

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990** .

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2012

Open to Public

| Intern                  | al Revenu    | ie Service      | ▶ The               | organization        | may have to us   | e a copy of this                      | return to s        | atisfy state repor      | tıng req    | uirements.                   |           | ln:                                   | specti   | o <b>n</b>      |
|-------------------------|--------------|-----------------|---------------------|---------------------|--|---------------------------------------|--------------------|-------------------------|-------------|------------------------------|-----------|---------------------------------------|--|-----------------|
| <b>A</b> 1              | For the      | 2012 calend     | ar year, or tax     | year beginn         | ning   |                                       | 10-01              | , 2012, and en          | ding        |                              | 09-       | ·30 , <u>2</u> 0                      | 13   |                 |
| В                       | Check if a   | pplicable       | C Name of organiz   | zation SPEEI        | OWAY CHILDE  | EN'S CHAR                             | RITIES             |                         |             |                              | D         | Employer                              | dentific   | ation no        |
| $\Box$                  | Address c    | hange           | Doing Business      | As                  |  |                                       |                    |                         | -           |                              | _         | 56-133                                |  |                 |
| $\equiv$                | Name cha     | - 1             |                     |                     | if mail is not delivere                                      | d to street address)                  |                    |                         | Room/s      | uite                         | -         | Telephone                             |  |                 |
| $\equiv$                | nitial retu  |                 | ро вох              |                     |  | ,                                     |                    |                         |             |                              |           | (704)5                                |  |                 |
| $\equiv$                | Terminate    |                 |                     | st office, state, a | and 7IP code   |                                       |                    |                         |             |                              | ╁         |                                       | 59,00  |                 |
| $\equiv$                | Amended      |                 |                     | te, NC 2            |  |                                       |                    |                         |             |                              | ٦         | Gross rec                             |  |                 |
| $\equiv$                |              | n pending       | F Name and ad       |                     |  | uton Smith                            |                    |                         |             |                              |           | GIOSS IEC                             | sibre a  |                 |
| ш,                      | чрисацо      | in penung       |                     | C above             |  | acon bilitin                          |                    |                         | H(a)        | Is this a gro<br>affiliates? | up retu   | m for                                 | Yes  | X No            |
|                         |              | <b>[</b> [7]    |                     |                     | •  |                                       | П                  | -                       | ┥           |                              |           |                                       | $\equiv$   | $\equiv$        |
|                         | Tax-exem     |                 |                     |                     | (insert no )   | 4947(a)(1) or                         | 527                |                         | H(b)        | Are all affilia              | ch a list | t (see instruc                        | L Yes  | i 📙 No          |
|                         | Website:     |                 | edwaychari          |                     | <del></del>  | <u></u>                               | <del></del>        |                         | H(c)        | Group exem                   | ·         |                                       | ·  |                 |
| *****                   |              |                 |                     | Trust Asso          | ciation Uther  | <b></b>                               |                    | Year of formation 1     | 982         | M State                      | of legal  | domicile                              | NC   |                 |
| Pa                      | rt I         | Summar          |                     |                     | <del> </del>   |                                       |                    |                         |             |                              |           |                                       |  |                 |
|                         | 1            | •               | -                   |                     | on or most signif  |                                       |                    | way Childre             |             |                              |           |                                       |  | <u>kempt</u>    |
| ø                       |              |                 |                     |                     |  |                                       |                    | organizatio             |             | hat mee                      | t t       | he dir                                | ect  |                 |
| Activities & Governance | Ì            | needs of        | children            | with med            | dical, educ  | cational or                           | r socia            | l challenge             | es.         |                              |           |                                       |  |                 |
| eru                     |              |                 |                     | . <u></u>           |  |                                       |                    |                         |             |                              |           |                                       |  |                 |
| ò                       | 2            | Check this b    | ox 🕨 📙 if the c     | organization        | discontinued its   | operations or dis                     | sposed of          | more than 25% o         | f its net   | assets.                      |           |                                       |  |                 |
| නේ                      | 3            | Number of v     | oting members       | of the goverr       | ning body (Part \  | /I, line 1a) .                        |                    |                         |             | [                            | 3         |                                       |  | 18              |
| es                      | 4            | Number of in    | idependent votii    | ng members          | of the governing   | body (Part VI, I                      | lıne 1b)           |                         |             | [                            | 4         |                                       |  | 18              |
| Ϋ́                      | 5            | Total numbe     | r of individuals e  | employed in         | calendar year 20   | 012 (Part V, line                     | 2a) .              |                         |             | [                            | 5         |                                       |  | 12              |
| Ę                       | 6            | Total numbe     | r of volunteers (   | estimate if n       | ecessary) .  |                                       |                    |                         |             |                              | 6         | · ·                                   |  | 2,700           |
|                         | 7a           | Total unrelat   | ed business rev     | enue from P         | Part VIII, column  | (C), line 12 .                        |                    |                         |             |                              | 7a        |                                       |  | 0               |
|                         | b            | Net unrelate    | d business taxa     | ble income f        | rom Form 990-T   | , line 34                             |                    | ٠ بهسسه ٠               |             | [                            | 7b        |                                       |  | 0               |
|                         |              |                 |                     |                     |  |                                       |                    | n I                     | F           | rior Year                    |           | Cur                                   | rent Yea   | ır              |
|                         | 8            | Contributions   | s and grants (Pa    | art VIII, line 1    | 1h)  |                                       |                    | الىبساياً.              |             | 3,164,                       | 212       |                                       | 3,57   | 8,251           |
| 9                       | 9            | Program ser     | vice revenue (P     | Part VIII, line     | 2g)  | REL                                   | سسسسار             | \&\                     |             |                              |           | i                                     |  |                 |
| Revenue                 | 10           | Investment i    | ncome (Part VII     | I. column (A        | ), lines 3, 4, and   | 7d)                                   |                    | .014 · · /05/           |             | (4,                          | 344       | )                                     |  | 2,502           |
| æ                       | 11           | Other reveni    | ue (Part VIII. col  | lumn (A), line      | es 5, 6d, 8c, 9c,  | 10c. and 11ex                         | g 3 0 '            | · · · · · · /= /-       |             | (12,                         |           |                                       |  | 37,570          |
|                         | 12           | Total revenu    | e - add lines 8 t   | hrough 11 (r        | ), lines 3, 4, and<br>es 5, 6d, 8c, 9c,<br>nust equal Part \ | VIII. COLLIMN (A).                    | ار)<br>اسد(12 line | 1.1.7.                  |             | 3,147,                       |           | · · · · · · · · · · · · · · · · · · · |  | 8,179           |
|                         | 13           | Grants and s    | similar amounts     | paid (Part I)       | C, column (A), lin   | es 1314                               | TO THE M           | المستشب                 |             | 2,409,                       |           |                                       |  | 9,378           |
|                         | 14           |                 |                     |                     | , column (A), line   | 1.                                    |                    |                         |             |                              |           | · <del></del>                         |  | 0               |
|                         | 15           |                 |                     | •                   | benefits (Part I)  | سنري ۱۱                               | nes 5-10)          |                         |             | 550,                         | 620       |                                       | 46   | 59,417          |
| ses                     | - 1          |                 |                     |                     | olumn (A), line 1  |                                       | 100 0 10,          |                         | <u> </u>    |                              | 020       |                                       | - 10   | 0,111           |
| Expenses                |              |                 | -                   |                     | umn (D), line 25)  | •                                     |                    | 71,547                  |             | ·······                      |           |                                       | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | <del></del>     |
| 쫎                       | 17           |                 | • •                 | •                   | es 11a-11d, 11f-   |                                       |                    | <del></del>             |             | 367,                         | 122       |                                       | ~~~~~~   | 35,834          |
| _                       | 18           | •               | •                   | • •                 | egual Part IX, co  | •                                     |                    | <del>-</del>            |             | 3,328,                       |           |                                       |  |                 |
|                         | 19           | •               |                     | •                   | 18 from line 12  |                                       | ,                  | _                       |             | <u>-</u>                     |           |                                       |  | 4,629           |
| · ·                     |              | Revenue les     | s expenses. S       | ubliact line i      | 10 IIOIII IIII 12  | · · · · · · · · · · · · · · · · · · · |                    |                         |             | (180,                        |           |                                       |  | 33,550          |
| Fund Blances            | 5<br>2<br>20 | Total accets    | (Part V June 16     | 1                   |  |                                       |                    | <del></del>             | Beginnin    | g of Current                 |           | En                                    | d of Year  |                 |
| Ba                      | 20           |                 | •                   | •                   |  |                                       |                    | <u> </u>                |             | 3,579,                       |           |                                       |  | 9,536           |
| E 3                     | 21           |                 | es (Part X, line 2  |                     |  |                                       |                    |                         |             | 979,                         |           |                                       |  | 5,560           |
|                         | 22<br>    11 |                 |                     | S. Subtract II      | ne 21 from line 2  |                                       | <del></del>        |                         | <del></del> | 2,600,                       | 426       | <u> </u>                              | 2,98   | 33,976          |
|                         |              |                 | ire Block           | nined this return   | noluding accompa   | wing schedules and                    | statements         | and to the best of my k | nowledge    | a and holiof it              | 10        |                                       |  |                 |
|                         |              |                 |                     |                     | er) is based on all info                                     |                                       |                    |                         | anownedge   | e and belief, ii             | . 13      |                                       |  |                 |
|                         |              |                 | 901 5               | Hay                 | -  | -                                     |                    |                         |             |                              | 1         | 1710                                  | 7  |                 |
| Sig                     | ın           | ZW<br>Sugnetive | re of office        | WW-                 |  |                                       |                    | <del></del> ,           |             |                              | Paia      | -1 / / [                              | 1  |                 |
| _                       |              | <b>!</b>        | •                   | _                   |  | _                                     |                    |                         |             |                              | Date      |                                       |  |                 |
| He                      | re           |                 |                     |                     | cutive Dire  | ector                                 |                    |                         |             |                              |           |                                       |  |                 |
|                         |              | Type or         | pnnt name and title | <del></del>         | <del></del>  |                                       | ,                  |                         |             |                              | ı         |                                       | <del></del>                                      |                 |
| _                       |              | Print/Type pr   | eparer's name       | ĺ                   | Preparer's signature   |                                       |                    | Date                    |             | Check                        | ıf F      | PTIN                                  |  |                 |
| Pa                      |              | <u> </u>        |                     |                     |  |                                       |                    |                         |             | self-employe                 | d         |                                       |  |                 |
|                         | eparer       |                 |                     |                     |  |                                       | <u></u>            |                         | Firm's E    | EIN 🕨                        |           |                                       | $\bot$   |                 |
| Us                      | e Only       | y Firm's addres | ss <b>&gt;</b>      |                     |  |                                       |                    |                         | Phone       | no                           |           |                                       | -  |                 |
|                         |              |                 |                     |                     |  | <u> </u>                              |                    |                         | <u> </u>    |                              |           |                                       |  |                 |
|                         |              |                 |                     |                     | own above? (see  |                                       | <u></u> .          |                         |             |                              |           | 🔲 ·                                   | Yes  | ☐ No            |
| For                     | Paperv       | vork Reducti    | ion Act Notice,     | see the sep         | parate instruction   | ons.                                  |                    |                         |             |                              |           | F                                     | orm <b>99</b>                                    | <b>0</b> (2012) |

15/4

|           | 990 (2012) SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Page 2  |
|-----------|---|
| Pal       | Statement of Program Service Accomplishments  |
|           | Check if Schedule O contains a response to any question in this Part III  |
| 1         | Briefly describe the organization's mission   |
|           | Speedway Children's Charities' primary exempt purpose is to raise and provide funds to  |
|           | non-profit organizations that meet the direct needs of children with medical, educational or                                  |
|           | social challenges.  |
|           |   |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the                  |
|           | prior Form 990 or 990-EZ?   |
| _         | If "Yes," describe these new services on Schedule O   |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program                            |
|           | services?   |
|           | If "Yes," describe these changes on Schedule O.   |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as measured by    |
|           | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
|           | the total expenses, and revenue, if any, for each program service reported.   |
|           |   |
| 4a        | (Code) (Expenses \$2,363,564 including grants of \$2,349,378 ) (Revenue \$0)  |
|           | Funds were raised throughout the year by holding auctions, dinners, golf outings, drawings                                    |
|           | and numerous other events. The funds raised from these events allowed Speedway Children's                                     |
|           | Charities to issue funds to 501(c)3 nonprofit organizations that complied with our exempt                                     |
|           | purpose.  |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| 4b        | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| 4c        | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| 4d        | Other program services. (Describe in Schedule O.)   |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| <u>4e</u> | Total program service expenses ► 2,363,564  |
| EEA       | Form <b>990</b> (2012)  |

EEA

### Checklist of Required Schedules Part IV

|          |   |            | Yes   | No            |
|----------|---|------------|-------|---------------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                             |            | 37    |               |
|          | complete Schedule A   | 1          | X     |               |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2          | Χ     |               |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                          | _          |       |               |
|          | candidates for public office? If "Yes," complete Schedule C, Part I   | 3          |       | <u>X</u>      |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                             | _          |       |               |
| -        | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4          |       | <u>X</u>      |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                              |            |       |               |
|          | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                                     |            |       |               |
|          | rattii  | 5          |       |               |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                                   |            |       |               |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                               |            |       |               |
| _        | "Yes," complete Schedule D, Part I  | 6          |       | <u>X</u>      |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                 |            |       |               |
| _        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                      | 7          |       | X             |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                       |            |       |               |
| _        | complete Schedule D, Part III   | 8          |       | <u>X</u>      |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a                           |            |       |               |
|          | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or                              |            |       |               |
| 40       | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9          |       | _X_           |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted                                   | 4-         |       | ٠,            |
| 11       | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10         |       | X             |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. | İ          |       |               |
|          | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                                    |            |       |               |
| a        | complete Schedule D, Part VI  | 44-        | Х     |               |
| b        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more                            | 11a        | Λ     |               |
| -        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |       | х             |
| С        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more                             | -115       |       | - 21          |
| -        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |       | Х             |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets                          |            |       |               |
|          | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        |       | x             |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                     | 11e        | -     | $\frac{x}{x}$ |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                   |            |       |               |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                    | 11f        | Х     |               |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                       |            |       |               |
|          | Schedule D, Parts XI and XII  | 12a        | Х     |               |
| b        | Was 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        |       | Х             |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |       | X             |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        |       | X             |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |            |       |               |
|          | fundraising, business, investment, and program service activities outside the United States, or aggregate                                 |            |       |               |
|          | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |       | X             |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any                              |            |       |               |
|          | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                  | 15         |       | <u>X</u>      |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance                           |            |       |               |
| 4-       | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16         |       | <u>X</u>      |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                            |            |       |               |
| 40       | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17         |       | X             |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                               | ا ۔ ا      | ٦,    |               |
| 40       | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         | X     |               |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                              | 40         | I     |               |
| 20a      | If "Yes," complete Schedule G, Part III   | 19         | X     |               |
| zua<br>b |   | 20a<br>20b |       |               |
|          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                              | _ZVD       | 200 ( |               |

Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 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 X 24a 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ........ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

X

38

| Fai     | Statements Regarding Other IRS Fillings and Tax Compliance   |            |          |  |
|---------|--|------------|----------|--|
|         | Check if Schedule O contains a response to any question in this Part V   | • • • •    |          | <u>.                                    </u> |
|         |  | ,          | Yes      | No   |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |            |          | 1  |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |          |  |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and   |            | 3,5      | ĺ  |
| 2-      | reportable gaming (gambling) winnings to prize winners?  | 1c         | X        | ļ  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | -          |          | 1  |
| h       | Statements, filed for the calendar year ending with or within the year covered by this return  | 26         | v        | ĺ  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | <u>X</u> |  |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 2.         |          | v  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3a<br>3b   |          | X  |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                                      | 30         |          |  |
| 74      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |            |          |  |
|         | account)?  | 4a         |          | х  |
| b       | If "Yes," enter the name of the foreign country:   | <b>4</b> a |          |  |
| -       | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |            |          |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |          | х  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                       | 5b         |          | X  |
| C       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         | -        | 1  |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | - 30       |          | <del></del>                                  |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a         |          | х  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |            |          | <u> </u>                                     |
|         | gifts were not tax deductible?   | 6b         |          |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |            |          |  |
| а       | 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         | X        | ĺ  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         | X        |  |
| C       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |            |          |  |
|         | required to file Form 8282?  | 7c         |          | Х  |
| 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         |          | Х  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |          | X  |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A                   | 7g         |          |  |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                     | 7h         |          |  |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |            |          |  |
|         | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |            |          |  |
|         | organization, have excess business holdings at any time during the year?   | 8          |          | ļ  |
| 9       | Sponsoring organizations maintaining donor advised funds.  |            |          |  |
| а       | Did the organization make any taxable distributions under section 4966?  | 9a         |          | ļ  |
| ь       | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b         |          | ļ  |
| 10      | Section 501(c)(7) organizations. Enter:  |            |          |  |
| a       | Initiation fees and capital contributions included on Part VIII, line 12   |            |          |  |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |          |  |
| 11      | Section 501(c)(12) organizations. Enter  |            |          |  |
| a       | Gross income from members or shareholders  | -          |          |  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   | 1          |          |  |
| 120     | against amounts due or received from them.)  | 422        |          |  |
| 12a     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12a        |          | ļ  |
| b<br>12 |  |            |          |  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? | 13a        |          | <del></del>                                  |
| а       | Note. See the instructions for additional information the organization must report on Schedule O   | ısa        |          | -  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |            |          |  |
| b       | the organization is licensed to issue qualified health plans   |            |          |  |
| С       | Enter the amount of reserves on hand   |            |          |  |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |          | X  |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        |          | 1  |
|         |  |            | ,        | 1  |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 18 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? .......... Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Х affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 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," X 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? **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK AL AR AZ CA CO CT FL GA IL, Schedule O 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website ☑ Upon request ☐ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 5401 E INDEPENDENCE BLVD Charlotte, NC 28212 organization. ► NANCY BISSON (704)532-3306

|  | (2012) |  |
|--|--------|--|
|  |        |  |
|  |        |  |

### SPEEDWAY CHILDREN'S CHARITIES

| 5 | 6 | _ | 1 | 3 | 3 | 1 | 4 | 2 | Q |  |
|---|---|---|---|---|---|---|---|---|---|--|
|   |   |   |   |   |   |   |   |   |   |  |

Page 7

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

| Check if Schedule O contains a response to any question in this Part VII |  |
|--|--|
|  |  |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)                         | (B)                           | (C)               |        |        |  |                         |              | (D)             | (E)                   | (F)                         |
|-----------------------------|-------------------------------|-------------------|--------|--------|--|-------------------------|--------------|-----------------|-----------------------|-----------------------------|
| Name and Title              | Average                       |                   |        | Pos    |  |                         |              | Reportable      | Reportable            | Estimated                   |
|                             | hours per                     | (do no            | ot che | ck me  | ore th   | an one                  |              | compensation    | compensation from     | amount of                   |
|                             | week (list any<br>hours for   | box, u            | ınless | pers   | on is  | both an                 |              | from<br>the     | related organizations | other compensation          |
|                             | related                       | office            | r and  | a dire | ector/t  | rustee)                 |              | organization    | (W-2/1099-MISC)       | from the                    |
|                             | organizations<br>below dotted | l t d             | l t    |        |  | Нсе                     | F            | (W-2/1099-MISC) |                       | organization<br>and related |
|                             | line)                         | dur               | S U    | f      | e<br>y   | l o m<br>g m p<br>h p l | r            |                 |                       | organizations               |
|                             |                               | ı se              | ιt     | C      | e<br>m   | leeo                    | m<br>e       |                 |                       |                             |
|                             |                               | deo               | u e    | e<br>r | P  | s n y                   | '            |                 |                       |                             |
|                             |                               | u r<br>a o<br>l r | t<br>ı |        | ó<br>y   | a e                     |              |                 |                       |                             |
|                             |                               | ' '               | n<br>a |        | e  | q                       |              |                 |                       |                             |
| (A) (C) - (1) - (2) - (1)   | -                             | İ                 | Ĭ      | 1      |  | -                       |              |                 |                       |                             |
| (1) Chris Powell            | 1 00                          | х                 |        | ŀ      |  |                         |              |                 |                       |                             |
| Director (2) Conrad Clement | 1.00                          | <u> </u>          | -      |        | <del>                                     </del> | -                       | <del> </del> |                 | 0                     | 0                           |
|                             | 1 00                          | x                 |        |        |  |                         | 1            |                 |                       |                             |
| Director (3) Don Hawk       | 1.00                          | <u> </u>          |        |        | ├  |                         |              |                 | 0                     | 0                           |
| Director                    | 1 00                          | x                 |        |        |  |                         |              |                 |                       |                             |
| (4) Ed Clark                | 1.00                          |                   |        | -      | -  |                         |              |                 | 0                     | 0                           |
| Director                    | 1.00                          | x                 |        |        |  |                         |              |                 | o                     | 0                           |
| (5) Eddie Gossage           | 1.00                          | 1                 | _      | ├─     | ╁  |                         | <del> </del> |                 |                       |                             |
| Director                    | 1.00                          | X                 |        |        |  |                         |              |                 | o                     | o                           |
| (6) Jeff Hammond            | 1.00                          | 12                |        | ┢      |  |                         |              |                 | <u> </u>              |                             |
| Director                    | 1.00                          | X                 |        |        | ļ  | }                       |              |                 | o                     | o                           |
| (7) Jerry Caldwell          | 1.00                          | 1                 |        |        |  |                         |              | ,               | -                     | -                           |
| Director                    | 1.00                          | X                 |        | İ      |  |                         |              |                 | o o                   | 0                           |
| (8) Jerry Gappens           | 1 2.00                        | <del> </del>      | ┢      |        | $\vdash$   |                         |              |                 | <u> </u>              |                             |
| Director                    | 1.00                          | X                 |        |        |  | ŀ                       |              |                 | 0                     | 0                           |
| (9) Kim Hansen              | 1                             | <u> </u>          |        |        | <del>                                     </del> | -                       | <b></b>      |                 |                       |                             |
| Director                    | 1.00                          | Х                 |        |        |  |                         |              |                 | ol o                  | 0                           |
| (10)Marcus Smith            |                               |                   |        |        |  | 1                       |              |                 |                       | <u> </u>                    |
| Vice Chairman               | 1.00                          | X                 |        | Х      |  |                         |              |                 | o o                   | 0                           |
| (11)Marcy Smothers          |                               |                   |        |        |  |                         |              |                 |                       |                             |
| Director                    | 1.00                          | X                 |        |        |  |                         |              | 1               | o o                   | 0                           |
| (12)Mark Simendinger        |                               | 1                 |        |        |  |                         |              |                 |                       | -                           |
| Director                    | 1.00                          | X                 |        |        |  |                         |              |                 | ol o                  | 0                           |
| (13)Mel Larson              |                               |                   |        |        |  |                         |              |                 |                       | · -                         |
| Director                    | 1.00                          | X                 |        |        | L  |                         |              |                 | o o                   | 0                           |
| (14)O Bruton Smith          |                               |                   |        |        |  |                         |              |                 |                       |                             |
| Chairman                    | 1.00                          | X                 |        | X      | 1  |                         |              |                 | 0 0                   | 0                           |

| Part VII   Section A. Officers, Directors, Trustees,  | Key Employ            | yees, a    | and I  | High     | est             | Comp                   | ens         | ated Employees (        | continued)                       | <del>,</del>                                     |                         |                     |
|---|-----------------------|------------|--|----------|-----------------|------------------------|-------------|-------------------------|----------------------------------|--|-------------------------|---------------------|
| (A)   | (B)                   |            |  |          | <b>)</b>        |                        |             | (D)                     | (E)                              |  | (F)                     |                     |
| Name and title  | Average<br>hours per  | (do n      | ot che   |          | ition<br>ore th | nan one                |             | Reportable compensation | Reportable compensation from     |  | timated                 |                     |
|   | week (list any        |            |  |          |                 | both an                | ·           | from                    | related                          |  | other                   |                     |
|   | hours for related     | -          | T  | T        | 1               | ustee)                 | ᆸ           | the<br>organization     | organizations<br>(W-2/1099-MISC) |  | pensation               | n                   |
|   | organizations         | l t d      | n r  |          | K               | Hce                    | F<br>  0    | (W-2/1099-MISC)         | ( 2 100000)                      | org  | anızatıon               |                     |
|   | below dotted<br>line) | dur<br>ıse | t s  |          | y<br>e          | g mp<br>h p l<br>e e o | m<br>e      |                         |                                  |  | d related<br>anization: |                     |
|   | """,                  | i e t      | lt e   | l e      | m<br>p          | s n y                  | ı           |                         |                                  |  |                         |                     |
|   |                       | u r        | į į  |          | 0               | ae                     |             |                         |                                  |  |                         |                     |
|   |                       | 1 "        | o<br>n   | ĺ        | e<br>e          | e<br>d                 |             |                         |                                  |  |                         |                     |
|   |                       |            | a<br>I   |          | Ľ               |                        |             |                         |                                  | ــــــ   |                         |                     |
| (15)Sam Bass  |                       | 7,         |  |          |                 |                        |             | _                       |                                  |  |                         | _                   |
| Director  | 1.00                  | X          | <del>                                     </del> | ├        |                 |                        |             | 0                       | 0                                | <del>                                     </del> | <del></del>             | _0_                 |
| (16)Scott Brown Director  | 1.00                  | х          |  |          |                 |                        |             | 0                       | 0                                |  |                         | 0                   |
| (17)Steve Page  | 1.00                  | 1          | <b></b> -  | $\vdash$ | -               | <del> </del>           |             |                         |                                  |  |                         |                     |
| Director  | 1.00                  | Х          |  |          |                 |                        |             | О                       | 0                                | 1  |                         | 0                   |
| (18)Tyler Schropp   |                       |            |  |          |                 |                        |             |                         |                                  |  |                         |                     |
| Director  | 1.00                  | X          | <u> </u>   |          |                 |                        |             | 0                       | 0                                | <u> </u>   |                         | 0                   |
| (19)James Greene III  |                       |            |  | ١        |                 |                        |             |                         |                                  |  |                         |                     |
| Secretary   | 1.00                  | -          |  | X        | -               |                        |             | 0                       | 0                                | ┼  |                         | 0                   |
| (20)Randall Storey Treasuer/Assistant Secretary   | 1.00                  |            |  | X        | 1               |                        |             | o                       | 0                                |  |                         | 0                   |
| (21)Thomas Sadler   | 1.00                  | -          | ╁  |          | ╁               | 1                      |             | 0                       |                                  | <del> </del>                                     |                         | 0                   |
| Executive Director  | 25.00                 |            |  | X        | :               |                        |             | 36,000                  | 0                                | 1  | 1                       | 40                  |
| (22)  |                       |            |  |          |                 |                        |             |                         |                                  |  |                         |                     |
|   |                       | ļ          |  |          | <u> </u>        |                        |             |                         |                                  | <u> </u>   |                         |                     |
| (23)  |                       |            |  |          |                 |                        |             |                         |                                  | ŀ  |                         |                     |
| (24)  | <u></u>               | -          | ├-   | -        | <u> </u>        | <del> </del>           | -           |                         |                                  | ┼─   |                         |                     |
| (24)  |                       |            |  |          |                 |                        | Ì           |                         |                                  |  |                         |                     |
| (25)  |                       | 1          |  | T        | <u> </u>        |                        |             |                         |                                  | 1  |                         |                     |
|   |                       |            |  | <u> </u> |                 |                        |             |                         |                                  |  |                         |                     |
| 1b Sub-total  |                       |            |  |          |                 |                        | <b>•</b>    |                         |                                  | <u> </u>   |                         |                     |
| c Total from continuation sheets to Part VII, Sect  | on A .                |            |  |          |                 |                        | <b>&gt;</b> |                         |                                  | <u> </u>   |                         |                     |
| d Total (add lines 1b and 1c)   |                       |            | •  |          |                 |                        | <b>_</b>    | 36,000                  | 0                                |  | 1                       | .40                 |
| 2 Total number of individuals (including but not limite reportable compensation from the organization | to those list<br>-0-  | ed abo     | ove)   | wno      | rec             | eivea r                | nore        | than \$100,000 of       | 0                                |  |                         |                     |
| reportable compensation normatic organization   |                       |            |  |          |                 |                        |             |                         |                                  |  | Yes                     | No                  |
| 3 Did the organization list any former officer, director  | , or trustee, l       | key em     | ploy   | /ee,     | or hi           | ighest                 | com         | pensated                |                                  |  |                         | ·····               |
| employee on line 1a? If "Yes," complete Schedule  | J for such inc        | lividua    | ŀ  |          |                 |                        |             |                         |                                  | 3  |                         | Х                   |
| 4 For any individual listed on line 1a, is the sum of re  |                       |            |  |          |                 |                        |             |                         |                                  |  |                         |                     |
| organization and related organizations greater than   |                       |            |  | mple     | te S            | chedu                  | le J i      | for such                |                                  |  |                         |                     |
| individual  |                       |            |  |          |                 | <br>d araa             |             |                         |                                  | 4  | <del></del>             | X                   |
| for services rendered to the organization? If "Yes,"  | =                     |            | -  |          |                 | _                      | IIIZal      | ·····                   |                                  | 5  | i 1                     | Х                   |
| Section B. Independent Contractors  |                       |            |  |          | <u> р</u>       |                        |             |                         |                                  |  |                         |                     |
| Complete this table for your five highest compensations.  | ted independ          | ent co     | ntrac  | ctors    | tha             | t recei                | ved i       | more than \$100,00      | 0 of                             |  |                         |                     |
| compensation from the organization. Report compe  | ensation for th       | ne cale    | enda   | r yea    | ar er           | nding w                | vith c      | or within the organia   | zation's tax                     |  |                         |                     |
| year.   |                       |            |  |          |                 |                        |             | <del></del>             |                                  |  |                         |                     |
| (A)   |                       |            |  |          |                 |                        |             | (B)                     |                                  |  | (C)                     |                     |
| Name and business address Description of services   |                       |            |  |          |                 |                        |             | Comp                    | ensation                         | 1  |                         |                     |
|   |                       |            |  |          |                 |                        |             |                         |                                  |  |                         |                     |
|   |                       |            |  |          |                 |                        |             |                         |                                  |  |                         |                     |
|   |                       |            |  |          |                 |                        |             |                         |                                  |  |                         |                     |
|   |                       |            |  |          |                 |                        |             |                         |                                  | <del></del>                                      |                         | <del>,,, ,, ,</del> |
| 2 Total number of independent contractors (including  |                       |            | ose  | liste    |                 | _                      | vho         |                         |                                  |  |                         |                     |
| received more than \$100,000 of compensation from   | n the organiz         | ation      |  |          |                 | <del>-</del> 0-        |             |                         |                                  |  |                         |                     |

