
	Complete if the organization a	answered "Yes" on Fo	orm 990, Part IV, Iir	ne 11d. See Form	990, Part X, line 15.
		(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part)	X, col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization a	answered "Yes" on Fo	orm 990, Part IV, Iir	ne 11e or 11f. See	Form 990, Part X,
<u></u>	line 25.				
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.,) ▶	2016		
2. Liability fo	or uncertain tax positions. In Part XIII, p	provide the text of the foot	tnote to the organization	on's financial statemer	nts that reports the
organization	's liability for uncertain tax positions u	nder FIN 48 (ASC 740). CI	heck here if the text of	the footnote has been	provided in Part XIII 🗵

Part	The state of the s	-	Return	a .
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	4,413,170.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	8-		
a b	Donated services and use of facilities	2a 584.179.	-	
C	Recoveries of prior year grants	2b 584,179.	-	
d	Other (Describe in Part XIII.)		-	
	Add lines 2a through 2d		2e	584,179.
3	Subtract line 2e from line 1		3	3,828,991.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3,020,991.
' a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1	
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	3,828,991.
Part				
	Complete if the organization answered "Yes" on Form 990,			
1			1	4,671,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 584,179.		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	584,179.
3	Subtract line 2e from line 1		3	4,087,655.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	5	4,087,655.
	Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			
z; Pari	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional if	normatic	on,
Pt X	Line 2: The Organization has implemented the pr	ovisions of FASB A	SC 740	-10
rela	ting to the accounting for uncertainty in income	tax positions. FAS	SB ASC	;
740-	10 prescribes a comprehensive model for the finan	cial statement reco	ogniti	on,
meas	rement, presentation and disclosure of income ta	x uncertainties wit	th res	pect
to p	ositions, including tax-exempt status, taken or e	xpected to be taken	n in i	ncome
tax :	returns. The Organization's income tax returns f	or its reporting po	eriods	1
ende	d during the years 2015 through 2017 are still su	bject to examination	on by	
the	IRS.			

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

▶ Attach to Form 990 or Form 990-EZ. Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

SPEE	DWAY CHILDREN'S CHARI	TIES				56-1331429	
Part	Fundraising Activities Form 990-EZ filers are				vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organizati				owing activities. C	heck all that apply	w
a	Mail solicitations	511 Talloga (allag			on of non-govern		
b	☐ Internet and email solicitation	nne	f [on of government	_	
	Phone solicitations	J113			-	-	
C			g L	_ Special i	fundraising events	,	
d	In-person solicitations	مسم امتم سمينا		ماديالم ماديام	المنال المنال المنا		
2a	Did the organization have a wrorkey employees listed in Forn						
b	If "Yes," list the 10 highest pair compensated at least \$5,000 b	d individuals or e	entities (fund		· -		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
3	List all states in which the org registration or licensing.	anization is regi	stered or lic	ensed to s	solicit contribution	ns or has been notifi	led it is exempt from

	· 						
					~ ~ • • • • • • • • • • • • • • • • • •		

Pa	at II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	g event contributions			
		great receipts greater and	(a) Event #1 NC Dinner (event type)	(b) Event #2 CA Dinner (event type)	(c) Other events 76 (total number)	(d) Total events (add col. (a) through col. (c))
e		:	(overn type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,249,402.	214,114.	1,942,746.	3,406,262.
	2 3	Less: Contributions Gross income (line 1 minus	1,085,859.	166,189.	1,327,666.	2,579,714.
	_	line 2)	163,543.	47,925.	615,080.	826,548.
	4	Cash prizes				
	5	Noncash prizes			21,858.	21,858.
sesue	6	Rent/facility costs	2,323.	10,000.	8,348.	20,671.
Direct Expenses	7	Food and beverages	73,914.	36,402.	86,177.	196,493.
Direc	8	Entertainment			1,500.	1,500.
	9	Other direct expenses .	67,462.	42,450.	691,587.	801,499.
	10 11	Direct expense summary. Ad Net income summary. Subtra				1,042,021. -215,473.
Pai	ति॥	Gaming. Complete if the		red "Yes" on Form 99	00, Part IV, line 19, or	
Revenue		than \$15,000 on Form 99	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			366,406.	366,406.
ses	2	Cash prizes			105,412.	105,412.
xpenses	3	Noncash prizes			30,227.	30,227.
Direct E	4	Rent/facility costs				
	5	Other direct expenses .			47,458.	47,458.
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No		
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		183,097.
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		183,309.
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activitie		s?	
10:		ere any of the organization's g "Yes," explain:	aming licenses revoked	d, suspended, or termin	ated during the tax year	? . ☐ Yes ⊠ No

Schedul	le G (Form 990 or 990-EZ) 2017		P	age 3
11 12	Does the organization conduct gaming activities with nonmembers?		′es □ ′es ⊠	
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility			%
b 14	An outside facility	1		<u>%</u>
1-4	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?		es 🗵	Nο
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	ш.	00 E3	140
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name▶ See Part IV			
	Gaming manager compensation > \$			
	Description of services provided ▶ Oversight of gaming operations			
	□ Director/officer			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	X V	′es 🗌	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 \triangleright \$ 213,536.			110
Part		nd (v) matio	; and n.	
Line	e 16: Kelly Mullins, Claudia Byrd, Lisa Starnes, Cheri Plattner, Paulette			
Ande	erson, and Marissa Chaney, Speedway Children's Charities chapter Directors,			
	ssaw local gaming events as part of their position with SCC. No salary was			
allo	ocated to gaming manager, which represents a minor part of their responsibi	liti	es.	

Additional information from your Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities State Distributions Breakdown Continuation Statement

State Name	Amount
CA	14,196.
GA	12,892.
NC	39,659.
NV	44,403.
TN	26,436.
TX	75,950.
Total	213,536.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities States Gaming Activities Continuation Statement

	States Gaming Activities
CA	
GA	
NC	
NV	
TN	
TX	

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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 for the latest information.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

SPEEDWAY CHILDREN'S CHARITIES

Part 4m

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047 20.

Open to Publid Inspection Employer identification number 56-1331429

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	d the grants on the grants of	or assistance? es for monitorina t	he use of grant fur	or o	States.		· · · · · · · · · · · · · · · · · · ·
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ance to Do	mestic Organiz that received mo	ations and Domore than \$5,000.	estic Governm Part II can be d	ients. Complete i	f the organization answonal space is needed.	rered "Yes" on Form
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 noncash assistance	(h) Purpose of grant or assistance
(1) Sci-Tech Discovery Center 8004 N. Dallas Pkwy Frisco TX 75034 20-C	20-0384307	501(c)(3)	125,000.				Science Workshop
	75-0800696	501(c)(3)	125,000.				ADA Friendly Camp
	56-6060481	501(c)(3)	100,000.				Concussion Research, Art
	75-1890339	501(c)(3)	55,000.				Terminally Ill Wishes
	47-1332019	501(c)(3)	50,000.				Mobile Hearing Unit
	75-2727375	501(c)(3)	44,460.				Pediatric Research
	56-0560327	501(c)(3)	30,000.				School Support
 	26-1525268	501(c)(3)	30,000.				Equine Therapy
(9) Denton Kiwanis 1308 Crescent St., Ste C Denton TX 76201 81-3	81-3642738	501(c)(3)	.000.				Medical and Dental
 	94-3476983	501(c)(3)	25,000.	-			Food Backpacks
(11) Texas Scottish Rite Hospital 2222 Wellborn Street Dallas TX 75219 75-C	75-0818178	501(c)(3)	25,000.				Shoe Braces
	20-1820596	501(c)(3)	22,200.				Abused Children
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	c)(3) and gov zations listed	vernment organizat in the line 1 table	ions listed in the li	ne 1 table			205

Schedule I (Form 990) (2017)

For the Calendar year 2017, or the tax year period beginning 10-01 and ending 9-30-18

