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For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation The Jeff Gordon Childrens Foundation		<b>A Employer identification number</b>  56-2174163	
Number and street (or P O box number if mail is not delivered to street address) 7575 Westwinds Blvd NW Suite C		Room/suite	<b>B Telephone number</b> (see instructions)  (704) 455-7424
City or town, state or province, country, and ZIP or foreign postal code Concord, NC 28027		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input type="checkbox"/> \$ 1,031,388		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	1,337,418			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	16	16	16	
	4 Dividends and interest from securities. . . . .	7,417	7,417	7,417	
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	22,082			
	b Gross sales price for all assets on line 6a 95,699				
	7 Capital gain net income (from Part IV, line 2) . . .		22,082		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	<input type="checkbox"/> 718,398		718,398	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	2,085,331	29,515	725,831	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	101,125			101,125
	14 Other employee salaries and wages . . . . .	100,210			100,210
	15 Pension plans, employee benefits . . . . .	44,075			44,075
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	<input type="checkbox"/> 8,597			8,597
	c Other professional fees (attach schedule) . . . . .	<input type="checkbox"/> 68,561			68,561
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .	<input type="checkbox"/> 6,959			
	20 Occupancy . . . . .	1,557			1,557
	21 Travel, conferences, and meetings . . . . .	41,511			41,511
	22 Printing and publications . . . . .	3,077			3,077
	23 Other expenses (attach schedule) . . . . .	<input type="checkbox"/> 279,671	3,843	118,398	137,832
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	655,343	3,843	118,398	506,545
	25 Contributions, gifts, grants paid . . . . .	967,491			967,491
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,622,834	3,843	118,398	1,474,036
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	462,497			
	b <b>Net investment income</b> (if negative, enter -0-)		25,672		
	c <b>Adjusted net income</b> (if negative, enter -0-)			607,433	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	208,469	668,221	668,221
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	262,573	272,276	363,167
	Liabilities	14	Land, buildings, and equipment basis ▶ _____ 52,146 Less accumulated depreciation (attach schedule) ▶ 48,666	10,438	3,480
15		Other assets (describe ▶ _____)			
16		Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	481,480	943,977	1,031,388
17		Accounts payable and accrued expenses . . . . .			
Net Assets or Fund Balances	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .		0	
	24	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted . . . . .	481,480	943,977	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	27	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions) . . . . .	481,480	943,977	
31	Total liabilities and net assets/fund balances (see instructions) . . .	481,480	943,977		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1 481,480
2	Enter amount from Part I, line 27a . . . . .	2 462,497
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3 . . . . .	4 943,977
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 943,977

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a Capital Gain Dividends				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b			20,511	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	22,082
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }			3	

Part V

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

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

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

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

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


1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	1,946,464	978,518	1 98920
2012	1,811,594	867,903	2 08732
2011	1,854,378	1,187,798	1 56119
2010	1,825,812	1,325,465	1 37749
2009	1,516,438	1,195,356	1 26861
2 Total of line 1, column (d). . . . .			2 8 28381
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . .			3 1 65676
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .			4 969,546
5 Multiply line 4 by line 3. . . . .			5 1,606,306
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .			6 257
7 Add lines 5 and 6. . . . .			7 1,606,563
8 Enter qualifying distributions from Part XII, line 4. . . . .			8 1,474,036
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions			

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	513
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2. . . . .	3	513
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	513
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments. Add lines 6a through 6d. . . . .	7	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	513
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6		No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> See Additional Data Table			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes			
Website address ▶ <u>www.jeffgordonchildrensfoundation.org</u>						
14	The books are in care of ▶ <u>Ryan Hutcheson</u> Telephone no ▶ <u>(704) 455-7424</u> Located at ▶ <u>7575 Westwinds Blvd NW Suite C Concord NC</u> ZIP +4 ▶ <u>28027</u>					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <table><tr><td>15</td><td></td></tr></table>	15				
15						
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No		

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <b>1b</b> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?. . . . . <b>1c</b>			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			No
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i> ). . . . . <b>3b</b>			No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

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

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☒ No

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

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

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

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

No

Part VIII

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

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

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

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	



**Part X**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	385,138
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	599,173
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	984,311
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	984,311
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	14,765
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	969,546
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	48,477

**Part XI**

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	48,477
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5. . . . .	<b>2a</b>	513
<b>b</b>	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	513
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	47,964
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	47,964
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	47,964

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,474,036
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,474,036
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,474,036