#### 56-1331429 Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (A) (B) (C) (D) Unrelated business Revenue excluded from tax Total revenue Related or exempt function revenue revenue under sections 512, 513, or 514 Federated campaigns . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1a Membership dues . . . . . . . . . . . . 1b 1c 2,345,422 d Related organizations . . . . . . . 1d Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,232,829 g Noncash contributions included in lines 1a-1f \$ 442,929 <u>. . . .</u> . ▶ 3,578,251 **Business Code** Program Service Revenue 2a f All other program service revenue . . . . . . Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . ▶ Income from investment of tax-exempt bond proceeds . . . ▶ 5 (ı) Real (II) Personal 6a Gross rents . . . . . . . **b** Less. rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) . . . . . . . . . . . . . . . . (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . 2,502 c Gain or (loss) ..... (2,502)(2,502)(2,502)Other Revenue 8a Gross income from fundraising events (not including \$ \_\_\_\_2,345,422 of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . a 984,207 **b** Less direct expenses . . . . . . . . . b 1,069,298 c Net income or (loss) from fundraising events . . (85,091) (85,091)9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . . . . . . . a 96,551 b Less: direct expenses . . . . . . . . b 99,030 (2,479)c Net income or (loss) from gaming activities . . . . . . . . . ▶ (2,479)10a Gross sales of inventory, less **b** Less: cost of goods sold . . . . . . . . . b c Net income or (loss) from sales of inventory . . . . . . . . . . . ▶ Miscellaneous Revenue **Business Code** 11a b С d All other revenue . . . . . . . . . . . . . . .

3,488,179

e Total. Add lines 11a-11d

Total revenue. See instructions . . . . . . . . . . . . ▶

(90,072)

## Part IX Statement of Functional Expenses

| Sect     | on 501(c)(3) and 501(c)(4) organizations must complete all col                                     |                       | cations must complete | column (A).                             |                                       |
|----------|--|-----------------------|-----------------------|---|---------------------------------------|
|          | Check if Schedule O contains a response to any quest   |                       | <u> </u>              |   | <u> </u>                              |
|          | ot include amounts reported on lines 6b, 7b,   | (A)<br>Total expenses | (B) Program service   | (C)<br>Management and                   | (D)<br>Fundraising                    |
|          | b, and 10b of Part VIII.   |                       | expenses              | general expenses                        | expenses                              |
| 1        | Grants and other assistance to governments and   |                       |                       |   |                                       |
| _        | organizations in the United States. See Part IV, line 21 .   | 2,349,378             | 2,349,378             |   | ······                                |
| 2        | Grants and other assistance to individuals in  |                       |                       |   |                                       |
| _        | the United States. See Part IV, line 22  |                       |                       |   | ·······                               |
| 3        | Grants and other assistance to governments,  |                       |                       |   |                                       |
|          | organizations, and individuals outside the   |                       |                       |   |                                       |
|          | United States. See Part IV, lines 15 and 16  | <del></del>           |                       |   | ··· · · · · · · · · · · · · · · · · · |
| 4        | Benefits paid to or for members  |                       |                       |   |                                       |
| 5        | Compensation of current officers, directors,   | 25 252                |                       |   |                                       |
|          | trustees, and key employees  | 36,062                |                       | 36,062                                  |                                       |
| 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        | Other salaries and wages   | 305 351               | 12 170                |   |                                       |
| 8        | Pension plan accruals and contributions (include   | 385,251               | 13,178                |   | 372,073                               |
| Ü        |  |                       |                       |   |                                       |
| 9        | Other employee benefits  | 8,613                 |                       | 140                                     | 0.472                                 |
| 10       | Payroll taxes  | 39,491                | 1,008                 | 140                                     | 8,473                                 |
| 11       | Fees for services (non-employees)  | 39,491                | 1,008                 | 2,759                                   | 35,724                                |
| a        | Management   |                       |                       |   |                                       |
| b        | Legal  |                       |                       |   |                                       |
| c        | Accounting   | 23,255                |                       | 23,255                                  | <del></del>                           |
| d        | Lobbying   | 20,200                |                       | 23,233                                  |                                       |
| e        | Professional fundraising services See Part IV, line 17 .   |                       | 11:81                 | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 |                                       |
| f        | Investment management fees   |                       |                       |   |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column  |                       |                       |   |                                       |
| •        | (A) amount, list line 11g expenses on Schedule O)  |                       |                       |   |                                       |
| 12       | Advertising and promotion  | 952                   |                       |   | 952                                   |
| 13       | Office expenses  | 36,901                |                       |   | 36,901                                |
| 14       | Information technology   |                       |                       |   |                                       |
| 15       | Royalties  | 7.5                   |                       |   |                                       |
| 16       | Occupancy  | 2,754                 |                       |   | 2,754                                 |
| 17       | Travel   | 48,154                |                       | 4,796                                   | 43,358                                |
| 18       | Payments of travel or entertainment expenses   |                       |                       |   |                                       |
|          | for any federal, state, or local public officials  |                       |                       |   |                                       |
| 19       | Conferences, conventions, and meetings   |                       |                       |   |                                       |
| 20       | Interest   |                       |                       |   |                                       |
| 21       | Payments to affiliates   |                       |                       |   |                                       |
| 22       | Depreciation, depletion, and amortization  | 27,221                |                       |   | 27,221                                |
| 23       | Insurance  | 13,300                |                       | 2,506                                   | 10,794                                |
| 24       | Other expenses. Itemize expenses not covered   | 3                     |                       |   |                                       |
|          | 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.)   |                       |                       |   |                                       |
| a        | Fundraising Expenses   | 122,426               |                       |   | 122,426                               |
| b        | Tax & License  | 8,815                 |                       |   | 8,815                                 |
| C        | Repairs  | 2,056                 |                       |   | 2,056                                 |
| d        | All other surrent  |                       |                       |   |                                       |
| 9        | All other expenses   | 2 404                 |                       |   |                                       |
| 25<br>26 | Total functional expenses. Add lines 1 through 24e .  Joint costs. Complete this line only if the  | 3,104,629             | 2,363,564             | 69,518                                  | 671,547                               |
| -0       | organization reported in column (B) joint costs  | ļ                     |                       |   |                                       |
|          | from a combined educational campaign and   | 1                     |                       |   |                                       |
|          | fundraising solicitation. Check here   ∫ if  following SOP 98-2 (ASC 958-720)                      |                       |                       |   |                                       |
|          | following SOP 98-2 (ASC 958-720)   |                       |                       |   |                                       |

Part X Balance Sheet

|                             |     | Check if Schedule O contains a response to any question in this Part X                  | · · · · · · · · · · · · · · · · · · ·  | <del></del> |                                       |
|-----------------------------|-----|---|--|-------------|---------------------------------------|
|                             |     |   | (A)<br>Beginning of year               |             | (B)<br>End of year                    |
|                             | 1   | Cash - non-interest-bearing   | 2,897,634                              | 1           | 2,948,992                             |
|                             | 2   | Savings and temporary cash investments  |  | 2           | <del></del>                           |
|                             | 3   | Pledges and grants receivable, net  |  | 3           |                                       |
|                             | 4   | Accounts receivable, net  | 564,003                                | 4           | 551,046                               |
|                             | 5   | Loans and other receivables from current and former officers, directors                 | <del></del>                            | 1           |                                       |
|                             |     | trustees, key employees, and highest compensated employees                              |  |             |                                       |
|                             |     | Complete Part II of Schedule L  |  | 5           |                                       |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section   | ······································ |             |                                       |
|                             |     | 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and |  | 1 +         |                                       |
|                             |     | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary          |  |             |                                       |
|                             |     | organizations (see instructions) Complete Part II of Schedule L                         |  | 6           |                                       |
| Assets                      | 7   | Notes and loans receivable, net   |  | 7           |                                       |
|                             | 8   | Inventories for sale or use   | 29,500                                 | 8           | 32,430                                |
| As                          | 9   | Prepaid expenses and deferred charges   | 27,103                                 | 9           | 30,102                                |
|                             | 10a | Land, buildings, and equipment cost or  |  | 1 - 1       |                                       |
|                             |     | other basis. Complete Part VI of Schedule D 10a 290,526                                 |  |             |                                       |
|                             | b   | Less accumulated depreciation   | 61,597                                 | 10c         | 36,966                                |
|                             | 11  | Investments - publicly traded securities  |  | 11          |                                       |
|                             | 12  | Investments - other securities. See Part IV, line 11                                    | <del> </del>                           | 12          |                                       |
|                             | 13  | Investments - program-related See Part IV, line 11                                      |  | 13          | <del></del>                           |
|                             | 14  | Intangible assets   |  | 14          | <del></del> -                         |
|                             | 15  | Other assets. See Part IV, line 11  |  | 15          | <del></del>                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                               | 3,579,837                              | 16          | 3,599,536                             |
|                             | 17  | Accounts payable and accrued expenses   | 139,514                                | 17          | 76,459                                |
|                             | 18  | Grants payable  | 712,886                                | 18          | 448,009                               |
|                             | 19  | Deferred revenue  | 127,011                                | 19          | 91,092                                |
|                             | 20  | Tax-exempt bond liabilities   |  | 20          |                                       |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                   | · · ·                                  | 21          |                                       |
| es                          | 22  | Loans and other payables to current and former officers, directors,                     | 1177-1                                 |             | · · · · · · · · · · · · · · · · · · · |
| Liabilities                 |     | trustees, key employees, highest compensated employees, and                             |  |             |                                       |
| jab.                        |     | 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 third              | <u> </u>                               |             |                                       |
| !                           |     | parties, and other liabilities not included on lines 17-24) Complete Part X             |  | 1 1         |                                       |
|                             |     | of Schedule D   |  | 25          |                                       |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 979,411                                | 26          | 615,560                               |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here  ▶ 🗓 and                       |  | 1           |                                       |
| Ses                         |     | complete lines 27 through 29, and lines 33 and 34.                                      |  |             |                                       |
| auc                         | 27  | Unrestricted net assets   | 2,600,426                              | 27          | 2,983,976                             |
| Bal                         | 28  | Temporanly restricted net assets  |  | 28          |                                       |
| 힏                           | 29  | Permanently restricted net assets   |  | 29          |                                       |
| Ĩ                           |     | Organizations that do not follow SFAS 117 (ASC 958), check here   and                   |  |             |                                       |
| Net Assets of Fund Balances |     | complete lines 30 through 34.   |  |             |                                       |
| set                         | 30  | Capital stock or trust principal, or current funds                                      |  | 30          |                                       |
| As                          | 31  | Paid-in or capital surplus, or land, building, or equipment fund                        | ·                                      | 31          |                                       |
| Net                         | 32  | Retained earnings, endowment, accumulated income, or other funds                        |  | 32          |                                       |
| _                           | 33  | Total net assets or fund balances   | 2,600,426                              | 33          | 2,983,976                             |
|                             | 34  | Total liabilities and net assets/fund balances  | 3,579,837                              | 34          | 3,599,536                             |

| Form | 990 (2012) SPEEDWAY CHILDREN'S CHARITIES  | 6-133142 | 9    | Pa     | ige 12 |
|------|---|----------|------|--------|--------|
| Par  | t XI Reconciliation of Net Assets   | ·        |      |        |        |
|      | Check if Schedule O contains a response to any question in this Part XI                                       |          |      |        | . 🔲    |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |      | 88,1   |        |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 3,1  | 04,6   | 29     |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3        | 3    | 83,5   | 550    |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4        | 2,6  | 00,4   | 26     |
| 5    | Net unrealized gains (losses) on investments  | 5        |      |        |        |
| 6    | Donated services and use of facilities  | 6        |      |        |        |
| 7    | Investment expenses   | 7        |      |        |        |
| 8    | Prior penod adjustments   | 8        |      |        |        |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9        |      |        | 0      |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |          |      |        |        |
|      | 33, column (B))   | 10       | 2,9  | 83,9   | 976    |
| Pa   | t XII Financial Statements and Reporting  |          |      |        |        |
|      | Check if Schedule O contains a response to any question in this Part XII                                      |          |      |        | . 🗆    |
|      |   |          |      | 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," explain in         |          |      |        |        |
|      | Schedule O.   |          |      |        |        |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?               |          | 2a   |        | Х      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |          |      |        |        |
|      | reviewed on separate basis, consolidated basis, or both:  |          |      |        |        |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                                  |          |      |        |        |
| b    | Were the organization's financial statements audited by an independent accountant?                            |          | 2b   | X      |        |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |          |      |        |        |
|      | separate basis, consolidated basis, or both:  |          |      | .      |        |
|      |   |          |      |        |        |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |          |      |        |        |
|      | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |          | 2c   | X      |        |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in |          |      |        |        |
|      | Schedule O  |          |      |        |        |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |          |      |        |        |
|      | the Single Audit Act and OMB Circular A-133?  |          | 3a   |        | Х      |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |          |      |        |        |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N     | /A       | 3b   |        |        |
| EEA  |   |          | Form | 990 (2 | 2012)  |