(a) Name of organization	Address				(b) EIN	(c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Power Cross Ministries	1133 W. Front St.	Statesville	NC	28677 14	14-1989435	501(c)(3)	21,000				Literacy tutoring for impoverished children
or book book	116 Business Park Drive	Indian Trail	S	28079 46	46-1161476	501(c)(3)	20,000				Food pantry and family financial education program
Collition result, inc.	906 Daravin Drive	Charlotte		8226 47	28226 47-2887394	501(c)(3)	20,000				Mentoring and motivation for girls in homeless shelter
Foundation for Sins	601 East 5th Street Suite 400	Charlotte		28202 56	56-0529967	501(c)(3)	20,000				Support for the Domestic Violence Shelter's Children's Program
Sale Aliance Sale Annu Ce	P O Box 471112	Charlotte		28247 56	56-1781080	501(c)(3)	18,000				Clothing, shoes, hygiene kits, & books for at-risk children
Assistance coague of official Kinder-Mourn Inc.	1320 Harding Place	Charlotte		28204 56	56-1221194	501(c)(3)	18,000				Grief support education for school personnel and parents
Camo Care	P.O. Box 35072	Charlotte	NC	28235 56	56-1467274	501(c)(3)	17,000				Camp for children who have or had cancer.
InReach	4530 Park Rd. Suite 300	Charlotte	NC	28209 52	52-1084075	501(c)(3)	17,000				Emergency financial support for caretakers of disabled children
A Retter World	4527 Freedom Drive	Charlotte	S S	28208 56	56-2238007	501(c)(3)	15,000				Afferschool Program for low income kids
Rove & Girls Clubs of Sonoma Valley	100 W. Verano Avenue	Sonoma	5 5	95476 94	94-1579901	501(c)(3)	15,000				College preparation and work readiness training to youth
Charlotte Rescue Mission	907 West First Street	Charlotte	NC NC	28233 56	56-0571223	501(c)(3)	15,000				Music therapy program for pre-school children with emotional trauma
Children's Attention Home, Inc.	PO Box 2912	Rock Hill	SC	29732 57	57-0527092	501(c)(3)	15,000				Food for child victims who reside at the home
Down Syndrome Association of Greater Charlotte	4530 Park Rd. Suite 430	Charlotte	S S	28209 56	56-1541529	501(c)(3)	15,000				Camp for Downs Syndrome kids
Iunior Charity Leadue of Concord. Inc.	1 Buffalo Ave NW Suite 205	Concord	NC NC	28025 56	56-6061166	501(c)(3)	15,000				School clothing for children in Cabarrus County
Misty Meadows Mitey Riders Inc.	455 Providence Road S.	Waxhaw	NC NC	28173 56	56-2045099	501(c)(3)	15,000				Therapeutic equine program for special needs children
Novant Health Foundation Presbyterian Medical Center	220 Hawthome Lane	Charlotte	N S	28204 58	58-1413074	501(c)(3)	15,000				Critical support premature births
Victory Fam, Inc.	PO Box 6341	Gastonía	NC	28056 27	27-2026487	501(c)(3)	15,000				Equestrian Program for kids with cognitive and physical challenges
Yokefellow Ministry of Greater Statesville	1386 Shelton Ave.	Statesville	υ Σ	28677 56	56-1010615	501(c)(3)	15,000				Diapers and wipes for infants in need
Beds for Kids, Inc.	2519 S. Tryon St.	Charlotte	S S	28203 27	27-4153074	501(c)(3)	12,217				Bed sets for needy children
Cabarrus Cooperative Christian Ministry	P.O. Box 1717	Concord	SC	28026 56	28026 56-1320818	501(c)(3)	12,000				Food and shelter for families in crisis

(a) Name of organization	Address				(b) EIN ((c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dream on 3	6525 Hudspeth Rd	Harrisburg	NC	28075 46	46-1988039	501(c)(3)	12,000				Dream Experiences for a challenged child
Big Brothers/ Big Sisters of East Tennessee	301 Louis St. Suite 302	Kingsport	Z	37660 62	62-0842531	501(c)(3)	11,000				Community and School based mentoring
Boys and Girls Club of Central Appalachia	P.O. Box 1505	Grundy	\$	24614 20.	20-5517073	501(c)(3)	11,000				Power Hour afterschool programming
Boys and Girls Club of Elizabethton/Carter Co.	104 Hudson Dr.	Elizabethtor		37643 62-0502737	-0502737	501(c)(3)	11,000				Lead kids to better health
	P.O. Box 784	Kingsport		37662 62	62-0481370	501(c)(3)	11,000				Give kids the tools to overcome adversity and negative outside influence
Boys and Girls Club of the Mountain Empire	P.O. Box 1074	Bristol	*	24203 54-	54-0653489	501(c)(3)	11,000			***************************************	POWER Hour afterschool program
Bristol Faith In Action	1534 Euclid Ave	Bristol	¥	24201 54	54-2038035	501(c)(3)	11,000				Housing assistance for families with children
Bristol Family YMCA Teen Leadership Club	400 MLK Jr. Blvd	Bristol	Z	37620 62-0521204	0521204	501(c)(3)	11,000				Provide a positive environment afterschool for kids
Сатр іНоре	3100 Independence Parkway	Plano	×	75075 46-3925764	3925764	501(c)(3)	11,000				Camp for children with cancer
35	310 Shelby Street	Kingsport	N N	37660 62-	62-1464923	501(c)(3)	11,000				Training for court advocates for children in judicial system
CASA of Northeast Tennessee	P.O. Box 1021	Johnson Cif TN		37605 45-	45-0515257	501(c)(3)	11,000				Recruit, train and monitor court advocated for children
Children Exceeding Expectations School JLK	1009 Sussex Drive	Bristol	Z Z	37620 62-	62-0634742	501(c)(3)	11,000				School for children going through cancer treatment
Children's Advocacy Center of Highlands Community Services 21451 Sugar Hollow Road	21451 Sugar Hollow Road	Bristol	Α V	24202 54-	54-0979632	501(c)(3)	11,000				Courthouse dog program
Children's Advocacy Center of Sullivan Co.	P.O. Box 867	Blountville	Z	37617 62-	62-1232172	501(c)(3)	11,000				Therapy for the abused child and the non-offending family member
Coalition for Kids	2423 Susannah Street	Johnson Cif TN		37601 62-	62-1765487	501(c)(3)	11,000				Kids Club tutoring and mentoring
Communities In Schools of Virginia	220 Lee Street	Bristol	Α A	24201 46-1775208	1775208	501(c)(3)	11,000				Clothing and food for needy children
Feeding America Southwest Virginia	P.O. Box 2579	Abingdon	\ \ \ \ \	24211 54-	54-1939556	501(c)(3)	11,000				Fight hunger and change lives among needy children
Girls Incorporated of Bristol	613 Highland Ave.	Bristol	× ×	24201 62-	62-0514164	501(c)(3)	11,000				Friendly PEERsuasion drug prevention program
Girls Incorporated of Johnson City/Washington County	P.O. Box 1435	Johnson Cif TN		37605 62-	62-0493392	501(c)(3)	11,000				Afterschool and Summer programs for girls
Greater Kingsport Family YMCA	1840 Meadowview Parkway	Kingsport	ν N N	37660 58-1564232	1564232	501(c)(3)	11,000				Child care for all children including special needs