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				47,964
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .				
b Total for prior years 20__ , 20__ , 20__				
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .	1,457,237			
b From 2010. . . . .	1,760,245			
c From 2011. . . . .	1,795,995			
d From 2012. . . . .	1,768,589			
e From 2013. . . . .	1,898,270			
f Total of lines 3a through e. . . . .	8,680,336			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 1,474,036				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2014 distributable amount. . . . .				47,964
e Remaining amount distributed out of corpus	1,426,072			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,106,408			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .	1,457,237			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	8,649,171			
10 Analysis of line 9				
a Excess from 2010. . . .	1,760,245			
b Excess from 2011. . . .	1,795,995			
c Excess from 2012. . . .	1,768,589			
d Excess from 2013. . . .	1,898,270			
e Excess from 2014. . . .	1,426,072			

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . .

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a . . . . .					
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets . . . . .					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

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

1

Information Regarding Foundation Managers:

a

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

Jeffery M Gordon

b

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

2

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

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

a

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

b

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

c

Any submission deadlines

d

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

Form 990-PF (2014)

Part XV

Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	967,491
b Approved for future payment				
Total . . . . .			3b	

## Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes

No

a

Transfers from the reporting foundation to a noncharitable exempt organization of

(1)

Cash.

1a(1)

No

(2)

Other assets.

1a(2)

No

b

Other transactions

(1)

Sales of assets to a noncharitable exempt organization.

1b(1)

No

(2)

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

(3)

Rental of facilities, equipment, or other assets.

1b(3)

No

(4)

Reimbursement arrangements.

1b(4)

No

(5)

Loans or loan guarantees.

1b(5)

No

(6)

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

☒ No

b

If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

\*\*\*\*\*

2015-07-14

\*\*\*\*\*

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes

☐ No

Paid Preparer Use Only

Print/Type preparer's name  
Phillip G Wilson

Preparer's Signature

Date

Check if self-employed ☐

PTIN  
P00096084

Firm's name ☐  
C DeWitt Foard & Co PA CPAs

Firm's address ☐  
817 E Morehead Street Ste 100 Charlotte, NC 282022767

Firm's EIN ☐

Phone no (704) 372-1515

Form 990-PF (2014)


Form 990PF Part VII-A Line 8a

Enter the states to which the foundation reports or with which it is registered	AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,LA,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV
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Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Jeffery M Gordon	President 0 50	0		
4325 Papa Joe Hendrick Blvd Charlotte,NC 28262				
Jeffrey W Chell MD	Director 1 00	0		
3001 Broadway St NE Suite 100 Minneapolis,MN 55413				
Rick Hendrick	Director 0 25	0		
4400 Papa Joe Hendrick Blvd Charlotte,NC 28262				
D Wade Clapp MD	Director 1 00	0		
705 Riley Hospital Dr Rm 5900 Indianapolis,IN 46202				
Patricia Kriger	Executive Dir 40 00	92,000		
7575 West Winds Blvd NW Ste C Concord,NC 28027				
Ryan Hutcheson	CFO 4 00	9,125		
4325 Papa Joe Hendrick Blvd Charlotte,NC 28262				
James Reichard	Director 0 25	0		
227 West Trade St Suite 1100 Charlotte,NC 28202				
Glenn Schineller	Director 1 00	0		
316 E Morehead St 4th Floor Charlotte,NC 28202				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Riley Children's Foundation 30 S Meridan Street Ste 200 Indianapolis,IN 46204	N/A	PC	\$300,000 to support the research for the treatment of induced peripheral neuropathy, a serious problem for both pediatric and adult cancer patients \$5,000 to support the Magic Castle Cart delivering gifts and activities for in-patient children	305,000
NorthEast Foundation 920 Church Street N Concord,NC 28025	N/A	PC	\$108,000 to expand the comprehensive cord blood donation program at CMC-NorthEast and \$5,000 for sponsorship of gala benefiting The Jeff Gordon Children's Hospital	113,000
Children's Oncology Group Foundatio 3501 Civic Center Blvd Philadelphia,PA 19104	N/A	PC	To support the second phase of Project EveryChild that will build a national, annotated research database of all children diagnosed with cancer	260,628
Miscellaneous less than 5000 4345 Papa Joe Hendrick Blvd Charlotte,NC 28262	N/A	PC	Various support	43,255
Royal Children's Foundation 50 Flemington Road Parkville,Victoria 3052 AS	N/A	PC	To fund enrollment of pediatric cancer patients being treated at the Royal Children's Hospital in Phase II clinical trials administered by the Children's Oncology Group	34,108
Carolinas Healthcare System PO Box 32861 Charlotte,NC 28232	N/A	PC	Develop and advance pediatric cancer research at Levine Children's Hospital	40,000
Children's Hospital Foundation 111 Michigan Ave NW Washington,DC 20010	N/A	PC	\$9,500 to construct a treatment room \$150,000 to support Medulloblastoma research Medulloblastoma is the most common malignant childhood brain cancer	159,500
Ronald McDonald House of Indiana 435 Limestone Street Indianapolis,IN 46202	N/A	PC	Sponsorship of a semi-isolated apartment, for patients undergoing chemotherapy or stem cell transplant and their families	5,000
Texas Rangers Baseball Foundation 1000 Ballpark Way Suite 400 Arlington,TX 76011	N/A	PC	Memorial gift in honor of Richard Durrett	7,000
<b>Total . . . . .</b>  <b>3a</b>				967,491