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

| Name        | of the   | organization   |                            |  |  |  |               |               | Employer     | identification | number     |           |        |
|-------------|----------|--|----------------------------|--|--|--|---------------|---------------|--------------|----------------|------------|-----------|--------|
|             |          | AY CHILDREN'S  | CHARITIES                  |  |  |  |               |               |              | 331429         |            |           |        |
| Pa          |          |  |                            | <b>Status</b> (All organiz                   |  |  |               | s part.) S    | See instr    | uctions        |            |           |        |
| The o       | orgar    |  |                            | se it is. (For lines 1 throu                 | -  |  |               |               |              |                |            |           |        |
| 1           | Ц        |  |                            | sociation of churches de                     |  | section 17                                       | 70(b)(1)(A)   | (i).          |              |                |            |           |        |
| 2           | Ш        | A school described in  | section 170(b)(1)          | (A)(ii). (Attach Schedule                    | еE)  |  |               |               |              |                |            |           |        |
| 3           | $\sqcup$ | A hospital or a coope  | rative hospital serv       | rice organization describ                    | ed in <b>secti</b>                               | on 170(b)(                                       | (1)(A)(iii).  |               |              |                |            |           |        |
| 4           |          | A medical research of  | rganızation operate        | ed in conjunction with a l                   | hospital des                                     | scribed in s                                     | section 17    | 0(b)(1)(A)    | (iii). Enter | the            |            |           |        |
|             | _        | hospital's name, city,   | and state                  |  |  |  |               |               |              |                |            |           |        |
| 5           |          | An organization oper   | ated for the benefit       | of a college or university                   | y owned or                                       | operated l                                       | by a govern   | nmental ur    | nit describe | ed in          |            |           |        |
|             |          | section 170(b)(1)(A)   | (iv). (Complete Par        | rt II.)                                      |  |  |               |               |              |                |            |           |        |
| 6           |          | A federal, state, or lo  | cal government or          | governmental unit descr                      | ribed in <b>sec</b>                              | tion 170(b                                       | )(1)(A)(v).   |               |              |                |            |           |        |
| 7           | X        | An organization that   | normally receives a        | substantial part of its si                   | upport from                                      | a governr  | nental unit   | or from th    | e general p  | oublic         |            |           |        |
|             | _        | described in section   | 170(b)(1)(A)(vi). (        | Complete Part II.)                           |  |  |               |               |              |                |            |           |        |
| 8           |          | A community trust de   | escribed in <b>section</b> | 170(b)(1)(A)(vi). (Comp                      | olete Part II                                    | )  |               |               |              |                |            |           |        |
| 9           | Ш        | An organization that   | normally receives:         | (1) more than 33 1/3% o                      | of its suppor                                    | t from con                                       | tributions, i | membersh      | np fees, an  | nd gross       |            |           |        |
|             |          | receipts from activitie  | es related to its exe      | mpt functions - subject t                    | o certain ex                                     | ceptions,  | and (2) no    | more than     | 1 33 1/3% c  | of its         |            |           |        |
|             |          | support from gross in  | vestment income a          | and unrelated business t                     | axable inco                                      | me (less s                                       | section 511   | tax) from     | businesse    | s              |            |           |        |
|             | _        |  |                            | 30, 1975 See section 5                       |  | -  | •             |               |              |                |            |           |        |
| 10          |          | = =  |                            | l exclusively to test for p                  | -  |  |               |               |              |                |            |           |        |
| 11          |          | -  | •                          | exclusively for the bene                     | •  |  |               |               | •            |                |            |           |        |
|             |          | • •  |                            | rted organizations descr                     |  | , ,  |               | , ,           | • •          | ection         |            |           |        |
|             |          | _  | _                          | the type of supporting o                     | •  | -  |               |               | -            |                |            |           |        |
|             | $\Box$   | a ∐ Type I   | b ∐ Type                   | _ ••   |  |  |               |               |              | -Non-funtio    | nally into | egrated   | 1      |
| е           | Ш        | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) |                            |  |  |  |               |               |              |                |            |           |        |
|             |          |  | n managers and oth         | ier than one or more put                     | oliciy suppo                                     | rted organ                                       | izations de   | scribea in    | section 50   | )9(a)(1)       |            |           |        |
|             |          | or section 509(a)(2)   |                            | termination from the IDC                     | ` 4b.a4 .4 .a.a.                                 | Tuna I Tu  | II Tu         | 111           |              |                |            |           |        |
| f           |          | =  |                            | termination from the IRS                     |  |  | •             | pe III supp   | oorung       |                |            |           |        |
| ~           |          | •  |                            |  |  |  |               |               |              |                |            | • • •     | ⊔      |
| g           |          | following persons?   | oo, nas the organiza       | ation accepted any gift of                   | or Continuut                                     | on nom an  | iy or the     |               |              |                |            |           |        |
|             |          | - ·  | lirectly or indirectly     | controls, either alone or                    | together w                                       | ith nersons                                      | s described   | l in (ii) and | 1            |                |            | Yes       | No     |
|             |          | * *  | -                          | ne supported organization                    | -  |  |               |               |              |                | 11g(ı)     | 163       | 110    |
|             |          |  |                            | ribed in (i) above?                          |  |  |               |               |              |                | 11g(ii)    |           |        |
|             |          | • •  | •                          | n described in (i) or (ii) a                 |  |  |               |               |              |                | 11g(m)     | 1 1       |        |
| h           |          |  |                            | the supported organizati                     |  |  |               |               |              |                | (*;8()     | 1         |        |
|             | (ı) Na   | ame of supported   | (II) EIN                   | (III) Type of organization                   | (IV) Is the or                                   | ganization                                       | (v) Did yo    | u notify      | (vi) l       | s the          | (vii) Amoi | unt of mo | netarv |
|             |          | organization   |                            | (described on lines 1-9 above or IRC section | in col (i) list                                  | •  | the organi    |               | organizati   |                |            | support   | •      |
|             |          |  |                            | (see instructions))                          | governing d                                      | ocument  | col (i) c     | oort?         |              | S?             |            |           |        |
|             |          |  |                            |  | Yes  | No   | Yes           | No            | Yes          | No             |            |           |        |
| (A)         |          | · •  |                            |  |  |  |               |               |              |                |            |           |        |
|             |          |  |                            |  |  |  |               |               |              |                |            |           |        |
| (B)         |          |  |                            |  |  |  |               |               |              |                |            |           |        |
| <del></del> |          |  |                            |  |  | <del>                                     </del> | 1             |               |              |                |            |           |        |
| (C)         |          |  |                            |  |  |  |               |               |              |                |            |           |        |
| (D)         |          |  | -                          |  |  |  |               |               |              |                | -          |           |        |
| <del></del> |          |  |                            |  |  |  |               |               | ļ            |                |            |           |        |
| (E)         |          |  |                            |  |  |  |               |               |              |                |            |           |        |
|             |          |  |                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      | <del>                                     </del> | <del></del>                                      | <del> </del>  |               | 1            | 1              |            |           |        |
| Tota        | ı        |  |                            |  | 1  |  | ļ.            |               | 1            |                |            |           |        |

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

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

| Sec   | tion A. Public Support   |                   |                 |                       |                     |                   |                 |
|-------|--|-------------------|-----------------|-----------------------|---------------------|-------------------|-----------------|
| Caler | ndar year (or fiscal year beginning in) 🕨  | (a) 2008          | <b>(b)</b> 2009 | (c) 2010              | (d) 2011            | (e) 2012          | (f) Total       |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")                              | 4,202,750         | 3,642,254       | 3,347,490             | 3,164,212           | 3,578,251         | 17,934,957      |
| 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     | Total. Add lines 1 through 3   | 4,202,750         | 3,642,254       | 3,347,490             | 3,164,212           | 3,578,251         | 17,934,957      |
| 5     | The portion of total contributions by  |                   |                 |                       |                     |                   |                 |
|       | each person (other than a  |                   |                 |                       |                     | 1                 |                 |
|       | governmental unit or publicly  |                   |                 | 1                     |                     |                   |                 |
|       | supported organization) included on  |                   |                 |                       |                     |                   |                 |
|       | line 1 that exceeds 2% of the amount   |                   |                 |                       |                     |                   |                 |
|       | shown on line 11, column (f)   |                   |                 |                       |                     |                   | 2,420,151       |
| 6     | Public support. Subtract line 5 from line 4  |                   |                 |                       |                     |                   | 15,514,806      |
| Sec   | tion B. Total Support  | ,                 |                 |                       |                     |                   |                 |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2008          | <b>(b)</b> 2009 | (c) 2010              | (d) 2011            | (e) 2012          | (f) Total       |
| 7     | Amounts from line 4  | 4,202,750         | 3,642,254       | 3,347,490             | 3,164,212           | 3,578,251         | 17,934,957      |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 27,031            | -               |                       |                     |                   | 27,031          |
| 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 IV)                                 | 942,039           | 1,283,569       | 1,082,922             | 1,013,510           | 1,080,758         | 5,402,798       |
| 11    | Total support. Add lines 7 through 10 .  |                   |                 |                       |                     |                   | 23,364,786      |
| 12    | Gross receipts from related activities, etc. (   | see instructions) |                 |                       |                     | 12                |                 |
| 13    | First five years. If the Form 990 is for the organization, check this box and stop here  | <u> </u>          | <u>.</u>        | , or fifth tax year a | s a section 501(c)( | 3)                | ▶ □             |
|       | tion C. Computation of Public S  | <del></del>       |                 |                       |                     |                   |                 |
| 14    | Public support percentage for 2012 (line 6,  | • •               | •               | ••                    |                     |                   | 66.40 %         |
| 15    | Public support percentage from 2011 Sched  |                   |                 |                       |                     |                   | 65.26 %         |
| 16a   | 33 1/3% support test - 2012. If the organiz  |                   |                 |                       |                     |                   | <b>5</b> 50     |
|       | box and stop here. The organization qualifi  |                   | · -             |                       |                     | • • • • • • • • • | ▶ 🏻             |
| b     | 33 1/3% support test - 2011. If the organiz  |                   |                 |                       |                     |                   | . 🗆             |
| 47-   | check this box and stop here. The organiza   | •                 | • • •           | •                     | 40                  |                   | ▶ □             |
| 17a   |  | -                 |                 |                       |                     |                   |                 |
|       | 10% or more, and if the organization meets   |                   |                 |                       |                     |                   |                 |
|       | Part IV how the organization meets the "fac  |                   | =               | · ·                   |                     |                   |                 |
| L     | organization   |                   |                 |                       |                     |                   | ▶ ⊔             |
| b     |  | -                 |                 |                       |                     | <del>C</del>      |                 |
|       | 15 is 10% or more, and if the organization in Explain in Part IV how the organization mee                                      |                   |                 |                       |                     | dez               |                 |
|       | supported organization   |                   |                 | -                     | •                   | •                 | <b>,</b> $\Box$ |
| 18    | Private foundation. If the organization did  |                   |                 |                       |                     |                   |                 |
|       | instructions   |                   |                 |                       |                     |                   | ▶ □             |

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

| Se  | ction A. Public Support  |  |  |   |  |                      |              |
|---|--|--|--|---|--|----------------------|--------------|
|   |  | (a) 2008                                 | <b>(b)</b> 2009                          | (c) 2010                                    | (d) 2011                                   | (e) 2012             | (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 |  |  |   |  |                      |              |
| Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2009 (c) 2010 (d) 2011 (e) 2012  1 office, years, contributions, and rembership fees received, floor includes any "anusul grants"; 2 discess receipts from admission, merchandise sold or service seems of the contribution of the organizations is exemptly purpose. 3 disces receipts from admission, merchandise floor includes any admission of the organizations is exemptly purpose. 4 Tax revenues levied for the organizations benefit and either paid to or expended on its behalf. 5 The value of seprecess a facilities in organization is benefit and either paid to or expended on the behalf. 6 Total Add lines 1 through 5  7a Amourts moduled on lines 12, and 3 received from disqualified parsions. b Amourts moduled on lines 12, and 3 received from disqualified parsions. ceeved from disqualified parsions. b Amourts module on lines 10, 400 fees the ceeved from of the thrain disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from of the thrain disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from of the thrain disqualified parsions. ceeved from disqualified parsions. ceeved from disqualified parsions. ceeved from of disqualified parsions. ceeved from of the thrain disqualified parsio |  |  |  |   |  |                      |              |
| 4   | organization's benefit and either paid   |  |  |   |  |                      |              |
| 5   | furnished by a governmental unit to the organization without charge  |  |  |   |  |                      |              |
| 6   | Total. Add lines 1 through 5   |  |  |   |  |                      |              |
| 7a  | · · · · · · · · · · · · · · · · · · ·  |  |  |   |  |                      |              |
| b   | received from other than disqualified persons that exceed the greater of \$5,000   |  |  |   |  |                      |              |
| c   | · ·  |  | -  |   | -  |                      |              |
|   | Public support (Subtract line 7c from  |  |  |   |  |                      |              |
| Se  |  |  | <u></u>                                  | · <b>I</b>                                  | <u></u>                                    | t                    |              |
| Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010  9 Amounts from line 6   |  |  |  | (d) 2011                                    | (e) 2012                                   | (f) Total            |              |
|   |  |  |  |   |  |                      |              |
| 10a   | payments received on securities loans, rents,  |  |  |   |  |                      |              |
| b   | section 511 taxes) from businesses   |  |  |   |  |                      |              |
| С   | Add lines 10a and 10b  |  |  |   |  |                      |              |
| 11  | activities not included in line 10b, whether   |  |  |   |  |                      |              |
| 12  | loss from the sale of capital assets   |  |  |   |  |                      |              |
| 13  | - · · · · · · · · · · · · · · · · · · ·  |  |  |   |  |                      |              |
|   | organization, check this box and stop here   | <u> </u>                                 |  |   |  |                      |              |
| Se  |  |  |  |   |  |                      |              |
|   | •  | * *                                      | •  |   |  | <del></del>          | %            |
| _   |  |  |  | · · · · · · · · · · · · · · · · · · ·       | · · · · · · · · · · · · · · · · · · ·      | .   16               | %            |
|   |  |  |  | aluman (5)                                  | ·  | 47                   |              |
|   | · · · · · · · · · · · · · · · · · · ·  |  |  |   |  |                      | <u>%</u>     |
|   | •  |  |  |   |  | · —————              | <u>%</u>     |
|   | 17 is not more than 33 1/3%, check this box  | and <b>stop here.</b> Th                 | ie organization qua                      | llifies as a publicly                       | supported organiz                          | ation                | ▶ □          |
| b   | 33 1/3% support tests - 2011. If the organiz<br>line 18 is not more than 33 1/3%, check this   | ation did not chect<br>box and stop here | k a box on line 14 o<br>The organization | or line 19a, and line<br>qualifies as a pub | e 16 is more than 3<br>licly supported ord | 33 1/3%, and and and | ▶ □          |
| 20  |  |  |  |   |  |                      | <i>.</i> ▶ 🗖 |