(a) Name of organization	Address				(b) EIN	(c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash	(h) Purpose of grant or assistance
McDowell Drug Task Force	1712 Orinda Ct	Petaluma	CA 8	94954 68	68-0051382	501(c)(3)	11,000				Provides education regarding the importance of NOT drinking and driving
Mountain Region Speech and Hearing Center	301 Louis St. Suite 101	Kingsport	N TN	37660 51	51-0141536	501(c)(3)	11,000				Provide speech, language, swallowing and hearing treatments for infants and children
Santa Pal	P.O. Box 212	Bristol	VA 2	24203 31	31-1794923	501(c)(3)	11,000				Christmas for underprivileged children
Second Harvest Food Bank of Northeast TN	1020 Jericho Drive	Kingsport	ξ.	37663 62	62-1303822	501(c)(3)	11,000				Kids backpack program
YWCA Bristol	106 State St.	Bristol	N N	37620 62-0488044	-0488044	501(c)(3)	11,000				Moms are Us support group
Girls Incorporated of Kingsport	P.O. Box 981	Kingsport	ν E	7662 62	37662 62-6064042	501(c)(3)	10,880				Project Helping Hands so that girls get a hand up and not a hand out
A Child's Place of Charlotte, Inc.	601 East 5th Street, Suite 230	Charlotte	NC 2	28202 58	58-1911741	501(c)(3)	10,000				Focuses on getting homelessness children to school
Abuse Alternatives	104 Memorial Dr.	Bristol	TN 3	7620 54	37620 54-1101180	501(c)(3)	10,000				Providing emergency shelter for abused children and mothers
Arc of Washington Co.	110 East Mountcastle Dr	Johnson Cil TN		37601 62	62-0694557	501(c)(3)	10,000				Provide respite services to children with disabilities
Baby's Bounty	73 Spectrum Blvd.	Las Vegas	≥	89109 26	26-2678979	501(c)(3)	10,000				Provide clothing/gear to babies born into impoverished families.
Big Brothers Big Sisters of Central Carolinas	3801 E. Independence Blvd. Ste 101	Charlotte	NC NC	8205 56	28205 56-0577630	501(c)(3)	10,000				Mentoring Programs
Boys & Girls Club of Cabarrus County	247 Spring St., NW	Concord	NC NC	28026 56	56-2221108	501(c)(3)	10,000				Afferschool program for low income
Boys and Girls Club of Greenville & Greene County	P.O. Box 1977	Greenville	Z E	7744 62	37744 62-1706248	501(c)(3)	10,000				Homework, Tutoring, & Positive rewards
Boys and Girls Club of Johnson City/Washington County	2210 West Market St	Johnson Cif TN		37604 62.	62-0810733	501(c)(3)	10,000				Afferschool and Summer programs
Boys and Girls Club of Morristown	P.O. Box 1461	Morristown TN		7816 62	37816 62-0630667	501(c)(3)	10,000				Head of the Class- homework and tutoring
California Parenting Institute	3650 Standish Avenue	Santa Rosa CA		95407 94	94-2541640	501(c)(3)	10,000				Provides food, shelter, basic supplies to low income children
Catholic Charities of the Diocese of Santa Rosa	987 Airway Court	Santa Rosa CA		95403 94	94-247939	501(c)(3)	10,000				Provides emergency shelter for homeless children/families
Charlotte Speech and Hearing Center, Inc.	741 Kenilworth Ave, Suite 100	Charlotte		28204 56	56-0892041	501(c)(3)	10,000				Speech-language screenings for children 2-5 years of age
Children's Advocacy Center of the 1st Judicial District	P.O. Box 827	Johnson Cif TN		7605 62	37605 62-1765785	501(c)(3)	10,000				Provide services to child victims of physical and sexual abuse
Children's Home Society of North Carolina, Inc.	2200 E 7th Street	Charlotte NC		8204 56	28204 56-0529946	501(c)(3)	10,000				Recruitment of families for the Foster Care to Permanency program

(a) Name of organization	Address				(b) EIN	(c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hope Alliance/Barlum Springs Home for Children	PO Box 11467	Barium Spri NC	NC NC	28010 6	28010 56-0529993	501(c)(3)	10,000				Support for youth aging out of foster care for life skills, college, and employment
Classroom Central, Inc.	2116 Wilkinson Blvd	Charlotte	NC	28208	03-0455618	501(c)(3)	10,000				School supplies for students in need
Committee On The Shelterless	PO Box 2744	Petaluma	క	94953-	94953- 68-0176855	501(c)(3)	10,000				Provides children with basic human needs allowing them to move beyond crisis mode
Crossroads Medical Mission	P.O. Box 16852	Bristol	۸×	24209	54-2038877	501(c)(3)	10,000				Free healthcare and medications and school/sports physicals
Crunley House Brain Injury Rehab Center	300 Urbana Rd.	Limestone	N.	37681	58-1988511	501(c)(3)	10,000				Care and training for concussions and prevention
Dana-Farber Cancer Institute	10 Brookline Place West, 6th Floor	Brookline	MA	02245 (02245 04-2263040	501(c)(3)	10,000				Pediatric Resources Program Support
Dove House Children's Advocacy Center	2407 Simonton Rd.	Statesville	NC	28625 2	20-0840600	501(c)(3)	10,000				Safety and Education Program for child sexual abuse
Friends in Sonoma Helping (F.I.S.H.)	PO Box 507	Sonoma	S	95476	23-7441289	501(c)(3)	10,000				Provides food for low-income children
Girls on the Run of NE. Tennessee	P.O. Box 5622	Johnson Cil TN		37602	20-8559320	501(c)(3)	10,000				Unieash comidence trrough accomplishment while establishing a lifetime appreciation of health and fitness
Good Samaritan Ministries	P.O. Box 2441	Johnson Cit TN		37605	62-1233320	501(c)(3)	10,000				Food programs for children and Back to School Education program
Hands On! Regional Museum	315 E. Main Street	Johnson Cil TN	Z Z	37601	62-1282542	501(c)(3)	10,000				Providing educational programs for all children
Healing Hands Health Center	245 Midway Medical Park	Bristol	Z.	37620 7	78-0001847	501(c)(3)	10,000				Dental care for children
Health Services of North Texas	4401 N. I-35, Suite 312	Denton	Ϋ́	76207	75-2252866	501(c)(3)	10,000				Provice low-income children with essential health and hygiene items (e.g. diapers, wipes, themometers, etc.) at no cost to their families.
Hospice & Palliative Care Charlotte Region	1420 East 7th Street	Charlotte	S	28204	56-1219017	501(c)(3)	10,000				Quality of life program for seriously ill infants, children and teens
Hospice of Iredell	2347 Simonton Road	Statesville	NC	28625	56-1376577	501(c)(3)	10,000				Pediatric bereavement program
Individuals NOW Inc. Social Advocates for Youth	2447 Summerfield Road	Santa Rosa CA		95405 8	95405 94-1711490	501(c)(3)	10,000				Emergency services for runaway and homeless youth
Jewish Community Free Clinic	50 Montgomery Drive	Santa Rosa CA		95404 8	94-3386103	501(c)(3)	10,000				Provides free health services to underserved children
Johnson Co. Safe Haven	P.O. Box 167	Mountain C TN	T	37683 6	62-1719057	501(c)(3)	10,000				Emergency food, clothing, shelter for children of domestic violence
KIPP Charlotte	931 William Drive	Charlotte	S	28215 2	28215 20-5664061	501(c)(3)	10,000				ACT Test preparation program Drowndae a link for Hisraein students with local
La Luz Center	17560 Greger St	Sonoma	CA	95476 6	95476 68-0228235	501(c)(3)	10,000				schools. Connecting children with critical services - emergency services, educational information, food,