<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>The Jeff Gordon Childrens Foundation</div>	<div>Employer identification number</div> <div>56-2174163</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> The Jeff Gordon Childrens Foundation	<b>Employer identification number</b> 56-2174163
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Part I Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>_____</div>	<div>See Additional Data Table</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>


Employer identification number

56-2174163

**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

<b>Name of organization</b> The Jeff Gordon Childrens Foundation	<b>Employer identification number</b> 56-2174163
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<b>Part III</b>	<b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.</b> Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.)  \$ _____ Use duplicate copies of Part III if additional space is needed.
-----------------	---

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

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 56-2174163

Name: The Jeff Gordon Childrens Foundation

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>Jeffery Gordon</div> <div>4325 Papa Joe Hendrick Blvd</div> <div>Charlotte, NC 28262</div>	<div>\$ 150,003</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>2</div>	<div>Kiros Sistevaris</div> <div>16016 Oak Park Court</div> <div>Westfield, IN 46074</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>3</div>	<div>Hendrick Motorsports</div> <div>4400 Papa Joe Hendrick Blvd</div> <div>Charlotte, NC 28262</div>	<div>\$ 17,937</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>4</div>	<div>Jeff Gordon Inc</div> <div>4325 Papa Joe Hendrick Blvd</div> <div>Charlotte, NC 28262</div>	<div>\$ 150,773</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>5</div>	<div>Jimmie Johnson Fdn</div> <div>4325 Papa Joe Hendrick Blvd</div> <div>Charlotte, NC 28262</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>6</div>	<div>NASCAR</div> <div>PO Box 2875</div> <div>Daytona Beach, FL 32120</div>	<div>\$ 5,700</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<div><div>Sprint</div><div>PO Box 63670</div><div>Phoenix, AZ 85082</div></div>	\$ <div>10,000</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution )</div></div>
<u>8</u>	<div><div>Village Pantry</div><div>1410 Commonwealth Dr Ste 202</div><div>Wilmington, NC 28403</div></div>	\$ <div>67,461</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution )</div></div>
<u>9</u>	<div><div>Speedway Children's Charities</div><div>PO Box 18747</div><div>Charlotte, NC 28218</div></div>	\$ <div>8,913</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution )</div></div>
<u>10</u>	<div><div>Pepsi-Cola</div><div>700 Anderson Hill Road</div><div>Purchase, NY 10577</div></div>	\$ <div>5,500</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution )</div></div>
<u>11</u>	<div><div>Just Marketing Inc</div><div>10960 Bennett Parkway</div><div>Zionsville, IN 46077</div></div>	\$ <div>5,500</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution )</div></div>
<u>12</u>	<div><div>Midwest Maintenance Construction</div><div>PO Box 7035</div><div>Greenwood, IN 46142</div></div>	\$ <div>5,500</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution )</div></div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>13</div>	<div>Flashes of Hope</div> <div>6009 Landerhaven Dr Suite I</div> <div>Mayfield Heights, OH 44124</div>	<div>\$ 161,326</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>14</div>	<div>GMR Marketing Group</div> <div>5000 South Towne Drive</div> <div>New Berlin, WI 53151</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>15</div>	<div>Keneric Group LLC</div> <div>1196 Highway 14</div> <div>Knoxville, TN 37934</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>16</div>	<div>Lori Organ</div> <div>5233 Noyack Way</div> <div>Sacramento, CA 95835</div>	<div>\$ 5,352</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>17</div>	<div>The Marnie Jude Foundation</div> <div>PO Box 2462</div> <div>Davidson, NC 28036</div>	<div>\$ 27,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>18</div>	<div>Interactive Communications</div> <div>250 Williams Street</div> <div>Atlanta, GA 30303</div>	<div>\$ 16,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>Nehring Construction</div> <div>4300 NE 14th Street</div> <div>Des Moines, IA 50313</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>20</div>	