### SCHEDULE D (Form 990)

Internal Revenue Service

Department of the Treasury

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . . 3 Aggregate grants from (during year) . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ..... Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ..... 🗋 Yes 🗌 No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenues included in Form 990, Part VIII, line 1 

| Par     |  |                |                                    |               |                           |               |   | sets (co    | ntinued)   | <u>)                                    </u> |
|---------|--|----------------|------------------------------------|---------------|---------------------------|---------------|---|-------------|------------|--|
| 3       | Using the organization's acquisition, accession, a                                 | and other rec  | ords, check any                    | of the follo  | wing that are             | a signific    | ant use of its                          |             |            |  |
|         | collection items (check all that apply)  | _              | _                                  |               |                           |               |   |             |            |  |
| а       | Public exhibition  | d [            | Loan or excl                       | nange progr   | ams                       |               |   |             |            |  |
| b       | Scholarly research   | е [            | Other                              |               |                           |               |   |             |            |  |
| С       | Preservation for future generations  |                |                                    |               |                           |               | <del></del>                             |             |            |  |
| 4       | Provide a description of the organization's collect                                | tions and exp  | plain how they fo                  | irther the or | ganızatıon's e            | xempt p       | urpose in Part                          |             |            |  |
|         | XIII.  |                | •                                  |               | •                         |               | •                                       |             |            |  |
| 5       | During the year, did the organization solicit or red                               | ceive donatio  | ns of art. histori                 | cal treasure  | s. or other sin           | nilar         |   |             |            |  |
|         |  |                |                                    |               |                           |               |   | Пү          | es 🗌 N     | ٧n   |
| Par     | assets to be sold to raise funds rather than to be tive Escrow and Custodial Arran | gements.       | Complete i                         | the orga      | nization ar               | swere         | d "Yes" to For                          | m 990 P     | Part IV    | <u>:-</u>                                    |
|         | line 9, or reported an amount of   | n Form 99      | 0. Part X. li                      | ne 21.        |                           |               |   | 000, .      | G ,        |  |
| 1a      | Is the organization an agent, trustee, custodian of                                |                |                                    |               |                           |               |   |             |            |  |
|         |  |                | •                                  |               |                           |               |   | 🗆 Y         | 'es □ N    | <b>J</b> ^                                   |
| ь       | If "Yes," explain the arrangement in Part XIII and                                 |                |                                    |               |                           |               |   | ٠٠ ـــ ١    | 62 🗆 I     | •0   |
| _       | in roo, explain the arrangement in rate xill and                                   | complete th    | c lollowing table                  |               |                           |               |   | nount       |            | _  |
| С       | Beginning balance  |                |                                    |               |                           | 4.5           |   | nount       |            |  |
| d       | Additions during the year  |                |                                    |               |                           |               |   |             |            |  |
| e       | Distributions during the year  |                |                                    |               |                           |               |   |             |            |  |
|         |  |                |                                    |               |                           |               |   |             |            |  |
| f<br>O- | Ending balance   |                |                                    |               |                           |               | <del></del>                             |             |            | _  |
| 2a      | Did the organization include an amount on Form                                     |                |                                    |               |                           |               |   |             |            | 40   |
| b       | If "Yes," explain the arrangement in Part XIII. Ch                                 |                |                                    |               |                           |               | <u> </u>                                |             | <u> L</u>  |  |
| Pai     | t V Endowment Funds. Complete  |                |                                    |               | res to For                | <u>m 990,</u> |   |             |            |  |
|         |  | (a) Current y  | /ear (b)                           | Pnor year     | (c) Two years             | s back        | (d) Three years back                    | (e) Four    | years back |  |
| 1a      | Beginning of year balance  |                |                                    |               | _                         |               |   |             |            |  |
| b       | Contributions  |                |                                    |               |                           |               | -                                       |             |            |  |
| С       | Net investment earnings, gains, and  |                |                                    |               |                           |               |   |             |            |  |
|         | losses   |                |                                    |               |                           |               |   |             |            |  |
| d       | Grants or scholarships   |                |                                    |               |                           |               |   |             |            |  |
| 0       | Other expenditures for facilities and  |                |                                    |               |                           |               |   |             |            |  |
|         | programs   |                | İ                                  |               |                           |               |   |             |            |  |
| f       | Administrative expenses  |                |                                    |               |                           |               | •                                       |             |            | _  |
| g       | End of year balance  |                |                                    |               |                           |               |   |             | -          | _  |
| 2       | Provide the estimated percentage of the current                                    | vear end bala  | ance (line 1g. co                  | olumn (a)) h  | eld as                    |               |   |             |            | _  |
| а       | Board designated or quasi-endowment  |                | %                                  | (-// ···      |                           |               |   |             |            |  |
| b       | Permanent endowment ▶ %  |                |                                    |               |                           |               |   |             |            |  |
| С       | Temporarily restricted endowment   | %              |                                    |               |                           |               |   |             |            |  |
| •       | The percentages in lines 2a, 2b, and 2c should e                                   |                |                                    |               |                           |               |   |             |            |  |
| 3a      | Are there endowment funds not in the possession                                    |                | nization that are                  | held and a    | dministered fo            | r the         |   |             |            |  |
| •       | organization by:   | ii oi alo oiga | inzadori diacare                   | TICIU UTU U   | diministered to           | n the         |   | ſ           | Yes No     | _  |
|         | (I)analated annual-ati   |                |                                    |               |                           |               |   | 20/3        | 162 140    |  |
|         | MN malata di anno accordo de   |                |                                    |               |                           | • • • •       |   | . 3a(i)     |            |  |
| L       |  |                |                                    |               |                           | • • • •       |   | . 3a(ii)    |            |  |
| b       | If "Yes" to 3a(II), are the related organizations lis                              | -              |                                    |               |                           | • • • •       |   | . 3b        |            |  |
| 4       | Describe in Part XIII the intended uses of the org                                 |                |                                    |               | - 40                      |               |   |             |            |  |
| Pa      | t VI Land, Buildings, and Equipr   |                | <del></del>                        | art X, IIn    | e 10.                     |               |   |             |            |  |
|         | Description of property  | (a) C          | ost or other basis<br>(investment) | 1 ' '         | or other basis<br>(other) |               | Accumulated epreciation                 | (d) Book    | k value    |  |
| 1a      | Land   |                |                                    |               | -                         |               | *************************************** |             | <u></u>    |  |
| b       | Buildings  |                |                                    |               |                           |               |   |             | ·          | _  |
| C       | Leasehold improvements   |                |                                    | 1             |                           |               |   |             |            |  |
| d       | Equipment  | 💳              |                                    |               | 54,219                    |               | 35,344                                  | <del></del> | 18,87      | 7.5  |
| e       | Other  |                |                                    |               | 236,307                   | -             | 218,216                                 | <del></del> | 18,09      | _  |
|         | I. Add lines 1a through 1e (Column (d) must equi                                   |                | Part X, column                     | (B), line 10( |                           |               |   |             | 36,96      |  |
|         | V  |                |                                    |               | <del></del>               |               |   |             |            |  |

Page 3

|                   | (a) Description of security or category (including name of security)                       | (b) Book value                          | (c) Method of valuation Cost or end-of-year market  |  |
|-------------------|--|---|---|--|
| (1) Financial d   | erivatives   |   | -   |  |
| (2) Closely-he    | ld equity interests  |   |   |  |
| (3) Other         |  |   |   |  |
| (A)               |  |   |   |  |
| (B)               |  |   |   |  |
| (C)               |  |   |   |  |
| (D)               |  |   |   |  |
| (E)               |  |   |   |  |
| <u>(F)</u>        |  |   |   |  |
| (G)               |  |   |   |  |
| (H)               |  |   |   | <del>.</del>                           |
| <u>(I)</u>        |  | <del></del>                             |   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Part VIII         | investments - Program Related. S   | See Form 990 Part X line                | 2 13  | ·                                      |
| Fait Kill         |  | 1                                       |   |  |
|                   | (a) Description of investment type   | (b) Book value                          | (c) Method of valuation  Cost or end-of-year market |  |
| (1)               |  |   |   |  |
| (2)               |  |   |   |  |
| (3)               |  |   |   |  |
| (4)               |  |   |   |  |
| (5)               |  |   |   |  |
| (6)               |  |   |   |  |
| (7)               |  |   |   |  |
| (8)               | <del></del>  |   |   | · · · · · · · · · · · · · · · · · · ·  |
| (9)               | <del></del>  |   |   |  |
| (10)              | ) must equal Form 990, Part X, col. (B) line 13.)  |   |   |  |
| Part IX           | ) must equal Form 990, Part X, col (B) line 13 )  Other Assets. See Form 990, Part X       | <br>                                    |   |  |
| X 001 C 12 C      |  | Description                             | · · ·   | (b) Book value                         |
| (1)               | (6)  | Bessiption                              |   | (b) Book Value                         |
| (2)               |  |   | ****  |  |
| (3)               |  |   |   |  |
| (4)               |  |   |   |  |
| (5)               |  |   |   |  |
| (6)               |  |   |   |  |
| (7)               |  |   |   |  |
| (8)               |  |   |   |  |
| (9)               |  |   |   |  |
| (10)              |  |   |   |  |
| Part X            | on (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990, Part |   |   |  |
| 1.                | (a) Description of liability   | (b) Book value                          |   |  |
|                   | income taxes   | , |   |  |
| (2)               |  |   |   |  |
| (3)               |  |   |   |  |
| (4)               |  |   |   |  |
| (5)               |  |   |   |  |
| (6)               |  |   |   |  |
| (7)               |  |   |   |  |
| (8)               |  |   |   |  |
| (9)               |  |   | _   |  |
| (10)              |  |   | _   |  |
| (11)              |  |   |   |  |
|                   | n) must equal Form 990, Part X, col (B) line 25)   |   |   |  |
|                   | SC 740) Footnote in Part XIII, provide the text of t                                       |   |   |  |
| liability for un- | certain tax positions under FIN 48 (ASC 740). Che  | eck nere it the text of the footnote    | e nas been provided in Part XIII .                  | <u>.</u> <u>X</u>                      |

through 2013 are still subject to examination by the IRS.

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

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| PEEDWAY CHILDREN'S CHARIT  |                     |                |   |                                   | 56-13  |   |
|--|---------------------|----------------|---|-----------------------------------|--|---|
| Fundraising Activities   |                     |                |   | swered "Yes" to                   | Form 990, Part IV,   | line 17.  |
| Form 990-EZ filers are no 1 Indicate whether the organization rais     |                     |                |   | ities Check all that a            | anly   |   |
| a Mail solicitations   | ea larias tirroagi  | _              | _   | of non-government gra             | • •  |   |
| <b>b</b> Internet and email solicitations                              |                     |                |   | of government grants              |  |   |
| c Phone solicitations  |                     |                |   | Iraising events                   |  |   |
| d In-person solicitations  |                     | • -            | ·   | · ·                               |  |   |
| 2a Did the organization have a written or                              | oral agreement      | with any indiv | ridual (ıncludı                           | ng officers, directors,           | trustees   |   |
| or key employees listed in Form 990,                                   | Part VII) or entity | / in connectio | n with profes                             | ssional fundraising sei           | vices? Y   | es 🗌 No   |
| <b>b</b> If "Yes," list the ten highest paid indivi                    |                     | (fundraisers)  | pursuant to                               | agreements under wh               | ich the fundraiser is to b                                     | oe e  |
| compensated at least \$5,000 by the o                                  | rganization.        |                |   |                                   |  |   |
|  |                     |                |   | <del>-</del>                      | (v) Amount noud to   |   |
| (i) Name and address of individual or entity (fundraiser)              | (ii) Activity       | custody o      | draiser have<br>ir control of<br>outions? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in | (vi) Amount paid to<br>(or retained by)<br>organization |
|  |                     | Yes            | No  | <u> </u>                          | col (ı)  |   |
| 1  |                     |                | ]   |                                   |  |   |
| 2  |                     |                |   |                                   | ******   |   |
| 3  |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   |  |   |
| 4  |                     |                |   |                                   |  |   |
| 5  |                     |                |   |                                   |  |   |
| 6  |                     |                |   |                                   |  |   |
| 7  |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   |  |   |
| <b>B</b>   |                     |                |   |                                   |  |   |
| 9  |                     |                |   |                                   |  | 77.00   |
| 0  |                     |                |   |                                   | <del></del>  |   |
|  | <u> </u>            |                |   |                                   | ****- 4** ·  |   |
| otal   | . <u></u>           |                | <i>.</i> . <b>&gt;</b>                    |                                   |  |   |
| 3 List all states in which the organization registration or licensing. | is registered or    | licensed to so | olicit contribu                           | tions or has been noti            | fied it is exempt from   | -   |
|  |                     |                | -   |                                   |  |   |
| <u> </u>   |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   | <del></del>  | -   |
|  |                     |                | <del>_</del> _                            |                                   |  |   |
|  |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   |  |   |
|  |                     |                |   |                                   |  |   |
|  |                     | <del> </del>   | · · · · · · · · · · · · · · · · · · ·     |                                   | <del></del>  |   |