(a) Name of organization	Address				(b) EIN	(c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Least of These Gaston, Inc.	469 Hospital Drive, Suite A	Gastonia	NC S	28054 46	46-2326191	501(c)(3)	10,000			Ų	Camp for foster children
Missionary Athletes International	1020 Crews Road Suite N	Matthews	NC NC	28105 33	33-0017152	501(c)(3)	10,000				Soccer-based outreach to inner city youth
North Carolina D.A.R.E. Drug Abuse Resistance Education	115 Sunrise Avenue	Asheboro	NC 2	27203 56	56-1641379	501(c)(3)	10,000				Olice officers teaching kids to make good decisions
Petaluma People Services Center	1500 Petaluma Blvd South	Petaluma	CA	94954 94	94-2271299	501(c)(3)	10,000				Provide parents with tools and strategies to raise their child in an environment that is safe, loving and predictable
R. Bruce Irons Camp Fund	725 Providence Rd. Suite 212	Charlotte	NC NC	28207 55	55-0825218	501(c)(3)	10,000				Camp for impoverished children
Redwood Empire Food Bank (REFB)	3990 Brickway Boulevard	Santa Rosa CA		95403 68	68-0121855	501(c)(3)	10,000			LL	Provide food to low-income families
Rise Up!	P.O. Box 4426	Johnson Cil TN		37602 62	65-1641099	501(c)(3)	10,000			ΖΨ	Nutrition program, Leadership training and enrichment field trips
Ronald McDonald House of Charities of Las Vegas	2323 Potosi St.	Las Vegas	N	89143 94	94-3108570	501(c)(3)	10,000				Provide dental care to low-income children
Salvation Army-Charlotte	4015 Stuart Andrew Blvd.	Charlotte	NC 2	28217 58	58-0660607	501(c)(3)	10,000				Onsite club for children at homeless shelter
Shining Hope Farms	328 Whippoorwill Lane	Mt. Holly	NC 2	28210 30	30-0067482	501(c)(3)	10,000				Hippotherapy program for medically fragile children
Small Miracles Therapeutic Equestrian Center	1026 Rock Springs Drive	Kingsport	ε Z	37664 62	62-1603341	501(c)(3)	10,000			07 W	Student sponsorship program for special needs students
Sulivan Co. Sheriff's Office Auxiliary	P.O. Box 589	Blountville	Ν̈́	37617 27	27-0052413	501(c)(3)	10,000			3,	Serving needy children in county for Christmas
The Living Room Center, Inc.	1207 Cleveland Avenue	Santa Rosa CA		95401 58	58-2675876	501(c)(3)	10,000				Day shelter providing support to child and mother
The Sports Museum of New England, Inc.	100 Legends Way	Boston		02114 04	04-2637109	501(c)(3)	10,000			u. u.	Provide funding for Boston Vs. Bullies Educational Program
Young Life Upper East Tennessee	P.O. Box 4716	Johnson Cit TN		37602 84	84-0385934	501(c)(3)	10,000			0,	Summer Camp Experience
Youth Villages, Inc.	8430 University Executive Park Dr. Ste 655 Charlotte	Charlotte	NC NC	28262 58	58-1716970	501(c)(3)	10,000			- W	Youth leaving foster care for successful transition to adulthood
Conservation Corps North Bay	27 Larkspur Street	San Rafael CA		94901 94	94-2831592	501(c)(3)	9,500		,	ш	Program develops and manages person, career and academic goals and strategies for youth.
Alexander Youth Network	6220 Thermal Road	Charlotte	NC NC	28211 56	56-0554413	501(c)(3)	9,135			0 2	Occupational/physical therapy in psychiatric residential treatment facility
McClure River Valley Community Center	124 Ritter Circle	McClure	V A	24269 54	54-1509759	501(c)(3)	000'6			- + +	Meeting Christmas needs of underserved children in their region
American Red Cross	14298 Lee Highway	Bristol	VA 2	4202 53	24202 53-0196605	501(c)(3)	6,000				Help children with their recovery following disasters

(a) Name of organization	Address			(q)	Z	(c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baby Bundles	6509 North Park Blvd.	Charlotte	NC 2	28216 27-3:	27-3384164	501(c)(3)	000'6				Newborn essentials for fragile families
Bethany Christian Services	318 Erin Drive Suite 10	Knoxville	υ N L	37919 38-2	38-2842293	501(c)(3)	000'6				Serve children
Boys & Girls Clubs of Central Sonoma County	1400 N. Dutton Avenue, Suite 14	Santa Rosa CA		95401 68-0:	68-0309534	501(c)(3)	9,000				Re-entry program provides hope and opportunity for the youth while they are facing difficult challenges
Bristol Emergency Food Pantry	201 Overbrook Dr.	Bristol	N N	37620 62-0984494	984494	501(c)(3)	000'6				Meeting emergency food needs of families with children
Bristol Regional Speech and Hearing	2603 Osborned St	Bristol	VA 2	24201 62-0	62-0556300	501(c)(3)	000'6				Provide therapy to all children in need
Candlelighters for Childhood Cancer of Nevada	8990 Spanish Ridge Ave., Ste. 100	Las Vegas NV		89148 94-2	94-2579116	501(c)(3)	000'6				Provide crucial financial assistance for children with cancer travel out of state for specialized care
Cap the Gap for Foster Care	P.O. Box 3092	Kingsport	ν N E	37664 62-1	62-1546506	501(c)(3)	000'6				Meeting the needs of children in foster care
Community Action Partnership of Sonoma County	141 Stony Circle Suite 210	Santa Rosa CA		94928 94-16	94-1648949	501(c)(3)	000'6				Provide dental access to low-income children
Court Appointed Special Advocates of Sonoma County	PO Box 1418	Kenwood	6 V	95452 68-0	68-0404770	501(c)(3)	000'6				Mentoring and Gang Prevention program.
Easter Seals Nevada	7281 W. Charleston Blvd.	Las Vegas NV		89117 94-28	94-2815686	501(c)(3)	000'6				Support children with disabilities
Fence at the Top	PO Box 1399	Rohnert ParCA		94927 20-89	20-8966997	501(c)(3)	000'6				Tutoring and mentoring program
Miracle Flights	5740 S. Eastern Ave., Ste. #240	Las Vegas	δ 2	89119 88-0	88-0209952	501(c)(3)	9,000				Provide life-saving flights for children to reach medical treatment unavailable in home area
Nevada Childhood Cancer Foundation	6070 S. Eastern Ave., Ste 200	Las Vegas	N	89119 88-03	88-0302673	501(c)(3)	000'6				Provide psychological support and tools heeded for children with cancer to cope with life-threatening diseases and emotional trauma of threat of death
On The Move	780 Lincoln Ave	Napa	CA	94558 75-3	75-3149095	501(c)(3)	000'6				Provide comprehensive services to foster youth
Roseland Charter School	1691 Burbank Avenue	Santa Rosa CA		95407 43-0	43-029144	501(c)(3)	000'6				Mentoring program for disadvantaged youth
Sonoma Valley Mentoring Alliance	916 First St. W	Sonoma	e V	95476 68-04	68-0429128	501(c)(3)	000'6				Mentoring program for youth
Sonoma Valley Teen Services (BDA Teen Services Sonoma)	17440 Sonoma Hwy	Sonoma	8 V	95476 68-03	68-0390028	501(c)(3)	000'6				Work readiness training for at-risk, low-income youth
The Pediatric Dental Initiative of the North Coast Inc.	1380 19th Hole Drive	Windsor	ه لا	95492 34-20	34-2012430	501(c)(3)	000'6				Outreach and Oral Health Education program for low- income children
Young Women's Christian Assn of Sonoma County	811 Third Avenue	Santa Rosa CA		95404 94-23	94-2347428	501(c)(3)	000'6				Safe house for domestic violence victims
Journey to Dream	250 N. Mill Street #2	Lewisville	TX /	75057 20-1209865	209865	501(c)(3)	8,900				Food pantry supplies for shelter housing homeless children and teens

For the Calendar year 2017, or the tax year period beginning 10-01 and ending 9-30-18