<div>Qtego</div> <div>5636 W 74th Street</div> <div>Indianapolis, IN 46278</div>	<div>\$ 33,795</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>21</div>	<div>Unilever</div> <div>6814 Hillside Court</div> <div>Indianapolis, IN 46250</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>22</div>	<div>ACP Automotive Classics LLC</div> <div>11678 S Hudson Court</div> <div>Tulsa, OK 74137</div>	<div>\$ 15,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>23</div>	<div>Axalta Coating Systems LLC</div> <div>PO Box 69</div> <div>Glen Mills, PA 19432</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>24</div>	<div>CBRE</div> <div>5404 Basswood Lane</div> <div>Austin, TX 78723</div>	<div>\$ 11,484</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Charity Buzz 437 Fifth Avenue  New York, NY 10016	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
26	Jeffrey Chell 2807 12th Street NW  New Brighton, MN 55112	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
27	Robert Douglas 88 Papa Lane 428  Kahului, HI 96723	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
28	Bob Gavranich 62-64 Prestige Parade  Wangara, Western Australia 6065 AS	\$ 17,423	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
29	General Motors PO Box 62530  Phoenix, AZ 85082	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
30	Genesco Sports Enterprises Inc 5944 Luther Lane 500  Dallas, TX 75225	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>31</div>	<div>Gonnella</div> <div>2006 West Erie Street</div> <div>Chicago, IL 60612</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>32</div>	<div>Indianapolis Motor Speedway</div> <div>PO Box 24152</div> <div>Speedway, IN 46224</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>33</div>	<div>KLN Entertainment LLC</div> <div>1230 Highway 14</div> <div>Knoxville, IA 50143</div>	<div>\$ 5,300</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>34</div>	<div>Eric Kurth</div> <div>245 Spring Lake Drive</div> <div>Itasca, IL 60143</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>35</div>	<div>Lake Jackson Volunteer Fire Dept</div> <div>11310 Coles Drive</div> <div>Manassas, VA 20112</div>	<div>\$ 6,058</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>36</div>	<div>Massey's Fine Jewelry</div> <div>PO Box 752</div> <div>Jacksonville, IL 60143</div>	<div>\$ 10,825</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>37</div>	<div>Michael A Peterson Foundation</div> <div>712 Fifth Avenue</div> <div>New York, NY 10019</div>	<div>\$ 6,342</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>38</div>	<div>Monster Energy Drink</div> <div>550 Monica Circle Suite 201</div> <div>Corona, CA 92880</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>39</div>	<div>Papa John's USA</div> <div>PO Box 99900</div> <div>Louisville, KY 40269</div>	<div>\$ 15,313</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>40</div>	<div>Score International</div> <div>PO Box 9994</div> <div>Chattanooga, TN 37412</div>	<div>\$ 6,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>41</div>	<div>Square Inc</div> <div>1455 Market Street Suite 600</div> <div>San Francisco, CA 94103</div>	<div>\$ 18,986</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>42</div>	<div>Tattoo Projects</div> <div>508 W 8th Street 225</div> <div>Charlotte, NC 28202</div>	<div>\$ 6,897</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>	<div>The John H Schnatter Family Fdn</div> <div>PO Box 991339</div> <div></div> <div>Louisville, KY 40269</div> <div></div>	\$ <u>15,000</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<u>44</u>	<div>True Speed Enterprises Inc</div> <div>5644 West 74th Street</div> <div></div> <div>Indianapolis, IN 46278</div> <div></div>	\$ <u>7,500</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<u>45</u>	<div>Weld Racing LLC</div> <div>6600 Stadium Drive</div> <div></div> <div>Kansas City, MO 64129</div> <div></div>	\$ <u>5,000</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

**TY 2014 Accounting Fees Schedule****Name:** The Jeff Gordon Childrens Foundation**EIN:** 56-2174163**Software ID:** 14000265**Software Version:** 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting fees	8,597	0	0	8,597

**TY 2014 Investments - Other Schedule****Name:** The Jeff Gordon Childrens Foundation**EIN:** 56-2174163**Software ID:** 14000265**Software Version:** 2014v5.0

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Various mutual funds	AT COST	272,276	363,167