| Pa              | rt II      |   |                                       |  |  |  |
|-----------------|------------|---|---------------------------------------|--|--|--|
|                 |            | than \$15,000 of fundraising  |                                       | d gross income on For                            | m 990-EZ, lines 1 and 6                | b. List events with                            |
|                 |            | gross receipts greater than   | · · · · · · · · · · · · · · · · · · · |  |  |  |
|                 |            |   | (a) Event #1                          | (b) Event #2                                     | (c) Other events                       | (d) Total events                               |
|                 |            |   | NC Dinner (event type)                | TX Dinner  | (total = ::=bas)                       | (add col (a) through col (c))                  |
| ē               |            |   | (event type)                          | (event type)                                     | (total number)                         | ·  |
| Revenue         | 1          | Gross receipts  | 364,919                               | 662,184  | 2,302,526                              | 3,329,629                                      |
|                 | 2          | Less: Contributions   | 263,783                               | 571,002  | 1,510,637                              | 2,345,422                                      |
|                 | ,          | line 2)   | 101,136                               | 91,182   | 791,889                                | 984,207  |
|                 | 4          | Cash prizes   |                                       |  |  |  |
|                 | 5          | Noncash prizes  |                                       |  |  |  |
| nses            | 6          | Rent/facility costs   | 3,209                                 |  | 36,764                                 | 39,973   |
| Direct Expenses | 7          | Food and beverages  | 53,091                                | 13,650   | 84,414                                 | 151,155  |
| Direc           | 8          | Entertainment   | 10,000                                | 28,603   | 2,350                                  | 40,953   |
|                 | 9          | Other direct expenses   | 55,929                                | 74,752   | 706,536                                | 837,217  |
|                 | 10         | Direct expense summary Add lines  |                                       | ( 1,069,298 )                                    |  |  |
| _               | (85,091)   |   |                                       |  |  |  |
| Pa              | ırt II     | <del>-</del> •  |                                       | "Yes" to Form 990, Par                           | t IV, line 19, or reported             | l more   |
|                 | <u> </u>   | than \$15,000 on Form 990   | D-EZ, line 6a.                        | <u> </u>   |  |  |
| Revenue         |            |   | (a) Bingo                             | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                       | (d) Total gaming (add col (a) through col (c)) |
| _<br>_<br>_     | 1          | Gross revenue   |                                       |  | 96,551                                 | 96,551   |
| ses             | 2          | Cash prizes   |                                       |  | 11,497                                 | 11,497   |
| Expenses        | 3          | Noncash prizes  | <u> </u>                              |  | 45,087                                 | 45,087   |
| Direct          | 4          | Rent/facility costs   |                                       |  |  |  |
| _               | 5_         | Other direct expenses   |                                       |  | 42,446                                 | 42,446   |
| <u> </u>        | 6          | Volunteer labor   | ☐ Yes % ☐ No                          | ☐ Yes % ☐ No                                     | X Yes <u>40.00</u> % ☐ No              |  |
|                 | 7          | Direct expense summary. Add lines   | s 2 through 5 in column (d)           |  |  | ( 99,030 )                                     |
| _               | 8          | Net gaming income summary. Com  | bine line 1, column d, and l          | ine 7  |  | (2,479)  |
|                 | <b>-</b> - | stor the otato(a) in which the accompany  | h                                     |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |
| 9               |            | iter the state(s) in which the organization the organization licensed to operate of |                                       |  | NV, TN, TX                             |  |
| ı               |            | 'Na " avalaim   |                                       |  |  |  |
|                 |            |   |                                       |  |  |  |
| 10a             |            | ere any of the organization's gaming 'Yes," explain:                                | licenses revoked, suspend             | •  | tax year?                              | Yes 🛚 No                                       |
|                 |            |   |                                       |  |  |  |

| ' Sched | dute G (Form 990 or 990-EZ) 2012 | SPEEDWAY CHILDREN'S CHARITI                            | ES                              | 56-1331429 Pa    | ige 3 |
|---------|----------------------------------|--|---------------------------------|------------------|-------|
| 11      |                                  | gaming activities with nonmembers?                     |                                 | 🗓 Yes 🗌          | No    |
| 12      | ls the organization a grantor, b | eneficiary or trustee of a trust or a member of a page | artnership or other entity      |                  |       |
|         |                                  | gaming?  |                                 | 🗌 Yes 🛚          | No    |
| 13      | Indicate the percentage of gan   | ing activity operated in:                              |                                 |                  |       |
| а       | The organization's facility      |  |                                 | 13a   -0-        | %     |
| b       | An outside facility              |  |                                 | 13b 100.000      | %     |
| 14      | Enter the name and address of    | the person who prepares the organization's gam         | ing/special events books and    |                  |       |
|         | records:                         |  |                                 |                  |       |
|         |                                  |  |                                 |                  |       |
|         | Name ► Nancy Bisso               | 1  |                                 |                  |       |
|         | Address ▶ 5401 E. Ind            | ependence Blvd Charlotte, NC 28                        | 212                             |                  |       |
| 152     | Does the organization have a     | contract with a third party from whom the arganize     |                                 |                  |       |
| 150     |                                  | contract with a third party from whom the organiza     |                                 |                  |       |
| b       | If "Ves " enter the amount of a  | aming revenue received by the organization             | Ф                               | ∐ Yes [X]        | NO    |
|         | amount of gaming revenue ret     | ained by the third party   \$                          | and the                         |                  |       |
| С       | If "Yes," enter name and addre   |  | - •                             |                  |       |
| ·       | ii 165, enter name and addit     | ss of the time party                                   |                                 |                  |       |
|         | Name <b>▶</b>                    |  |                                 |                  |       |
|         |                                  |  |                                 |                  |       |
|         | Address ▶                        |  |                                 |                  |       |
|         | <del>-</del>                     |  |                                 |                  |       |
| 16      | Gaming manager information:      |  |                                 |                  |       |
|         |                                  |  |                                 |                  |       |
|         | Name▶ See Part IV                |  |                                 |                  |       |
|         |                                  |  |                                 |                  |       |
|         | Gaming manager compensation      | n ▶ \$   |                                 |                  |       |
|         |                                  |  |                                 |                  |       |
|         | Description of services provid   | id ▶   |                                 |                  |       |
|         |                                  | Пт. П  |                                 |                  |       |
|         | ☐ Director/officer               | ☐ Employee ☐ Independe                                 | ent contractor                  |                  |       |
| 4-      | Mariana Part P                   |  |                                 |                  |       |
| 17      | Mandatory distributions.         |  |                                 |                  |       |
| а       |                                  | der state law to make charitable distributions from    |                                 |                  |       |
|         |                                  | ?  |                                 |                  | No    |
| D       |                                  | ns required under state law to be distributed to oth   | · •                             |                  |       |
| THE RES |                                  | exempt activities during the tax year > \$             | 91,392                          |                  |       |
| Pa      |                                  | nformation. Complete this part to prov                 |                                 | •                |       |
|         |                                  | v), and Part III, lines 9, 9b, 10b, 15b, 15c,          | 16, and 17b, as applicable. Als | so complete this |       |
| 0.1     |                                  | y additional information (see instructions).           | (D                              | 1.6              |       |
|         |                                  | ing manager information                                | (rart III, line                 | T0)              |       |
|         |                                  | ine 16, Gaming Managers:                               |                                 |                  |       |
|         |                                  | ifer Henshaw, Ginger Moats, Lis                        |                                 |                  |       |
|         |                                  | Children's Charities employees,                        |                                 |                  |       |
|         |                                  | with SCC. No salary was alloc                          | ated to gaming manager          | , which          |       |
| rep     | resents a minor part             | of their responsibilites.                              |                                 | <del></del>      |       |
|         |                                  |  | <del></del>                     |                  |       |
|         |                                  |  |                                 |                  |       |
|         | <del></del>                      |  |                                 |                  |       |
|         | <del> </del>                     |  |                                 | <del></del>      |       |
|         |                                  |  |                                 | <del> </del>     |       |
|         |                                  |  |                                 |                  |       |

**SCHEDULE 1** (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2012

OMB No 1545-0047

Open to Public

Inspection

**%** □

X Yes

**Employer identification number** 56-1331429 1 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 the selection criteria used to award the grants or assistance? CHARITIES SPEEDWAY CHILDREN'S Department of the Treasury Internal Revenue Service Name of the organization Part

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990,

| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the Organization answered Tes. to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | t <b>ance to Governr</b><br>cipient that receiv | <b>nents and Organiz</b><br>ed more than \$5,00 | <b>zations in the Un</b><br>10. Part II can be c | <b>ited States.</b> Comp<br>Iuplicated if additic | nd Organizations in the United States. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed | ion answered of 1.                             | es to rorm 990,                    |
|--|---|---|--|---|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN   |   | (d) Amount of cash<br>grant                      | (e) Amount of non-<br>cash assistance             | (f) Method of valuation<br>(book, FMV, appraisal,<br>other)   | (g) Description of non-cash assistance         | (h) Purpose of grant or assistance |
| (1)Christian Community Action 200 South Mill Stree 75057   | 23-7319371                                      | 501c(3)   | 149,013  |   |   |  | Learning Ctr                       |
| (2)Girls Inc<br>2040 Empire Central 75235  | 75-1305705                                      | 501c(3)   | 133,140  |   |   |  | Bus purchase                       |
| 2 at 1   | 58-1413074                                      | 501c(3)   | 100,000  |   |   |  | NICU Room                          |
| (4) Feeding America Southwest VA 1025 Electric Road 24153  | A<br>54-1939556                                 | 501c(3)   | 58,000   |   |   |  | Health Fair                        |
| (5)Tony Stewart Foundation 5644 2. 74th Street 46278   | 20-0160286                                      | 501c(3)   | 46,850   |   |   |  | Care for Ill                       |
| (6)Mary Hitchcock Memorial Hosp<br>One Medical Center D 03756  | 02-0222140                                      | 501c(3)   | 35,745   |   |   |  | Racer Unit                         |
| (7)Boys and Girls Club of Sonoma<br>PO Box 218 95433   | na<br>94-1579901                                | 501C(3)   | 30,000   |   |   |  | Youth supprt                       |
| (8) Charity League<br>PO Box 221484 28222  | 56-0560327                                      | 501c(3)   | 30,000   |   |   |  | Youth Supprt                       |
| (9) Camp Summit<br>17210 Campbell Road, 75252  | 75-2488486                                      | 501c(3)   | 25,000   |   |   |  | Camp fees                          |
| (100 Minamis Club Children 1001 N. Elm Street 76201  |   | 501c(3)   | 25,000   |   |   |  | Medical/Dent                       |
| (11#eros for Children<br>1701 North Collins, 75080   | 83-0489882                                      | 501c(3)   | 25,000   |   |   |  | Cancer                             |
| (12Mary Crowley Medical Research<br>1700 Pacific Avenue 75201  | th<br>75-2727375                                | 501c(3)   | 25,000   |   |   |  | Clinic Trial                       |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | id government organiza                          | ations listed in the line 1 t                   | able   |   |   | <b>A</b> : : : : : : : : : : : : : : : : : : : | 326                                |

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Speedway Children's Charities monitors the use of grant funds through site visits and grant evaluation forms, which are completed by (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant 1. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients SPEEDWAY CHILDREN'S CHARITIES (a) Type of grant or assistance the grant recipient information. Schedule I (Form 990) (2012) Part IV Part III

Page 2

56-1331429

8

က

S

9

Schedule I (Form 990) (2012)

EEA

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

56-1331429

For the Calendar year 2012, or the tax year penod beginning 10-01 and ending 9-30-13