(a) Name of organization	Address		(q)	(b) EIN (c)	(c)IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ctroot Teens	55 999 30 999 80 80 80 80 80 80 80 80 80 80 80 80 80	as Vegas NV	89120 88-0480633	180633	501(c)(3)	8,500				Services for homeless teens to help move them off the streets
Nevada Child Seekers Merging Corporation	on Blvd., Building L-180	Las Vegas NV	89146 94-32	94-3250788	501(c)(3)	8,400				Expand youth empowerment programs so our children don't become missing person statistics with lives pockmarked by abuse, trafficking, and gangs
Assistance and Resource Ministry (ARM)		Elizabethtor TN	37643 62-15	62-1533942	501(c)(3)	8,000				Shoes and school supplies for needy children
Big Brothers Big Sisters of the North Bay	eet		94901 94-25	94-2502278	501(c)(3)	8,000				Mentoring Program for youth
Bread of Life Children's Ministry	30427 Old Saltworks Rd.	Meadowvie VA	24361 54-20	54-2057171	501(c)(3)	8,000				Backpack Food Program and school supplies
Carter Co. Imagination Library	2207 Eagle Dr.	Elizabethtor TN	37643 43-20	43-2082197	501(c)(3)	8,000				Free books for children birth to 5 years
Center for Community Transitions	5825 Old Concord Road	Charlotte NC	28213 51-0185383	85383	501(c)(3)	8,000				Program to support kids with incarcerated parents
Ceres Community Project	7351 Bodega Avenue	Sebastopol CA	95472 26-22	26-2250997	501(c)(3)	8,000				rains-on instruction, sail coveraphient and experience in gardening, cooking and healthy nutrition and eating to youth
Child Advocacy Center of the 3rd Judicial District	P.O. Box 743	Mosheim TN	37818 62-1822505	322505	501(c)(3)	8,000				Therapeutic services for sexually abused children
Christmas Box of Northeast Tennessee	2100 Millbrooke Drive	Johnson Cif TN	37604 62-15	62-1545469	501(c)(3)	8,000				Food for low income families for Christmas
Communities in Schools of Charlotte-Mecklenburg, Inc.	300	Charlotte NC	28202 58-16	58-1661795	501(c)(3)	8,000				Resources, services, and relationships for education assistance
Hope House			37663 56-22	56-2277775	501(c)(3)	8,000				Provide physical, emotional and basic health needs of babies and children
Kids First of the Carolinas		Charlotte NC	28271 56-17	56-1702522	501(c)(3)	8,000				Christmas party with clothing gifts for needy children
Nevada Biind Children's Foundation	9330 W. Martin Ave., 1st Floor	Las Vegas NV	89148 20-43	20-4388240	501(c)(3)	8,000				Support afferschool independence classes/lutoring programs for visually impaired children in community.
Ronald McDonald House of Charlotte, Inc.		Charlotte NC	28207 20-46	20-4671570	501(c)(3)	8,000				Caring home for the families of children receiving medical treatment
Shepard's Inn	P.O. Box 2214	Elizabethtor TN	37644 62-1690064		501(c)(3)	8,000				Emergency shelter, women and children
Sonoma Ecology Center	PO Box 1486	Eldridge CA	95431 94-31	94-3136500	501(c)(3)	8,000		1		Education through hands on involvement
Southern Appalachian Ronald McDonald House	418 N State of Franklin Road	Johnson Cit TN	37604 62-15	62-1578123	501(c)(3)	8,000				Housing for families of children in hospital
Sunny Hills Services	300 Sunny Hills Drive	San Anselm CA	94960 94-11	94-1156301	501(c)(3)	8,000				Education on gang prevention, intervention program for youth
Support Our Students	319 South E Street	Santa Rosa CA	95409 81-0676520	376520	501(c)(3)	8,000				Free counseling for youth

56-1331429

For the Calendar year 2017, or the tax year period beginning 10-01 and ending 9-30-18

Speedway Children's Charities

Week long bereavement camp for children who have lost someone close to them Nutritious food at preschool for low income children in nutrition Increase hip-hop awareness as a form of exercise and provide atternatives to mischievous activities for children in disadvantaged communities New clothing/essentials for young students in CCSD Title I HOPE Schools Provide holiday meals/gifts to senior citizens who are raising their grandchildren Garden program to teach children important lessons Provide expectant parents with infant-to-toddler car seats Shoes for low-income families
Provide a stable, nurturing environment for boys to work through their emotional and educational New books and book bags to children attending at-Pediatric Wellness Program for homeless children Car seats for indigent children of Gaston County ocal competitions for special needs kids/adults Summer camp experience for Middle and High School students Support for adolescents with substance abuse issues Provide for the needs of youth residing in their shelter (h) Purpose of grant or assistance Books for low-income, disadvantaged kids Childhood obesity prevention program Summer fun with positive guidance Samp for hearing impaired children risk schools challenges (g)
Description of
non-cash
assistance (f) Method of valuation (e) Amount of non-cash assistance (d) Amount of cash grant 8,000 8,000 7,750 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,320 7,125 7,000 7,000 7,000 7,000 7,000 (c)IRC section 501(c)(3) 47-1332019 89119 88-0197147 94-1156478 28206 20-3041985 84-0385934 56-1499208 20-8862386 88-0108496 94-3024246 23-7201676 22-3829041 68-0279152 88-0452583 24251 54-1893016 56-0746601 24201 27-0259050 89032 88-0395530 56-166833 88-0137831 45-2394650 <u>и</u> 28205 95476-89119 94949 89118 89146 41095 37663 37621 28211 28056 89141 30248 89074 95476 Ž 2 2 ≥ S ≥ Z 5 Henderson NV ₹ ⋩ ≶ ocust Grov GA Las Vegas NV ⋛ N Las Vega NV Las Vegas 0620 Southern Highlands Pkwy., #110-47 Las Vegas Las Vegas as Vegas Kingsport Sate City Charlotte Charlotte Charlotte Sonoma Warsaw Novato Bristol Bristol Address 065 American Pacific Dr., Ste. 160 5280 S. Valley View Blvd., Ste. 110 1640 E. Flamingo Rd., Ste. #100 4128 Fort Henry Drive Suite 165 3446 West Charleston Blvd 3640 N. 5th St., Ste. 130 3241 Sam Drenan Road 4141 Swenson Street 412 Glenway Avenue 100 Billingsley Road 700 Robinson Road 7000 Arnold Drive 50 Paw Print Path 334 Spratt Street 10 Cleveland St. ².O. Box 1992 P.O.Box 548 932 C Street PO Box 493 Special Olympics GA, Inc./Henry Co. Parks and Recreation Educational Excellence Foundation of Gallatin County James Seastrand Helping Hands of North Las Vegas (a) Name of organization Crisis Pregnancy Center of Gaston County Anuvia Prevention and Recovery Center Sonoma Valley Education Foundation Nathan Adelson Hospice Foundation North Bay Children's Center, Inc. Goodie Two Shoes foundation Culture Shock Las Vegas, Inc. Shelter Health Services, Inc. HELP of Southern Nevada Spread the Word Nevada Hope House of Scott Co. Learning Collaborative Hanna Boys Center Assistance league Young Life Bristo Bristol Outreach Waiting to Hear

56-1331429

For the Calendar year 2017, or the tax year period beginning 10-01 and ending 9-30-18

