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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Remotivation A Employer identification number Several Name Famility - RACING FOR A REASON Final Famility - RACING FOR A RACING FOR A REASON Final Famility - RACING FOR A RACING	101	Caic	indar year 2010 or tax year beginning		, and ending		
The process of services (P 0 to be number of make a services and receive) To (1 0 4) 92 4 9 4 0 4 0 4	Na	me o	f foundation			A Employer identification	on number
The process of services (P 0 to be number of make a services and receive) To (1 0 4) 92 4 9 4 0 4 0 4	F	गर	RNHAM FAMILY - RACING I	TOR A REACON		56-205328	0
1.30 INFIELD COURT					Room/suite	_	-
City or Dww, state or provents, country, and ZiP or foreign postal code MOORESVILLE, NC 28117 G Chack all that apply: Install return			·	THOU TO SERVE	B Telephone number	9404	
MOORESVILLE, NC 28117 G Check all that apply:	_	_		postal code			·
Final return						• II exemplion application is	perioring, check here
Final return Amended return Amende	G	Chec	k all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	is, check here
H. Check type of organization:			Final return	Amended return			
Section 4947(a)(1) nonexempt thairiballe trust						2. Foreign organizations me check here and attach of	eeting the 85% test, computation
Farm market value of all assests at end of year J Accounting method: Stephens St	H_(Checl	k type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	atus was terminated
International Part II, col. (e), ine 16	<u>_</u>				ation	under section 507(b)(1	I)(A), check here 🕨 📖
S 35 0, 34 9 . (Part I, column (c) must be on cash bases) Part I Analysis of Revenue and Expenses The solar of amounts in column (a), and (c) may not necessary equal the emotion is column (a). 1 Contributions, gifts, grants, etc., received 2 Conce but a state of the solar of					Accrual	F If the foundation is in a	60-month termination
Part II Analysis of Revenue and Expenses (a) Revenue and expenses (c) Adjusted net income (c) Adjusted net income (c) Adjusted net income (d) Deluterseement (e) Adjusted net income (_ under section 507(b)(1	I)(B), check here
The total of amounts in columns (a), (b), and (c) may not received a columns (b), (c), and (c) may not received (c), and (c				1			1 (4) = .
1 Contributions, gifts, grants, etc., received 2 Circles	Pě	irt i	The total of amounts in columns (b), (c), and (d) may not			(c) Adjusted net	for charitable purposes
2 Check ▶	_	1		· · ·			(cash basis only)
Interest on asunings and temporary		١,		400,010.		N/A	
A Dividends and interest from securities Sa Gross rents Dividends and interest from securities Sa Gross rents Dividends and securities Dividends and securities Dividends and securities Dividends		3	Interest on savings and temporary				
D Net rental income or (loss) 1, 216		4					*****
Sample Continue		5a	Gross rents				
		t	Net rental income or (loss)			PF	CEIVED
Net short-retrin capital gain Section Se	Ð	6a		1,216.			
Net short-retrin capital gain Section Se	Pue	b					
Net short-retrin capital gain Section Se	ě	7	Capital gain net income (from Part IV, line 2)		1,216	·	1001
10a and dishowances	_	8	• •				
D Less Cost of goods sold C Gross profit or (loss) 11 Other income 19,228 0 STATEMENT 12 Total Add lines 1 through 11 509,759 1,216 13 Compensation of officers, directors, trustees, etc 0 0 0 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 2,150 0 0 0 0 15 C Other professional fees STMT 3 2,500 0 0 0 0 16 Legal fees STMT 3 2,500 0 0 0 0 17 Interest 18 Taxes STMT 4 200 0 0 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 35,839 0 0 0 24 Total operating and administrative expenses Add lines 13 through 23 40,689 0 0 0 25 Contributions, giffs, grants paid 219,695 219,695 219,695 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if neg		9	Gross sales less returns			1 00	<u> CEN UI</u>
C Gross profit or (loss) 11 Other income 19,228. 0. STATEMENT 1 12 Total. Add lines 1 through 11 509,759. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216. 1,216.							
11 Other income 19,228.		i					
12 Total Add lines 1 through 11 509,759. 1,216.				19.228.	0		<u> СТАТЕМЕМТ</u> 1
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Legal fees 17 Legal fees 17 Legal fees 17 Legal fees 18 Taxes 18 Taxes 18 Taxes 19 Legal fees 18 Taxes 19 Legal fees							
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 2 2 150 0 0 0 0 0 0 0 0 0		13					0.
16a Legal fees b Accounting fees STMT 2 2 2 150 0 0 0 0 0 0 0 0 0		14	Other employee salaries and wages				
17 Interest 18 Taxes STMT 4 200 .		15	Pension plans, employee benefits				
17 Interest 18 Taxes STMT 4 200 .	Se	16a	Legal fees				
Interest Int	per			2,150.	_	* •	
25 Contributions, girls, grants paid 219,695. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ä		•	2,500.	0	•	0.
25 Contributions, girls, grants paid 219,695. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ītive						
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25 Contributions, girls, grants paid 219,695. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ď					-	
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25 Contributions, girls, grants paid 219,695. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	atin		•				
25 Contributions, girls, grants paid 219,695. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	per				0		
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	0	25	Contributions, gifts, grants paid				
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		26	•				
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A				260,384.	0	•	219,695.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A							
c Adjusted net income (if negative, enter -0-)				249,375.	1 046		
					1,216		
	6005			e see instructions		I N/A	Form 990-PF (2016)