Speedway Children's Charities

Hospital Guest Support Pediatnc Cancer related medication for Low income system
School for children fighting cancer
Christmas for underprivileged children
Financial resources needed to supplement program
expenses of the after-school program Community and School based mentoring
"Be a Buddy" Helps to increase Literacy rates
"Be a Buddy" Helps to increase Literacy rates
Strengthen our existing programs with opportunities
to enhance our offerings
Head of the Class- homework and tutoring Giving underprivileged youth a chance to thrive DHC to care for non-DSS associated children for 2 Provide a positive environment after school for kids Provide medical services directly to children to Family Support Center Child abuse preventon cumculum for children of all Help children with their recovery following disasters ages Therapy for the abused child and the non-offending Kids backpack program Young Emplowered Scholars (YES!) Program Homework Tutoning, & Positive rewards Traming for court advocates for children in judicial physicals
ASTRID-Achieving Success Through Resources
and Independent Dev
Project Helping Hands so that girls get a hand up
and not a hand out Child care for special needs children
Play therapy for children
Emergency food, clothing, shelter for children of
domestic violence PowerHour Program Fnendly PEERsuasion drug prevention program Improve their quality of life Recruit, train and monitor court advocated for (h) Purpose of grant or assistance weeks while DHC finds their homes
Farm to Family School Parity
Meals from the heart
Summer camp expenence
Troubled Youth Assistance Youth Programs children families (g) Description of non-cash assistance (f) Method of valuation (e) Amount of non-cash assistance 15,000 00 15,000 00 15,000 00 14,840 00 14,840 00 12,000 00 11,000 00 11,000 00 11,000 00 11,000 00 11,000 00 11,000 00 10,000 00 10,000 00 10,000 00 10,000 00 10,000 00 10,000,00 25,000 00 25,000 00 22,314 74 20 119 33 10 000 00 10 000 00 17,559 00 17,018 09 10,000 00 10,000 00 10,000 00 10,000 00 10 000 00 10,000 00 10,000 00 (d) Amount of cash grant 62-1232172 501(c)(3) 57-0527092 501(c)(3) 62-1765487 501(c)(3) 68-0176855 501(c)(3) 02-0762132 501(e)(3) 68-0121855 501(e)(3) 75-1754490 501(e)(2) 84-038594 501(e)(3) 94-1158478 501(e)(3) 68-0390038 501(e)(3) 54-055489 501(e)(3) 62-0514164 501(e)(3) 62-0481370 501(e)(3) 62-0481370 501(e)(3) 53-0196605 501(c)(3) 62-0842531 501(c)(3) 54-1282109 501(c)(3) 62-6064042 501(c)(3) 58-1564232 501(c)(3) 75-2028254 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 62-0810733 501(c)(3) 62-0630667 501(c)(3) 54-1860857 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 62-0521204 501(c)(3) 62-0493392 501(c)(3) 62-1719057 501(c)(3) 74-6075105 75-1822473 75-0808785 22-2593431 75-1025511 45-0515257 94-2479393 62-1464923 62-0634742 31-1794923 56-2238007 62-0556300 54-2038877 (p) EIN Gastonia, NC 28054
Sania Rosa, C 95403
Fort Worth, IX 76104
Johnson City, IN 37602
Sonoma, CA 95476
Bristol VA 24201
Bristol, VA 24201
Gray IN 37662
Gray IN 37662
Greenville, IN 37764 Blountville, TN 37617 Rock Hill, SC 29732 Johnson City, TN 37601 Petaluma CA 94953 Mountain City, TN 37683 Johnson City, TN 37605 Santa Rosa, CA 95403 Johnson City, TN 37602 Johnson City, TN 37605 Fort Worth, TX 76107
Fort Worth, TX 76107
Fort Worth, TX 76111
Lebanon, NH 03766 Fort Worth, TX 76104 Mooresville, NC 28115 Kingsport, TN 37662 Kingsport TN 37664 Dallas, TX 75372 Kingsport, TN 37660 Kingsport, TN 37660 Bristol, VA 24203 Mornstown, TN 37816 Bnstol, VA 24202 Kingsport, TN 37660 Charlotte, NC 28208 Abingdon VA 24210 Bristol, TN 37620 Bnstol, VA 24209 Bristol, VA 24209 ₹ Bristol, VA 24201 14298 Lee Highway 301 Louis Street Suite 302 793 W Main Street, Suite 10 2603 Osborne Street Suite 1 4528 W Vickery, Suite 102 2429 Lynn Dr 3320 Industrial Drive 1004 7th Avenue P 0 Box 4716 17000 Arnold Drive 17440 Soroma Highway P 0 Box 1074 613 Highland Avenue 127 Dillon Ct 2600 Cullen St 3218 E Belknap St 461 Mt Support Road P O Box 981 1100 Frankin Square P O Box 720206 Address 623 South Henderson PO Box 300 310 Shelby Street 1009 Sussex Drive P O Box 212 4527 Freedom Drive 400 MLK Jr Blyd 987 Anway Coun P O Box 5219 P O Box 1461 P O Box 867 P O Box 2912 2308 Watauga F PO Box 2744 P O Box 16231 P O Box 16852 127 Dillon Ct P O Box 784 P O Box 1977 P O Box 1435 P O Box 1021 P O Box 167 Prevent Blindness Texas (North Texas Region) Big Brothers/big Sisters of East Letrressee Big Brothers/big Sisters of Washington Co. VA. Boys & girls Club of Johnson City and Girls Inc. of Johnson City/ Washington County American Red Cross Mountain Empire Big Brothers/big Sisters of East Tennessee Children's Advocacy Center of Sullivan Co Children's Attention Home, Inc., The Tarrant Area Food Bank Boys and Grifs Club of Greater Fort Worth David's House Redwood Empire Food Bank
Ronald McDonald House of Fort Worth
Young Life Upper East TN
Hanna Boys Center Bristol Regional Speech & Hearing Center Sonoma Valley Teen Center Boys & Girls Club of the Mountain Empire Girls Inc of Bristol Second Harvest Food Bank of Ne TN Boys & Girls Club of Greater Kingsport Boys & Girls Club of Greenville Children's Advocacy Center of Bristol Coalition For Kids Committee on the Shelterless (COTS) (a) Name of Organization Washington Co Boys & Girls Club of Mornstown CASA of Northeast Tennessee Crossroads Medical Mission Grifs Inc. of Kingsport Greater Kingsport YMCA Interfaith Housing Coalition Johnson County Safe Haven CASA for Kids Junior League of Kingsport Santa Pal, Inc Discovery Home Care, Cancer Care Services Dale Jr Foundation Bnstol Family YMCA A Better World

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

56-1331429

For the Calendar year 2012, or the tax year penod beginning 10-01 and ending 9-30-13

Speedway Children's Chanties

basic needs
Bridges to Success
Provide free books for children birth to 5 years
Therapeutic services for sexually abused children
Music. Therapy program
Full implementation of Start-Up of the Backpack Education program
Admission scholarships for school children
Provide needs for you'll residing in their shieler
Affordable quality childcare for the less fortunate
Meeting Christmas needs of 600 underserved
children in their region
Free books for children and children
Free books for children birth until 5 at no cost to
family Providing back to school supplies Providing financial assistance while there child is in mothers Provide clothes, shoes, grooming kits and books to Comprehensive health, education, and therapeutic programs for pregnant adolescents
Food programs for children and Back to School Apprentice Stipend Program
Tech GYNTS Afterschool program provides a safe
place for girls
Safe House Children's Program Provide respite services to children with disabilities Establishing a lifetime appreciation of health and Serving families struggling on a daily basis to meet Provide camping expenence for blind children Provide clothing to underprivileged children in the the hospital
Adventure incentive for disadvantaged students
Serving needy children in county for Christmas
Providing emergency shelter for children and at-nsk youth
Backpack Food Program and Cinistmas project
Meetung emergency food needs of families with
children Ennchment Field Trip Programs Student sponsorship program for special needs services to needy children
Youth soccer program for fow income
Free Equime hirrary for disabled children
Speech, language, swallowing and hearing
treatments for infants and children programs for free
Purchase customized electronic lifts for ten
medically fragile children
SKIA (Sending Kds Into Action) Nutrition and support 2 free programs that provide medical county Offer child abuse education and prevention (h) Purpose of grant or assistance Stand By Me Mentoning Program Program in Wise County students (g) Description of non-cash assistance (f) Method of valuation (e) Amount of non-cash assistance 10,000 00 10,000 00 10,000 00 10,000 00 10,000 00 10,000 00 00 000'6 00 000 6 8,000 00 8,000 00 8,000 00 8,000 00 8,000 00 8,000 00 10,000 00 8,000 00 8,000 00 8,000 00 8,000 00 8,000 00 8,000 00 8,000 00 10,000 00 10 000 00 10 000 00 9,000 00 8,000 00 8,000 00 8,000 00 (d) Amount of cash grant 8,000 00 62-1603341 501(c)(3) 68-0429128 501(c)(3) 26-2896895 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 51-0141536 501(c)(3) 47-0405439 501(c)(3) 62-0488044 501(c)(3) 94-2347428 501(c)(3) 62-0694557 501(c)(3) 501(c)(3) 501(c)(3) (c)IRC Section 501(c)(3) 501(c)(3) 20-8559320 501(c)(3) 75-2442459 501(c)(3) 501(c)(3) 501(c)(3) 62-0984494 501(c)(3) 501(c)(3) 26-3504525 62-1542726 27-0052413 56-6061166 33-0017152 56-2045099 56-1781080 54-2057171 56-0577-066 54-1509759 62-1690064 54-2038035 27-4707108 43-2082197 62-1641099 62-1810818 20-1820596 59-1719434 54-1101180 54-0737793 55-0860873 (p) Ein Johnson City, TN 37602 Bluff City, TN 37618 Blountville, TN 37617 Johnson City, TN 37605 Johnson City, TN 37601 Gate City, VA 24251 Johnson City, TN 37602 Denton, TX 76201 Charlotte, NC 28247 Meadowview, VA 24361 Johnson City, TN 37602 Bnstol VA 24201 Santa Rosa, CA 95401 Elizabethton, TN 37643 Mosheim, TN 37818 Dallas, TX 75372 Johnson City, TN 37601 Concord, NC 28025 Matthews, NC 28105 Troutman, NC 28166 Sonoma, CA 95476 Santa Rosa, CA 95405 Bnstol, TN 37620 Santa Rosa, CA 95402 Clinchco, VA 24226 Elizabethton, TN 37644 Kingsport, TN 37660 Greenville, TN 37743 Charlotte, NC 28203 Charlotte, NC 28269 Charlotte NC 28236 Kingsport, TN 37662 Kingsport, TN 37663 Kingsport, TN 37663 Coebum, VA 24230 Bristol TN 37620 Š Bnstol, TN 37620 Bnstof 703 Chester Street
65 Stony Point Road #258
2207 Eagle Drive
P O Box 743
P O Box 720338 3728 Dante Mountain Road P O Box 2214 301 Louis Street Suite 101 70 N Massengill Road P O Box 6165 889 Stoney Hollow Road P O Box 589 P O Box 1008 1020 Crews Rd, Suite N 455 Providence Rd South 110 E Mountcastle Drive P O Box 471112 30427 Old Salt works Rd Address 916 First St West 1021 Hahman Drive 201 Overbrook Drive 901 East Boulevard 104 Memonal Dnve 149 Pactolus Road P O Box 2441 315 East Main St P O Box 1992 P O Box 5622 1109 North Elm S P O Box 36392 P O Box 4426 P O Box 6429 106 State St PO Box 3506 P O Box 909 P O Box 215 P O Box 336 Bnstol Fauth in Action
California Youth Oureach
Carter County Imagination Library Junior Chanty League of Concord, Inc., The Missionary Athleses 1-1-Predmont Residential Development Center Girls on the Run of Northeast Tennessee Interfauth Ministnes of Denton, Inc McClure River Community Development Mountain Region Speech and Hearing National Camp for Blind Children (a) Name of Organization Par's Place Child Advocacy Center Sulivan County Imagination Library Sonoma Valley Mentonng Aliance Worth Our Weight Missionary Athletes International Misty Meadows Mitey Riders, Inc. River's Way Sullivan County Sheriff's Auxiliary Florence Crittenden Services, Inc Assistance League of Charlotte Bread of Life Children's Ministry Lee Street Community "All God Bnstoł Emergency Food Pantry Good Samantan Ministnes Hands On' Regional Museum Hope House of Scott County FBC Hope Center Ministries Arc of Washington County YWCA Bristol
YWCA of Sonoma County Kan's Heart Foundation New Clothes for Kids Abuse Alternatives Small Miracles Rise UP

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States
For the Calendar year 2012, or the tax year period beginning 10-01 and ending 9-30-13

56-1331429

Speedway Children's Charities

| (a) Name of Organization                                | Address                       | City   | (b) EIN     | (c)IRC<br>Section | (d) Amount of cash grant                      | (e) Amount of (f) Method of non-cash valuation assistance | od of (g) Description of non-cash assistance | of (h) Purpose of grant or assistance  |
|---|-------------------------------|--|-------------|-------------------|---|---|--|--|
| Children First Inc                                      | P O Box 532147                | Grand Praine, TX 75053                               | 75-2100237  | 501(c)(3)         | 7,516 00                                      |   |  | Therapy for low income children  |
| Texas Chnstian University                               | TCU Box 297044                | Fort Worth, TX 76102                                 | 75-0827465  | 501(c)(3)         | 7,516 00                                      |   |  | Down syndrome education  |
| Court Appointed Special Advocates (CASA)                | PO Box 1418                   | Kenwood CA 95492                                     | 68-0404//0  | 501(C)(3)         | 00 006'/                                      |   |  | CASA mentoring/cang Prevention   |
|   | 270 4 M C 2000 (14 P) C 2000  |  |             |                   |   |   |  | riovide FREE Continuercial allillie devets for 100 years ill and disabled children from low income |
| Missele Clathie for Kide                                | 2764 N Green Valley PKWy Ste  | Henderson NV 89014                                   | 88_0209952  | 501(c)(3)         | 7 500 00                                      |   |  | families in Southern NV  |
| Miracle Flights for Nds                                 | 744 Charmon Charat            | Dichardson TX 75081                                  | 75-2060900  | 501(2)(3)         | 7 500 00                                      |   |  | Bio meals for little kids  |
| Social Advocated for Youth                              | 3440 Airway Drya Stufe E      | Santa Rosa CA 95403                                  | 94-1711490  | 501(c)(3)         | 7 500 00                                      |   |  | Coffee House Teen Shelter  |
| The User Boom   | 636 Chemy Street              | Santa Rosa CA 95404                                  | 58-2675876  | 501(c)(3)         | 7 500 00                                      |   |  | Mother and Child shelter   |
| VOM Children's Home Foundation                          | PO Box 11671                  | Santa Rosa, CA 95406                                 | 68-0343720  | 501(c)(3)         | 7.500 00                                      |   |  | Children's Dental Program  |
|   |                               |  |             |                   |   |   |  | Kidzpace Touch2Play gaming system for Pediatric  |
| Cook Children's Health Foundation                       | 801 Seventh Ave               | Fort Worth, TX 76104                                 | 75-2051646  | 501(c)(3)         | 7,441 00                                      |   |  | cancer patients  |
| Children's Advocacy Center of First Lindical            | P.O. Box 827                  | Johnson City, TN 37605                               | 62-1765785  | 501(c)(3)         | 2,000 00                                      |   |  | Provide services to child victims of physical and sexual abuse                                     |
|   | *69 0                         | V. maccoot TN 27863                                  | 377776 23   | 501/07/37         | 7 000 00                                      |   |  | Provide physical emotional and basic health needs of basics and children                           |
| nobe nouse  | F O DOX 3621                  | Milgspolt, 114 stoos                                 | 20-22-1113  | 30115/13/         | 2000,   |   |  | Children treated at the hospital at no charge to that  |
| Jenco Shnne Center                                      | P O Box 5548                  | Kingsport, TN 37663                                  | 36-2193608  | 501(c)(3)         | 2,000 00                                      |   |  | parents  |
| Lonesome Pine Office on Youth                           | P O Box 568                   | Big Stone Gap, VA 24219                              | 54-6001688  | 501(c)(3)         | 00 000'2                                      |   |  | Family Preservation Program  |
|   |                               |  |             | :                 |   |   |  | The grant would fund scholarships for a summer   |
| Parker Autism Foundation, The                           | 5290 Cambridge Bay Drive      | Lancaster, SC 29720                                  | 59-3783357  | 501(c)(3)         | 7,000 00                                      |   |  | Camp for autistic kids   |
| Town Square Inc. Food Ministries                        | P.O. Box 338                  | Glade Spring, VA 24340                               | 24-109/023  | 301(0)(3)         | 00 000,7                                      |   |  | Desirates additional weekend modes for 360 total   |
| United Way of Russell and Washington Counties           | s 201 Preston Street          | Abingdon, VA 24212                                   | 54-0718860  | 501(c)(3)         | 7 000 00                                      |   |  | riovides flubilional weekend meals for 500 total students during the school year                   |
| Wonder Kids Therapeutic Equestrian Center P O Box 17023 | P O Box 17023                 | Bristol, VA 24209                                    | 20-7205068  | 501(c)(3)         | 2,000 00                                      |   |  | Horseback nding for children with special needs  |
| Jeff Gordon Foundation                                  | 4345 Papa Joe Hendrick Blvd   | Charlotte, NC 28262                                  | 56-2174163  | 501(c)(3)         | 6,925 00                                      |   |  | Improve lives of youth with critical illnesses   |
| Assistance & Resource Ministnes (ARM)                   | 714 West "C" Street           | Elizabethton, TN 37643                               | 10-0242097  | 501(c)(3)         | 6,500 00                                      |   |  | Provide food/snacks to children throughout the year  |
| Imagination Library of Washington Co & Bristol,         | Well-                         |  |             |                   |   |   |  | Free books for children birth until 5 at no cost to  |
| VA  | P O Box 17122                 | Bnstol, VA 24209                                     | 35-2300989  | 501(c)(3)         | 9 500 00                                      |   |  | family   |
|   |                               |  |             |                   |   |   |  | Minister to expecting mothers and reach out to   |
| Bethany Christian Services of East Tennessee            | 3104 Hanover Road             | Bristol, VA 24209                                    | 38-2842293  | 501(c)(3)         | 00 000 9                                      |   |  | families   |
| Camp Sunshine at Sebago Lake, Inc.                      | 35 Acadia Road                | Casco, ME 04015                                      | 1197997-77  | 501(5)(3)         | 6,000 00                                      |   |  | Camp Sunsnings Family Sponsorship Program  |
|   | 8990 Spanish Ridge Avenue Ste |  |             |                   |   |   |  | Ensures 40 families can travel on the recommendation of their child's oncologist when              |
| Candlelighters For Childhood Cancer                     | 100                           | Las Ve   | 94-2579116  | 501(c)(3)         | 6,000 00                                      |   |  | they have to leave the state for treatment   |
| Children's Craniofacial Association                     | 13140 Coil Road, Suite 517    | Dallas, TX 75240                                     | 75-2265649  | 501(c)(3)         | 9,000 00                                      |   |  | Teaching kit to educate about preventing bulling   |
| :<br>;  |                               |  | 0.000       | (0)               | 0000  |   |  | Prepare girls in home with an independent living   |
| East IN Christian Home                                  | F O Box 1147                  | Elizabeunion, FN 37644                               | 05-01100-70 | 301(0)(3)         | 00,000,00                                     |   |  | FAD Program emphasizes leadership tife skills  |
| Holston United Methodist Home for Children              | P.O. Box 188                  | Greenville, TN 37744                                 | 62-0515531  | 501(c)(3)         | 00 000 9                                      |   |  | and healthy living   |
|   |                               |  |             | 1200              |   |   |  | Work with low income families to reverse the   |
| Kingsport Initiative for Training and Employment        | P O Box 44                    | Kingsport, TN 37660                                  | 58-2000812  | 501(c)(3)         | 00 000 9                                      |   |  | hentage of under education and poverty   |
| Learning Collaborative The                              | 3045 N Davidson St            | Charlotte, NC 28215                                  | 56-1668333  | 501(c)(3)         | 0000009                                       |   |  | Provide breakfast, lunch, and a snack to low income children                                       |
|   |                               |  |             |                   |   |   |  |  |
| Street Teens a Nevada Non Broft Compration              | P O Box 70478                 | Las Vegas NV 89170                                   | 88-0480633  | 501(c)(3)         | 5.475.00                                      |   |  | Grant would help support 2965 Street Leens in providing services to a very underserved population  |
| Kyle Busch Foundation                                   | 351 Mazeppa Road              | Mooresville, NC 28115                                | 20-5950643  | 501(c)(3)         | 5,112 50                                      |   |  | Support less fortunate children  |
|   |                               | Grants \$5,000 or less<br>Discount on Grants Payable |             | 1 4               | 605,143.72<br>4,309.00<br><b>2,349,377.72</b> |   |  |  |
|   |                               |  |             |                   |   |   |  |  |