Speedway Children's Charities

							(e) Amount of		(6)	
(a) Name of organization	Address			(b) EIN	(c)IRC section	cash grant	non-cash assistance	valuation	non-cash assistance	(h) Purpose of grant or assistance
Legal Aid of Sonoma County	144 South E Street, Suite 100	Santa Rosa CA		95404 68-0008581	81 501(c)(3)	7,000				Support at risk youth who escape abuse and neglect
l ifeWorks of Sonoma County	1200 College Avenue	Santa Rosa CA		95404 68-0375462	62 501(c)(3)	7,000				Provide mental health services for low-income youth
Reading Buddies	1236 Volunteer Parkway	Bristoi		37620 20-5005906	06 501(c)(3)	7,000				Assist children to read at grade level
Piver's Way Outdoor Adventure Center	10 6th Street		376 376			000'2				Meet needs of youth with disabilities
Sharial Olympics Teyas	6707 Brentwood Stair Road, Suite 218	€		76112 74-1998367		7,000				Support 2018 Spring Games for disabled children to compete in track & field events
The Salvation Army	93 Stony Circle	8		95401 09-1156347		7,000				Educational program that combines academic activity and physical activing while motivating and rewarding success to youth
Three Square	4190 N. Pecos Rd	Las Vegas NV		89115 30-0396918	18 501(c)(3)	7,000				Food for knapsacks of children in low-income communities
Town Square Inc. Food Ministries	P.O. Box 338	Glade Sprin VA		24340 54-1897853	53 501(c)(3)	7,000				Food for boxes for children
United Way of Southwest Virginia	1096 Ole Berry Drive	Abingdon		24210 54-0718860	60 501(c)(3)	7,000				Backpack feeding program
Young Life Kinasport	P.O. Box 3374		TN 376	37664 84-0385934	34 501(c)(3)	7,000				Reach students in the area with the gospel
Foundation for Positively Kids, Inc.	2480 East Tompkins Ave., Ste. 222		N 89	89121 88-0419638	38 501(c)(3)	6,705				Therapeutic toys and equipment for developmentally delayed children
Philips Academy of NC	311 Providence Road	Charlotte	NC 28.	28211 20-3125525	25 501(c)(3)	6,500				Summer Program for children with Developmental Disabilities
Make-A-Wish Foundation of Southern Nevada	5105 South Durango St., Ste. 100	ဟ	N 89	89113 88-0371088	88 501(c)(3)	6,400				Fully underwrite cost of furly companions for two local children in under-served community suffering medical conditions
Niswonger Children's Hospital	303 Meed Tech Parkway Suite 330	Johnson Cit TN	ĺ	37604 62-0476282	82 501(c)(3)	6,250			- Annual	Child friendly orthopedic equipment
Holy Angels, Inc.	6600 Wilkinson Blvd.	Belmont	NC 28	28012 51-0230406	06 501(c)(3)	6,062				Mobility devices for severely disabled children
Camp Sunshine	35 Acadia Road	Casco	ME 040	04015 22-2582877	77 501(c)(3)	6,000				Provide funding to allow families to attending camp
Community School of the Arts	345 N. College St.	Charlotte	NC 28.	28202 59-1356847	47 501(c)(3)	6,000				Arts Reach program for community centers and shelters
East TN Christian Home and Academy	P.O. Box 1147	Elizabethtor TN		37644 62-0517558	58 501(c)(3)	6,000				Prepare girls in home with an independent living program for future
Flint River Council, Inc. (Boy Scouts of America)	1361 Zebulon Road	Griffin	GA 30;	30224 58-0574922	22 501(c)(3)	6,000				Build well-rounded young people through dynamic quality learning and adventure
Garrett Thomas Foundation Inc.	1700 University Commercial PL	Charlotte	NC 28,	28213 45-2683114	14 501(c)(3)	6,000				Emergency relief for families living with cystic fibrosis

56-1331429

Speedway Children's Charities

(a) Name of organization	Address			(b) EIN	(c)IRC section	(d) Amount of non-cash cash grant	 (f) Method of saluation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Northern California	1650 Harbor Bay Parkway, Suite 100	Alameda	CA 9	94502 94-1551410	10 501(c)(3)	6,000			Program for girls involved in the Sonoma County juvenile system
lerico Shriners	P.O. Box 5548	Kingsport	ε NL	37663 36-2193608	08 501(c)(3)	0000'9		- Lab	Children treated at the hospital at no charge to their parents
l earning Help Centers of Charlotte	PO Box 471534	Charlotte	NC S	28247 45-5097492	92 501(c)(3)	6,000			Afterschool homework intervention & summer enrichment
Multi-Cultural Community Student Union	P.O. Box 1938	Concord	NC 2	28026 56-2037039	39 501(c)(3)	000'9			Afterschool program for low income
Paws As Loving Support Assistance Dogs	7580 Covey Road	Forestville	CA	95436 27-1368278	78 501(c)(3)	9'000			Therapeutic dog training organization where dogs are trained and matched with disabilities youth
Sonoma County Public Library Foundation	250 D Street, Suite 200	Santa Rosa CA		95404 68-0137105	05 501(c)(3)	6,000			Free access to books for low-income children
Sulivan Co. Imagination Library	P.O. Box 3045	Kingsport	σ N F	37664 55-0860873	73 501(c)(3)	6,000		- 4	Free books for children birth until 5 at no cost to family
Washington County Friends of Santa	P.O. Box 54	Abingdon	VA	24212 54-1778277	77 501(c)(3)	6,000			Assistance for needy children at Christmas
DISCOVERY Children's Museum	360 Promenade Place	Las Vegas NV	NV.	89131 94-2943891	91 501(c)(3)	5,920			Hands-on, exploratory learning
Shoes That Fit	1420 N. Claremont Blvd. Suite 204A	Claremont	CA	91711 95-4425565	65 501(c)(3)	5,700			Athletic shoe to children in poverty in New England
Touro University Nevada	874 American Pacific Dr.	Henderson NV		89014 20-0362127	27 501(c)(3)	5,700			Fund new equipment to enhance therapy sessions for children with autism
Somerset Academy of Las Vegas Lone Mountain	4491 N. Rainbow Blvd.	Las Vegas	Ş	89108 27-5393412	12 501(c)(3)	5,500			Provide musical instruments for all elementary students at Somerset Las Vegas
Kyle Busch Foundation	351 Mazeppa Road	Mooresville	NC 2	Mooresville NC 28115 20-5950643	43 501(c)(3)	5,425			Provide essential tools for less fortunate children throughout the country

Grants \$5,000 or less

743,326

3,245,875

Schedule I (F	Schedule I (Form 990) (2017)					
Part =	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.	mestic Individua space is needed.	Is. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
-						
8						
က						
4						
S.						
ဖ						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	quired in Part I, lin	e 2; Part III, columr	ו (b); and any other additi);	onal information.
Pt I Line 2:	ine 2: Speedway Children's Charitie	rities monito	irs the use of	grant funds t	s monitors the use of grant funds through various site visits	visits and
grant	grant evaluation forms, which are complet	ompleted by th	ed by the grant recipient.	ient.		

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

(b)

OMB No. 1545-0047

2017

Open to Public Inspection

(d)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization SPEEDWAY CHILDREN'S CHARITIES

Types of Property

Employer identification number

56-1331429

(c)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) If determining tribution 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)	×	602	221,414.		
26	Other ► (Food & Beverages)	×	41	103,146.		
27	Other ▶ (Prizes)	×	163	52,085.		
28	Other ► (Supplies)	×	20	57,875.		
29	Number of Forms 8283 received					
	which the organization completed	d Form 828	3, Part IV, Donee Acknowle	dgement	29	
						Yes No
30a	During the year, did the organiza	tion receiv	e by contribution any prop	erty reported in Part I, line:	s 1 through	
	28, that it must hold for at least	•			•	
	to be used for exempt purposes	for the enti	re holding period?			30a ×
b	If "Yes," describe the arrangement					
31	Does the organization have a contributions?					31 ×
32a	Does the organization hire or us					
	•			•		32a ×
b	If "Yes," describe in Part II.					
33	If the organization didn't report ar	n amount in	column (c) for a type of pro	pperty for which column (a)	is checked,	
	describe in Part II.	·				

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.
Pt I co	ol(b): Number represents the number of contributions, not the number of
items	contributed.
Pt I L	ine 32b: Several auctions used auctioneers to sell items during fundraising
event.	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	·

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Pt VI, Line 2: Board Members O. Bruton Smith and Marcus Smith have a father-son relationship Pt VI, Line 11b: The 990 is reviewed by the National Board of Directors, Finance Committee and Audit Committee prior to filing. Pt VI, 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. Pt VII, Col (E): Governing documents, conflict of interest policy and audited financial statements are made available to the public upon request. Documents may be mailed or emailed to person requesting document. Documents are also available online at speedwaycharities.org. Pt VI, Section C, Line 17: State: AL State: AR State: AZ State: CA State: CO State: CT State: FL State: GA State: IL State: KS

State: TN

State: UT

State: VA

State: WA

State: WI

State: WV

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization SPEEDWAY CHILDREN'S CHARITIES

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 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

and the latest information.