F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	<u> </u>
<u>'</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	_		
	2	Savings and temporary cash investments	100,974.	350,349.	350,349.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
	i i	Less: allowance for doubtful accounts	A A American de Am		
	5	Grants receivable	-		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
] 7	_			
	1	Less; allowance for doubtful accounts			·
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	
As	1 -	Investments - U.S. and state government obligations	- <u> </u>		
	1	Investments - corporate stock			
		Investments - corporate stock			
	Ι	·			
	''	Investments - land, buildings, and equipment basis			
	1.0	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ► 1,004. Less accumulated depreciation STMT 6 ► 1,004.			
	l				
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	400 074		
_	<u> </u>	instructions. Also, see page 1, item I)	100,974.	350,349.	350,349.
	17	Accounts payable and accrued expenses			;
	18	Grants payable			
es	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			, ,
iар	21	Mortgages and other notes payable			į
	22	Other liabilities (describe)			1
					1
	23	Total liabilities (add lines 17 through 22)	0.	0.	i
		Foundations that follow SFAS 117, check here			ı
		and complete lines 24 through 26 and lines 30 and 31.			,
lances	24	Unrestricted			
ă	25	Temporarily restricted			
	26	Permanently restricted			
Б		Foundations that do not follow SFAS 117, check here			1
교		and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Ba	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	- 0.	1
Ass	29	Retained earnings, accumulated income, endowment, or other funds	100,974.	350,349.	
ĕ	30	Total net assets or fund balances	100,974.	350,349.	'
Z	••	Total not assets of family balances	100,5740	330,343.	,
	31	Total liabilities and net assets/fund balances	100,974.	350,349.	1
_	•			330,343.	
<u>P</u>	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)	50		100,974.
	•	amount from Part I, line 27a		1	249,375.
		r increases not included in line 2 (itemize)		2	249,375.
		ines 1, 2, and 3		3	350,349.
		eases not included in line 2 (itemize)		4	350,349.
			lump (h) line 20	5	
0	roldi	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumin (0), iine 30		350,349. Form 990-PF (2016)
					Form 990-PF (2016)