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

56-1331429

| Par | Types of Property                     |                    |                                     |  |  |          |       |       |
|-----|---------------------------------------|--------------------|-------------------------------------|--|--|----------|-------|-------|
|     |                                       | (a)                | (b)                                 | (c)                                      |  | (d)      |       |       |
|     |                                       | Check If           | Number of contributions or          | Noncash contribution amounts reported on | Method o   | of deter | minin | g     |
|     |                                       | applicable         | items contributed                   | Form 990, Part VIII, line 1g             | noncash cor                                      | tributio | n am  | ounts |
| 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         |                    |                                     |  | <u> </u>   |          |       |       |
| 11  | Securities-Partnership, LLC,          |                    |                                     |  |  |          |       |       |
|     | or trust interests                    |                    |                                     |  |  |          |       |       |
| 12  | Securities-Miscellaneous              |                    |                                     |  | <del></del>                                      |          |       |       |
| 13  | Qualified conservation                |                    |                                     |  |  |          |       |       |
|     | contribution - Historic               |                    |                                     |  |  |          |       |       |
|     | structures                            |                    |                                     |  |  |          |       |       |
| 14  | Qualified conservation                | -                  |                                     |  |  |          |       |       |
| 1-7 | contribution - Other                  |                    |                                     |  |  |          |       |       |
| 15  | Real estate-Residential               |                    |                                     |  |  |          |       |       |
| 16  | Real estate-Commercial                |                    |                                     |  |  |          |       |       |
| 17  | Real estate-Other                     |                    |                                     |  | <del> </del>                                     |          |       |       |
| 18  |                                       |                    |                                     |  |  |          |       |       |
|     | Collectibles                          |                    | -                                   |  | <del>-  </del>                                   |          |       |       |
| 19  | Food inventory                        |                    |                                     | · · · · · · · · · · · · · · · · · · ·    | <del> </del>                                     |          |       |       |
| 20  | Drugs and medical supplies            |                    |                                     | <del> </del>                             | <del>                                     </del> |          |       |       |
| 21  | Taxidermy                             |                    |                                     |  | -  |          |       |       |
| 22  | Historical artifacts                  | <del></del>        |                                     |  | +  |          |       |       |
| 23  | Scientific specimens                  |                    |                                     |  |  |          |       |       |
| 24  | Archeological artifacts               |                    |                                     |  | - <del> </del>                                   |          |       |       |
| 25  | Other ▶(Auction It )                  | Х                  | 852                                 | 288,434                                  | Cost   |          |       |       |
| 26  | Other ►(Food & Bev )                  | x                  | 38                                  | 70,218                                   | Cost   |          |       |       |
| 27  | Other ▶(Prizes )                      | X                  | 96                                  | 68,444                                   | Cost   |          |       |       |
| 28  | Other ▶(Supplies )                    | x                  | 21                                  | 15,833                                   | Cost   |          |       |       |
| 29  | Number of Forms 8283 received by      |                    |                                     |  |  |          |       |       |
|     | which the organization completed F    | form 8283, Part    | IV, Donee Acknowledgement           |  | 29   |          |       |       |
|     |                                       |                    |                                     |  |  | <u> </u> | Yes   | No    |
| 30a | During the year, did the organizatio  | =                  |                                     |  |  | -        | -     |       |
|     | it must hold for at least three years |                    |                                     | •  |  |          |       |       |
|     | used for exempt purposes for the e    | -                  | rod?                                |  |  | 30a      |       | X     |
| b   | If "Yes," describe the arrangement    |                    |                                     |  |  |          |       |       |
| 31  | Does the organization have a gift a   | cceptance polic    | y that requires the review of any   | non-standard                             |  |          |       |       |
|     | contributions?                        |                    |                                     |  |  | 31       |       | X     |
| 32a | Does the organization hire or use the | nird parties or re | lated organizations to solicit, pro | ocess, or sell noncash                   |  |          |       |       |
|     | contributions?                        |                    |                                     |  |  | 32a      | .,    | X     |
| b   | If "Yes," describe in Part II.        |                    |                                     |  |  |          | -     |       |
| 33  | If the organization did not report an | amount in colur    | nn (c) for a type of property for   | which column (a) is checked,             |  | F        | :     |       |

describe in Part II.

| chedule I | M (Form 990) ( | 201 <b>25)PEE</b> I                          | WAY CI       | HILDRE          | N'S      | CHARITI     | ES       |           |              |  |               |            | 1331429         | Page 2           |
|-----------|----------------|--|--------------|-----------------|----------|-------------|----------|-----------|--------------|--|---------------|------------|-----------------|------------------|
| Part II   | Supplen        | nental in                                    | formati      | i <b>on.</b> Co | mple     | te this par | t to p   | rovide t  | he inform    | nation                                       | require       | d by Pa    | art I, lines 30 | 0b, 32b,         |
|           | and 33, a      | and wheth                                    | ner the      | organiz         | ation    | is reporti  | ng in    | Part I, c | olumn (b     | ), the                                       | numbe         | er of cor  | tributions, t   | .he              |
|           | number o       | of Items r                                   | eceived      | d, or a c       | comb     | ination of  | both.    | Also co   | mplete ti    | nis pa                                       | rt for ar     | ny addit   | ional inform    | ation            |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
| Nu        | mber of        | conti  | ribut        | ions            | or       | items       | or       | hoth      | (Part        | • т.   | രവ            | h)         |                 |                  |
| . 110     | imer er        |  |              | 10116           | <u> </u> | TCCIIID     | <u> </u> | DOCII     | TALL         | <u>,                                    </u> | <u> </u>      | <i>D</i> , |                 |                  |
| umber     | represent      | s numbe                                      | r of c       | contrib         | butio    | ons, not    | num      | ber of    | items o      | contr  | ibuted        | ı.         |                 |                  |
|           | <del></del>    |  |              |                 |          | <u>-</u>    |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                | ·  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          | ·         |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                | · <u>.</u>                                   |              | •               |          | •           |          |           |              |  |               |            |                 | -                |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 | <del></del> -    |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  | _            |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          | _           |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 | <u>.</u>         |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  | -            |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              | <del></del>     |          |             |          |           | <u></u> .    |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                | . <u></u>                                    | <del></del>  |                 | -        |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              | -  |               |            | <del></del>     |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           | <del>-</del> |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
| <u>-</u>  |                |  | <del>.</del> |                 |          |             |          |           |              |  | <del></del> - |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               | _          |                 |                  |
|           |                | -  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           | _              |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                | <u>.                                    </u> |              |                 |          |             | _        |           |              |  |               |            |                 |                  |
|           |                |  |              |                 |          |             |          |           |              |  |               |            |                 |                  |
|           |                | <del></del>                                  |              |                 |          |             |          |           |              |  | <del></del>   |            | Schodule M.     | Form 990) (2012) |
| ĒΑ        |                |  |              |                 |          |             |          |           |              |  |               |            | Consorie M ()   | . Jim Jay (2012) |

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

### 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.

2012

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

SPEEDWAY CHILDREN'S CHARITIES 56-1331429 01. Officer, directors, etc. family relationship (Part VI, line 2) Board Members O. Bruton Smith and Marcus Smith have a Father-Son Relationship. 02. Committee meeting documentation (Part VI, line 8b) Committee meetings are not documented in minutes. Committees submit recommendations to the Board for review and approval. Board meetings are documented. 03. Form 990 governing body review (Part VI, line 11) The 990 is reviewed by the Finance Committee prior to filing. 04. Conflict of interest policy compliance (Part 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. A Board Member has the opportunity to explain the alleged failure. If the Board determines a conflict of interst exists, corrective action is taken. 05. Governing documents, etc, available to public (Part VI, line 19) Governing documents, conflict of interest policy and financial statements are made available to the public upon request. 06. General explanation attachment Part V, line 2b: Employees were paid using a third party. The wages are reported on the W-2 of the third party. Wages are not reported using the Speedway Children's Charities'

EIN.

| Schedule O (For  |           | )-EZ) (2012 | 2)   |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             | Page 2 |
|------------------|-----------|-------------|------|------|-----|------|-------------|-------|------|-------|------|--------|--------|-------------|--------|------|-----------|-----------|-------------|--------|
| Name of the orga | inization |             |      |      |     |      |             |       |      |       |      |        |        |             |        | Em   | ployer ic | lentifica | tion numbe  | er     |
| SPEEDWAY         | CHILD     | REN'S       | CHA  | RITI | ES  |      |             |       |      |       |      |        |        |             |        | 56-  | 1331      | 429       |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
| Part VI,         | Section   | on C.       | line | 17.  | Δα  | 141+ | iona        | l st  | ateg | - K   | e Ki | л ма   | мп     | ME          | мт     | MN   | MC        | NC        | NTO         |        |
|                  | 50001     | <u> </u>    |      |      |     | 1410 | 10114       | 1 30. | aces | - 1/1 | 3, K | , 1414 | , 1410 | , ME,       | , 111, | PHN, | мэ,       | MC,       | ND,         |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
| NH, NJ, 1        | NM, NV    | , NY,       | OH,  | OK,  | OR, | PA,  | RI,         | SC,   | TN,  | UT,   | VA,  | WA,    | WI,    | wv          |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        | <del></del> |        |      |           |           | <del></del> |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      | _      |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      | -      |        |             |        |      | •         |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       | •    |        |        |             |        |      | -         |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
| <del></del> _    |           |             |      |      |     |      |             | -     |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        | _           |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      | -    |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
| *****            |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             | -     |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  | -         |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      | <del></del> |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  | -         |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       | -    |       |      |        |        |             |        |      |           |           |             |        |
|                  |           |             |      |      |     |      |             |       |      |       |      |        |        |             |        |      |           |           |             |        |

| 990                        | Overflow Statement | <b>2012</b><br>Page 1 |
|----------------------------|--------------------|-----------------------|
| Name(s) as shown on return |                    | FEIN                  |
| SPEEDWAY CHILDREN'S        | CHARITIES          | 56-1331429            |

## Schedule G, Line 17b Amount of Distribution Required by Law

| Description | ;            | Amount |  |  |
|-------------|--------------|--------|--|--|
| GA          | <del>-</del> | 20,684 |  |  |
| TN          |              | 51,681 |  |  |
| NC          |              | 7,500  |  |  |
| CA          |              | 2,054  |  |  |
| TX          |              | 1,720  |  |  |
| NV          |              | 7,753  |  |  |
| Total:      | \$           | 91,392 |  |  |