56-1331429

म्बर् इं	Identification of Disregarded Entities. Complete	if the organizatior	if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Par	t IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Paris	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity
(E)							
(2)							
(6)						1 2000000000000000000000000000000000000	
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	ions. Complete if ng the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ing the tax year.	swered "Yes" or	Form 990, Part	IV, line 34, beca	use it had
	(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	Section 512(b)(13) controlled entity?
(1)		and the second s					
(2)		, market					
(6)		*******					
(4)							
(5)							
(9)					12444		
(2)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	BAA REV 09/	REV 09/12/18 PRO			Schedule R	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017	rm 990) 2017												Page
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.	Related Organize or more related	ations Taxa	ble as a	Partnership d as a partne	Complete i	f the organize	ation answ	ered "Yes	" on Form 99	0, Part	IV, line	34,
Name, .	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	ut Direct or (y)	(d) Direct controlling in 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) -of- Disproportionate s allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) General or managing partner?	(k) Percentage ownership
(4)		CARAGORIA							Yes	No	Yes	oN S	
						·	Lea - Labora de Labora de Caración de Cara					-	
(2)													
(3)													
(4)						- And a second s							
(5)													200
(9)								553					
(2)													
Part W	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.	telated Organiz	ations Taxa e related org	i ble as a anization	Corporation is treated as	n or Trust. C a corporatio	complete if the or trust du	ne organiza ring the tax	tion answ	ered "Yes" on	Form	990, Pa	ırt IV,
Name	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	tivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	rolling Type (C corp, S	(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
(1) Speedw 5555 Cone	(1) Speedway Motorsports, Inc. 51-0363307 5555 Concord Parkway Concord NC 28027 (2)	 	Motorsports	Promoter DE	DE	N/A	U		0	0.	0	00.0	×
(3)													
(4)													
(5)							:						
(9)												:	
(2)													
BAA		The state of the s			REV 09	REV 09/12/18 PRO					Schedule	R (Forn	Schedule R (Form 990) 201

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

Make Commission of its and addition to listed in Dode II II or 11 of this cohodule	· ·			Yes
Note: Complete line in any entity is listed in Farts III, in, or it is someone. 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?	or more related organ	izations listed in Part	ts II–IV?	1986
a Receipt of (1) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity				×
			9	×
				×
			7	
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				1e ×
			,	
f Dividends from related organization(s)				×
				×
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities. equipment, or other assets from related organization(s)				×
			-	×
m Performance of services or membership or fundraising solicitations by related organization(s)			-	×
			5	×
		•	-	×
				888
a Doimhimeannt noid to volated avacanization(c) for avacances				×
p iteliinuuseinent paid to related organization(s) tot expenses				
				•
r Other transfer of cash or property to related organization(s)				×
				1s ×
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.	complete this line, inclu	ding covered relation	nships and transaction t	thresholds.
(a)	(q)	(0)	(b)	
Name of related organization	I ransaction type (a – s)	Amount involved	Method of determining amount involved	nount involved
		F .		
(1) Speedway Motorsports, Inc.	D	376,303.	cash, fmv	
(2) Speedway Motorsports, Inc.	u	121,351.	fmv	
	-			
(3) Speedway Motorsports, Inc.	0	254,444.	cost	
(4) Speedway Motorsports, Inc.	Ω	588,140.	cost	
(5)				ethinophyletim is
(9)				
BAA REV 09/12/18 PRO			Schedule R (F	Schedule R (Form 990) 2017

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.

Country Country From tax under greaters From tax under gre	(a) (b) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI		(k) Percentage
Section 5/2—5/4) Yes No Yes Ye			(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	등		ownership
				sections 512-514)	Yes No					Yes No	
	(1)										
	(2)										
	(6)		The state of the s				i i				
	(4)			-		1000					
	(5)										
REV 081/18 PRO	(9)	1					1111				
	(4)		And the state of t							-	
Continue	(8)										
REV 08/12/18 PRO	(6)										
Company	10)										
REV 09/12/18 PRO	11)			A Control of the Cont							
	12)										
REV 09/12/18 PRO	13)		. The second sec					-			
REV 09/12/18 PRO	14)										
REV 09/12/18 PRO	15)						1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
REV 09/12/18 PRO	16)										
	заа			REV 09/	12/18 PRO				Sche	dule R (Fon	n 990) 201

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
	·
	······································
	·
	·

REV 09/12/18 PRO

Page 5

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

BAA

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning Oct 1 , 2017, and ending Sep 30, 20 18

Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0687

	ent of the Treasury Revenue Service	▶ Dor	ot o www.irs.gov/rorm9901 for instruction of enter SSN numbers on this form as it may be				1(c)(3).	Open 1	to Public Inspecti (3) Organizations	on for
A C a	heck box if		Name of organization (dentification nun	A STATE OF THE PARTY OF
	ddress changed of under section		SPEEDWAY CHILDREN'S CHARITI						trust, see instructi	
	1(c)(3)	Print	Number, street, and room or suite no. If a P.O. box,		structions.		56	-133	1429	
40		or Type	5401 E. INDEPENDENCE BLVD						usiness activity c	odes
40	-	туре	City or town, state or province, country, and ZIP or	foreian	postal code		(See	e instruc	tions.)	
☐ 52			CHARLOTTE, NC 28212		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			90009	9	
	yalue of all assets of year	F Gr	oup exemption number (See instructions.) >				, , , ,		
	3,242,526.		eck organization type ► 🗵 501(c) corp		n 501(c)	trust [1 401(8	a) trust	Other	trust
		L	's primary unrelated business activity.					·		
			e corporation a subsidiary in an affiliated grou		******					
	-		and identifying number of the parent corp	-	•	J	•			
J The	e books are in o	care of	NANCY BISSON		Teleph	one numbe	er ▶ (704).	532-3306	
Part	Unrelated	d Trad	e or Business Income		(A) Income		penses		(C) Net	
1a	Gross receipts	or sale	s 155,097							
b	Less returns and	allowance	s0 c Balance ▶	1c	155,097					
2	Cost of goods	sold (S	chedule A, line 7)	2	0					
3	Gross profit. S	Subtract	line 2 from line 1c	3	155,097				155,097	
4a	Capital gain ne	et incon	ne (attach Schedule D)	4a						
b	Net gain (loss)	(Form 4	1797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss de			4c						
5			erships and S corporations (attach statement)	5						
6	Rent income (•	6						
7			ed income (Schedule E)	7						
8		-	and rents from controlled organizations (Schedule F)	8						
9			tion 501(c)(7), (9), or (17) organization (Schedule G)	9						
10			vity income (Schedule I)	10						
11			Schedule J)	11			4550E555E55			
12			ructions; attach schedule)	12	155 007				1.5.5.00	
13 Part	Deduction		3 through 12	13	155,097	tions \ (Fixe			155,097	
1 (4)11			be directly connected with the unrelate			lions.) (Exc	ept 10	r conti	nbutions,	
14			cers, directors, and trustees (Schedule K)		·			14		
15	Salaries and w		oro, anotoro, and tradecto (deficable ty)				·	15		
16	Repairs and m	•	ince				•	16		
17	Bad debts						. t	17		
18	Interest (attacl	h sched	lule)					18		
19	,							19	****	
20			ns (See instructions for limitation rules) .					20		
21			Form 4562)							
22	Less deprecia	tion cla	imed on Schedule A and elsewhere on re	turn .	. 22a			22b		
23								23		
24			rred compensation plans					24		
25			grams					25		
26			nses (Schedule I)					26		788-111
27			sts (Schedule J)					27		
28			ach schedule) See Oth Dec					28	155,122	
29			dd lines 14 through 28					29	155,122	
30			xable income before net operating loss de					30	-25	
31			duction (limited to the amount on line 30)					31		
32			exable income before specific deduction.					32	-25	-
33 34			enerally \$1,000, but see line 33 instruction taxable income. Subtract line 33 from line					33	****	
94	enter the small	omess ller of 7	taxable income. Subtract line 33 from III Pro or line 32	ıe 3∠.	ii iiiie oo is great	ter man line	3∠,	0.4	0.5	
	Cittor tile Silla	110; 012	ero or line 32............				•	34	-25	