(a) List and desc	ribe the l	kind(s) of property sold (e.g.	., real estate,	it income	(b) Ho	w acquired Purchase	(c) Date acqu		(d) Date sold	
		; or common stock, 200 shs	S. MLU UO.)		D-1	Donation	(mo., day,)		(mo., day, yr.)	
						D	06/01/	ТР	06/18/16	
b c					 					
d					<u> </u>					
e				-	<u> </u>		-		-	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain c (e) plus (f)			
a 20,800.				19,58	34.				1,216.	
b		·								
<u>c</u>					_					
d		<u> </u>								
Complete only for assets shown	no gain in	column (h) and owned by t	he foundation	n on 12/31/69			Gains (Col. (h) gain	minue	
(i) F.M.V. as of 12/31/69	.5 5	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			(k), but not le Losses (fror	ess tha	n -0-) or	
a					\dashv				1,216.	
b										
С	_									
d										
е										
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7 7	}	2			1,216.	
3 Net short-term capital gain or (los			d (6):		$\overline{}$					
If gain, also enter in Part I, line 8,	column (c).			\rightarrow	.	,	NT / N		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tay on Net	Inves	tment Inc		N/A		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in a	tion 4942 ify under	tax on the distributable ame section 4940(e). Do not cor	mplete this pa	ırt.					Yes X No	
(a) Base period years		(b) Adjusted qualifying dist		Net value of no	(c)	hle-use assets	(aal	Distrib	(d) oution ratio	
Calendar year (or tax year beginnii 2015	ig III)		9,380.			82,732		עוט (ט)	ided by col. (c)) 3 • 376928	
2014			9,513.			53,145			5.635770	
2013	-		9,043.			49,689		-	7.024553	
2012			6,593.			4,078	•		18.782001	
2011		2'	7,100.			6,580	•		4.118541	
2 Total of line 1, column (d)							2		38.937793	
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		7.787559			
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4		226,854.			
5 Multiply line 4 by line 3					5		1,766,639.			
6 Enter 1% of net investment income (1% of Part i, line 27b)					6		12.			
7 Add lines 5 and 6							7	1,766,651		
8 Enter qualifying distributions from Part XII, line 4						8	8 219,695.			
If line 8 is equal to or greater than See the Part VI instructions.	iine 7, ch	neck the box in Part VI, line	1b, and comp	lete that part using	g a 1% ta	ax rate.				

سحد	1990-PF (2016) EVERNHAM FAMILY - RACING FUR A REASON	56-205			Page 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 - see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	l l			ا مصد
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1			24.
	of Part 1, line 27b				-
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			0.
3	Add lines 1 and 2	3			24.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3, If zero or less, enter -0-	5			24.
	Credits/Payments:	 		-	
	2016 estimated tax payments and 2015 overpayment credited to 2016				,
	Exempt foreign organizations - tax withheld at source	1			
		{			i
	Tax paid with application for extension of time to file (Form 8868) 6c	4 1			
	Backup withholding erroneously withheld 6d	i <u>-</u>			
	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			24.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ►	11			
	rt VII-A Statements 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	ın		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	hed or			
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •				,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•			'
_	managers. ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	If "Yes," attach a detailed description of the activities		<u> </u>		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	\r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	и	3		X
40			_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	IV/A	4b		v
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
_	If "Yes," attach the statement required by General Instruction T				,
b	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		_ <u>نـ</u>	
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	′	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NC				
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? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	TMT 7	10	Х	

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		l i	l
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
	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		Х
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	L X	
	Website address N/A			
	The books are in care of ► RAYMOND EVERNHAM Telephone no. ► 704-92			
	Located at ► 130 INFIELD COURT, MOORESVILLE, NC ZIP+4 ►28	<u> 3117</u>		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	·Ш
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	$\overline{}$	Yes	No
	securities, or other financial account in a foreign country?	16	Щ	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		l	
	foreign country			
_	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		. I	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):	-	Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		· •	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		i 1	
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		. !	
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		.	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		.	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	i ib		X
	Organizations relying on a current notice regarding disaster assistance check here		\rightarrow	
	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 2016?	1c	* * *	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a /	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
ı	before 2016?			
	If "Yes," list the years ▶,,,			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
١	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
9	statement - see instructions.) N/A	2b		
c l	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
)	·			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		l	
	If "Yes," did it have excess business holdings in 2016 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? (Use Schedule C,	-		-
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	nad not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X