TY 2014 Land, Etc. Schedule

**Name:** The Jeff Gordon Childrens Foundation

**EIN:** 56-2174163

**Software ID:** 14000265

**Software Version:** 2014v5.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Miscellaneous	52,146	48,666	3,480	

## TY 2014 Other Expenses Schedule

**Name:** The Jeff Gordon Childrens Foundation

**EIN:** 56-2174163

**Software ID:** 14000265

**Software Version:** 2014v5.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advertising & Marketing	8,489			8,489
Bank charges	44,786			44,786
Dues and subscriptions	1,399			1,399
Employee training	15			15
Event Expenses	118,398		118,398	
Event tickets	729			729
Gifts	4,375			4,375
Insurance	2,827			2,827
Investment mangagement fees	3,843	3,843		
Miscellaneous	1,008			1,008
Mobile phone	10,975			10,975
Office expense	981			981
Postage and shipping	7,875			7,875
Registration fees	10,038			10,038
Special Event Expenses	19,598			
Sponsorships	30,000			30,000
Supplies	11,903			11,903
Uniforms/Logo Shirts	2,432			2,432



TY 2014 Other Income Schedule

**Name:** The Jeff Gordon Childrens Foundation

**EIN:** 56-2174163

**Software ID:** 14000265

**Software Version:** 2014v5.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Income From Special Events	718,398		

**TY 2014 Other Professional Fees Schedule****Name:** The Jeff Gordon Childrens Foundation**EIN:** 56-2174163**Software ID:** 14000265**Software Version:** 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Computer	8,390	0	0	8,390
Professional services	34,687	0	0	34,687
Taxes	765	0	0	765
Video production	15,200	0	0	15,200
Website management	9,519	0	0	9,519

## TY 2014 Substantial Contributors Schedule

**Name:** The Jeff Gordon Childrens Foundation

**EIN:** 56-2174163

**Software ID:** 14000265

**Software Version:** 2014v5.0

Name	Address
Robert Douglas	88 Papa Lane 428 Kahului, HI 96723

Form <b>872-B</b> (Rev. Dec. 2004)	Department of the Treasury - Internal Revenue Service <b>Consent to Extend the Time to Assess Miscellaneous Excise Taxes</b>	In reply refer to:
		Taxpayer Identification Number 50-2174163

Jeff Gordon Children's Foundation, (taxpayer(s))  
(Name(s))

of 4345 Papa Joe Hendrick Blvd., Charlotte, NC 28262 and the  
(Number, Street, City or Town, State, ZIP Code)

Commissioner of Internal Revenue consent and agree to the following:

(1) The amount of liability for Chapter 42 Excise Tax (Kind) tax, imposed on the taxpayer(s) by section 4940-4945 of the Internal Revenue Code due for the period January 1, 2011 through December 31 (Internal Revenue Code, Revenue Act, etc.)  
2015 may be assessed at any time on or before May 15, 2020 (Expiration date)

(2) The collection provisions and limitations now in effect will also apply to any tax assessed within the extended period

(3) The taxpayer(s) may file a claim for credit or refund and the Service may credit or refund the tax within 6 months after this agreement ends.

#### Your Rights as a Taxpayer

You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon (issue(s) or mutually agreed-upon period of time. Publication 1036, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you may make. If you have not already received a Publication 1036, the publication can be obtained, free of charge, from the IRS official who requested that you sign this consent or from the IRS' web site at [www.irs.gov](http://www.irs.gov) or by calling toll free at 1-800-829-3678. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled.

YOUR SIGNATURE HERE →

I am, (taxpayer(s)) have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon (issue(s) and/or period of time as set forth in I.R.C. § 6501(c)(4)(D). (Date signed)

TAXPAYER'S REPRESENTATIVE

SIGN HERE →

I am aware that I have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon (issue(s) and/or period of time as set forth in I.R.C. § 6501(c)(4)(D). In addition, the taxpayer(s) has been made aware of these rights. (Date signed)

Jeff Gordon Children's Foundation  
CORPORATE NAME →  
CORPORATE OFFICER(S) → John Bickford Vice President (Title) (Date signed)  
SIGN HERE → (Signature) (Title) (Date signed)

I (we) am (are) still (are) have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon (issue(s) and/or period of time as set forth in I.R.C. § 6501(c)(4)(D).

INTERNAL REVENUE SERVICE SIGNATURE AND TITLE

(Division Executive Name - see instructions) (Division Executive Title - see instructions)  
BY → (Authorized Official Signature and Title - see instructions) (Date signed)

(Signature instructions are on the back of this form)

[www.irs.gov](http://www.irs.gov)

Catalog Number 51485N

Form 872-B (Rev. 12-2004)