Part I	🛚 Та	x Computation				
		zations Taxable as Corporations. Srs (sections 1561 and 1563) check he		on. Controlled grou	ıb	
	Enter yo	our share of the \$50,000, \$25,000, an	d \$9,925,000 taxable income brack	kets (in that order):		
		ganization's share of: (1) Additional 5 tional 3% tax (not more than \$100,00		\$ \$		
C	Income	tax on the amount on line 34			▶ 35c	
36	Trusts	Taxable at Trust Rates. See	instructions for tax computation	on. Income tax c	on 💮	
	the amo	ount on line 34 from: 🔲 Tax rate sche	edule or	1)	▶ 36	
		ax. See instructions			▶ 37	
		ive minimum tax			38	
		Non-Compliant Facility Income. Se				
		add lines 37, 38 and 39 to line 35c or				
Part I		ax and Payments				
122220000000000000000000000000000000000	2009	tax credit (corporations attach Form 11	18: trusts attach Form 1116)	41a		
	_	redits (see instructions)	•	41b		
		business credit. Attach Form 3800 (s		41c		
		or prior year minimum tax (attach For		41d		
		redits. Add lines 41a through 41d .		L	41e	
42		et line 41e from line 40			Laure I	
43		tes. Check if from: Form 4255 Form			43	
44		ax. Add lines 42 and 43			44	
		nts: A 2016 overpayment credited to		45a		
b		stimated tax payments		45b		
c		posited with Form 8868		45c		
d		organizations: Tax paid or withheld a		45d		
e	_	withholding (see instructions)		45e		
f	•	or small employer health insurance p		45f		
			2439	431		
9	Form			45g		
46		ayments. Add lines 45a through 45g			46	
47		ed tax penalty (see instructions). Che				
48		e. If line 46 is less than the total of lin			▶ 48	
49		yment. If line 46 is larger than the to			→ 49	
50		amount of line 49 you want: Credited to		Refunded		
Part		atements Regarding Certain Ad			<u> </u>	
51	Bernard Co.	time during the 2017 calendar year, c		<u> </u>	or other author	ity Yes No
0.		financial account (bank, securities, o				Try
		Form 114, Report of Foreign Bank				
	here 🕨	•	,		.	, ×
52	Durina tl	he tax year, did the organization receive a	a distribution from, or was it the granto	r of, or transferor to, a	foreign trust?	
~		see instructions for other forms the o		t oi, or transferor to, a	noroign tract.	
53		ne amount of tax-exempt interest rece	,	ar ▶ \$	0.	
	Under	penalties of perjury, I declare that I have examined	this return, including accompanying schedules	and statements, and to the	e best of my knowl	edge and belief, it is
Sign	true, co	prrect, and complete. Declaration of preparer (other	than taxpayer) is based on all information of whi	ch preparer has any knowle		discuss this return
Here	1 10.		Executive	e Director	with the pre	parer shown below
		ure of officer	Date Title		(see instructi	ons)? ∐Yes ⊠ No
Paid	1	Print/Type preparer's name	Preparer's signature	Date		PTIN
		0-10-0			Check ☐ if self-employed	
Prepa		Fiself-Prepared	Alexander Company of the Company of		Firm's EIN ▶	.1
Use (Jniy	Firm's address ▶	MANAGEMENT AND		Phone no.	

Schedul	e A-Cost of Goods Sold.	Enter	method of ir	rvent	ory va	luation >			***************************************	
1 Inv	ventory at beginning of year	1			6	Inventory a	at end of year	6		
2 Pu	rchases	2			7		ost of goods sold. Subtract			
3 Co	ost of labor	3				line 6 from	line 5. Enter here and			
4a Ad	Iditional section 263A costs					in Part I, lir	ne 2	7		
(at	tach schedule)	4a			8	Do the rul	les of section 263A (wit	h respect to	Yes	No
b Ot	her costs (attach schedule)	4b				property p	roduced or acquired for	resale) apply		
	tal. Add lines 1 through 4b	5				to the orga	nization?		000000000000000000000000000000000000000	
	e C—Rent Income (From I tructions)	Real I	Property and	l Per	sonal	Property I	Leased With Real Pro	perty)		
· · · · · · · · · · · · · · · · · · ·	on of property						ONE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S			
(1)			······							
(2)							· .			
(3)				***************************************						
(4)										
<u>· · · · · · · · · · · · · · · · · · · </u>	2. Rent re	ceived o	or accrued						www.u	
	ersonal property (if the percentage of re onal property is more than 10% but not more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for pers	onal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			ie
(1)										
(2)										
(3)						drive constitution of				
(4)									****	
Total		To	otal							
	ncome. Add totals of columns 2(a) n page 1, Part I, line 6, column (A)						(b) Total deductions. Enter here and on page Part I, line 6, column (B)			
	e E-Unrelated Debt-Fina			instru	ctions	5)		····		***************************************
	1. Description of debt-financed	property	,			come from or debt-financed		ced property		
			property		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)										
(2)										
(3)										
(4)										
4. A acq alloca	uisition debt on or debt on or debt debt-financed deb	of or allo t-finance	djusted basis scable to ed property chedule)	Advanced by many	4 di	olumn vided Ilumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	al of colu	
(1)						%				
(2)						%				
(3)						%				
(4)						%				
							Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,		
Totals . Total divid		 ded in a	column 8			. 				

Schedule F—Interest, Ann	luities, Royalties,			Controlled Org	anizations (see	e instruc	tions)	
Name of controlled organization	2. Employer identification number			4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)								
(2)				Y-11-7-11-11-11-11-11-11-11-11-11-11-11-1				
(3)								
(4) Nonexempt Controlled Organi	izations	<u> </u>						
Nonexempt Controlled Organi	Tations		· · · · · · · · · · · · · · · · · · ·				T	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of colum included in the corganization's gro	ontrolling	connec	eductions directly cted with income in column 10
(1)								
(2)		•						
(3)								
(4)						**************************************		
Totals					Add columns 5 Enter here and c Part I, line 8, co	n page 1, lumn (A).	Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).
Schedule G-Investment	Income of a Sect	tion 501	(c)(7), (9),	or (17) Organi	zation (see inst	ructions)	
1. Description of income	2. Amount o	of income	dire	. Deductions ctly connected ach schedule)	4. Set-aside (attach schedu	- 1	and s	otal deductions et-asides (col. 3 plus col. 4)
(1)					· · · · · · · · · · · · · · · · · · ·	***********		
(2)								
(3)					***************************************			
(4)								A CONTRACTOR OF THE CONTRACTOR
Totals	Part I, line 9, 0	column (A).	•				Part I, li	re and on page 1, ne 9, column (B).
Schedule I—Exploited Ex	empt Activity Inc	ome, Ot	her Than	Advertising In	come (see inst	ructions)	
1. Description of exploited active	2. Gross unrelated business inco from trade business	ome con or pro	Expenses directly nected with oduction of unrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)						-		
Totals	Enter here and page 1, Part line 10, col. (tl, pag	here and on ge 1, Part I, 10, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising	Income (see instru	ctions)					Covernment of the Covernment o	21
Part I Income From I	Periodicals Repo	rted on a	a Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income	7 i	3. Direct ertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								10 E
Totals (carry to Part II, line (5))	>							

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)			·			
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1 – 5) ▶						

Schedule K-Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		🕨	

Form **990-T** (2017)

Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

Form 990-T: Exempt Organization Business Income Tax Return Other Deductions

Continuation Statement

Description	Amount
Prize	48,087.
Grant Proceeds (TX statute H.B. No. 975, Sec. 2004.006)	75,975.
Raffle Fees	17,550.
Bank Fees	1,112.
Office & Misc Expenses	4,588.
Signage	2,681.
Printing	980.
Payroll Service	2,465.
Volunteer Groups	1,684.
Total	155,122.