Form 990-PF (2016) EVERNHAM FAMILY - RACING			56-2053	289		Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contir	nued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,	· · · · · · · · · · · · · · · · · · ·	es 🗶 No		l	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi	• • • • • • • • • • • • • • • • • • • •			l	
any voter registration drive?			es 🗶 No 📗			*
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y	es X No		l	۱ '
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			·		1
4945(d)(4)(A)? (see instructions)			es 🔲 No			
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				•	٠.
the prevention of cruelty to children or animals?			es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		ın Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instr	,			5b		Х
Organizations relying on a current notice regarding disaster assistance check			▶□	i		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption						
	EE STATEMENT 8	3 <u>[X]</u> Y	es 🗀 No 📗			l :
If "Yes," attach the statement required by Regulations section 53 494	• •					į
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	[1
a personal benefit contract?		Y	es 🗶 No		*~	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6Ь		X
If "Yes" to 6b, file Form 8870		—	[32]			
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y	es X No			
Part VIII Information About Officers, Directors, Trust			N/A	7b		
Paid Employees, and Contractors	ees, Foundation Ma	anagers, Higni	y			
1 List all officers, directors, trustees, foundation managers and their	compensation.		 -			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	Τ (e) Exp	ense
(a) Name and address	to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	ac	count, allowar	other
RAYMOND D. EVERNHAM, JR.	PRESIDENT	,	oomponoadon	†		
130 INFIELD COURT	1					
MOORESVILLE, NC 28117	3.00	0.	0.	.		0.
ANN EATON	DIRECTOR					
130 INFIELD COURT	1			1		
MOORESVILLE, NC 28117	0.50	0.	0.	.		0.
RAYMOND J. EVERNHAM	DIRECTOR					
130 INFIELD COURT	1					
MOORESVILLE, NC 28117	0.50	0.	0.			0.
WILLIAM EVERNHAM	DIRECTOR					
130 INFIELD COURT				ľ		
MOORESVILLE, NC 28117	0.50	0.	0.			0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	30	e) Exp count,	ense other
	devoted to position	(C) Compensation	and deferred compensation	";	allowar	ices
NONE						
]				
				<u> </u>		
				<u> </u>		
				<u> </u>		
Tetal number of other employees paid over \$50,000				L	_	

Form 990-PF (2016) EVERNHAM FAMILY - RACING FOR A R	EASON 56-	2053289 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
	4	
		
	-	
	-	İ
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Evenese
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.	Expenses
1N/A		
_ 		
2		
3		
3		
4		
	1	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on li	200 1 200 0	A
1 N/A	nes i and z.	Amount
N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
á	Average monthly fair market value of securities	1a	0.
t	Average of monthly cash balances	1b	230,309.
	Fair market value of all other assets	1c	
0	Total (add lines 1a, b, and c)	1d	230,309.
6			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	230,309.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,455.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	226,854.
6	Minimum investment return. Enter 5% of line 5	6	11,343.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	1
1	Mınımum investment return from Part X, line 6	1	11,343.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	24.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,319.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,319.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,319.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		210 605
_	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1a	219,695.
2 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1b 2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	219,695.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	\dashv	213,033+
•	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	219,695.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				11,319.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		_		
Current distributions are super if any to 2016.	***	0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 26,771. b From 2012 76,389.				
bFrom 2012 76,389. cFrom 2013 346,559.				
dFrom 2014 296,856.				
eFrom 2015 275, 243.				
f Total of lines 3a through e	1,021,818.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 219,695.				1
a Applied to 2015, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior		······································		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				11,319.
e Remaining amount distributed out of corpus	208,376.			,
5 Excess distributions carryover applied to 2016	0.			0.
(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	1,230,194.			l
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		· · · · · · · · · · · · · · · · · · ·
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			•	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2017				^
		·		0.
7 Amounts treated as distributions out of				ı
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	26,771.			ı
9 Excess distributions carryover to 2017.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Subtract lines 7 and 8 from line 6a	1,203,423.			ı
O Analysis of line 9:				
a Excess from 2012 76,389.				,
b Excess from 2013 346,559.				
c Excess from 2014 296,856.				
d Excess from 2015 275,243.				<u> </u>
e Excess from 2016 208,376.				

Form 990-PF (2016) EVERNHAM FAMILY - RACING FOR A REASON 56-2053289 Page
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A
1 a If the foundation has received a ruling or determination letter that it is a private operating
foundation, and the ruling is effective for 2016, enter the date of the ruling
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)
2 a Enter the lesser of the adjusted net Tax year Prior 3 years
Income from Part I or the minimum (a) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total
investment return from Part X for
each year listed
b 85% of line 2a
c Qualifying distributions from Part XII,
line 4 for each year listed
d Amounts included in line 2c not
used directly for active conduct of
exempt activities
e Qualifying distributions made directly
for active conduct of exempt activities.
Subtract line 2d from line 2c
3 Complete 3a, b, or c for the
alternative test relied upon: a "Assets" alternative test - enter:
(1) Value of all assets
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)
b "Endowment" alternative test - enter
2/3 of minimum investment return shown in Part X, line 6 for each year
listed
c "Support" alternative test - enter:
(1) Total support other than gross Investment income (interest,
dividends, rents, payments on
securities loans (section
512(a)(5)), or royalties)
(2) Support from general public and 5 or more exempt
organizations as provided in
section 4942(j)(3)(B)(III)
(3) Largest amount of support from
an exempt organization
(4) Gross investment income
Part XV Supplementary Information (Complete this part only if the foundation 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).)
RAYMOND D. EVERNHAM, JR.
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or
other entity) of which the foundation has a 10% or greater interest.
NONE
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here 🕨 🔣 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
a The name, address, and telephone number or e-mail 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:

3 Grants and Contributions Paid During the Yo		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substituti contributor	Too.piont		
		1		
THE AMELIA ISLAND CONCOURS D'ELEGANCE		₽C	GENERAL OPERATIONS	
3016 MERCURY ROAD SOUTH		}		
JACKSONVILLE, FL 32207		<u> </u>		1,00
THE AUTISM SOCIETY OF NORTH CAROLINA		PC	GENERAL OPERATIONS	
505 OBERLIN RD STE 230				
RALEIGH, NC 27605			ļ	92,52
RONALD MCDONALD HOUSE OF CHARLOTTE		PC	CENEDAL ODERACIONS	
1613 E. MOREHEAD ST			GENERAL OPERATIONS	
CHARLOTTE, NC 28207				100,00
RESCUE RANCH		PC	GENERAL OPERATIONS	
165 JENNINGS ROAD				
STATESVILLE, NC 28625	-			500
KYLE BUSCH FOUNDATION		PC	GENERAL OPERATIONS	
351 MAZEPPA ROAD				
MOORESVILLE, NC 28115				2,000
	TINUATION SHEE	T(S)	<u>▶ 3a</u>	219,69
b Approved for future payment				
NONE				
NONE		•		
				· · · · · · · · · · · · · · · · · · ·
			[
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

	1 1 1 1 1 1 1 1			<u>-</u>	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	<u> </u>		$\sqcup \sqcup$		
b					
c	L		 		
d	<u> </u>		igspace		
e	\vdash		\sqcup		
f		<u> </u>			
g Fees and contracts from government agencies			$\sqcup \bot$		
2 Membership dues and assessments			$oxed{oxed}$		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			$ldsymbol{ldsymbol{ldsymbol{eta}}$		
5 Net rental income or (loss) from real estate:			Ll		
a Debt-financed property					
b Not debt-financed property			$oxed{oxed}$		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	_i_		0.5	1,216. -16,538.	
9 Net income or (loss) from special events			01	-16,538.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					-
a					
b					
c					
d					
e					
12 Subtotal, Add columns (b), (d), and (e)		0.		-15,322.	0.
13 Total. Add line 12, columns (b), (d), and (e)			<u></u>	13	-15,322.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accor	mplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contribu	ited importantly to the accomp	plishment of
the foundation's exempt purposes (other than	by providing fund	ls for such purposes).			
					
				· · · · · · · · · · · · · · · · · · ·	
		······································			
					

Form 9					ACING FOR A				<u>5-2053</u> 28		age 13
Part	XVII	Information R Exempt Orgar		nsfers To	and Transaction	s and R	Relations	hips With I	Noncharitab	le	
1 Di	d the or	ganization directly or ind		v of the follows	ng with any other organi	zation desc	rihed in sect	ron 501(c) of		Yes	No
		other than section 501(c						1011 00 1(0) 01		1.00	
		from the reporting found			= -	3					l
(1) Cash			•					1a(1)	X
(2) Other	assets							1a(2	_	Х
b Ot	ther tran	sactions;									
(1) Sales	of assets to a noncharita	ible exempt organiz	ation					1b(1)	X
(2) Purch	nases of assets from a no	incharitable exempt	organization					1b(2	()	X
(3) Renta	ll of facilities, equipment,	or other assets						1b(3)	Х
•	•	bursement arrangements	;						1b(4)	Х
•	•	s or loan guarantees							1b(5)	Х
•	•	rmance of services or me	·-	•					1b(6)	X
		facilities, equipment, ma							<u> </u>	ــــــــــــــــــــــــــــــــــــــ	X
		ver to any of the above is s given by the reporting f								ssets,	
) the value of the goods,				value III aliy	y iransaciion	or snaring arrai	ngement, snow m		
(a)Line		(b) Amount involved			e exempt organization	1 (d) Description	of transfers, transa	actions, and sharing	mangem	ents
``				N/A			-,		and one and one	ar angern	-
	_		1			-		-			
									_		
					<u></u>						
			ļ								_
									<u> </u>		
	+										
	-				-						
	+-				· · · · · · · · · · · · · · · · · · ·						
2a Is	the four	dation directly or indirec	tlv affiliated with, or	related to, one	or more tax-exempt org	ianizations i	described				
		501(c) of the Code (other				,			Yes	X] No
		mplete the following sch									
		(a) Name of org	janization		(b) Type of organization	on		(c) Description o	of relationship		
		N/A									
										_	
			\rightarrow								
	Under	penalties of perjury, I declare	that I have examined the	return includin	g accompanying schedules :	and statemen	ate and to the	heet of my knowled	dae		
Sign	l and ha	lut, it is true, correct, and cor	iplete Declaration of p	reparer (other tha	n taxpayer) is based on all in	formation of v	which preparer	has any knowledge	e May the IHS	he prepar	er
Here		8/	///		15/14/11	7	PRESID	ENT	shown below		7
	Sign	ature of officer or trustee			Date	Titl		, 1111		s	J No
	<u>' </u>	Print/Type preparer's na	ime /	Preparer's s	ignature	Date		Check i	f PTIN		
		•	,	_			[self- employed			
Paid		PAULA P. T	ILLEY	1 Om	un OR	05/1	11/17		P00051	L 4 56	
Prep	arer	Firm's name ► GRE	ERWALKER	LLP	0	<u> </u>	··	Firm's EIN ▶	56-14347		

Firm's address ► 227 WEST TRADE ST, SUITE 1100 CHARLOTTE, NC 28202

Form **990-PF** (2016)

Phone no. 704 - 377 - 0239

Use Only

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number

EVERNHAM FAMILY - RACING FOR A REASON 56-2053289 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

EVERNHAM FAMILY - RACING FOR A REASON

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	RAYMOND D. EVERNHAM, JR. 130 INFEILD COURT MOORESVILLE, NC 28117	\$119,584.	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MSC INDUSTRIAL SUPPLY CO.		Person X
	75 MAXESS ROAD	\$15,000.	Payroll
	MELVILLE, NY 11747		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AXALTA COATING SYSTEMS, LLC		Person X
	P.O. BOX 69	\$175,000 .	Payroll
	GLEN MILLS, PA 19342		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DENNY HAMLIN FOUNDATION	į	Person X
	430 JAKE ALEXANDER BLVD WEST	\$5,000.	Payroll
	SALISBURY, NC 28147		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANTHONY W. STEWART		Person X
	5644 WEST 74TH STREET	\$10,000 .	Payroll Noncash
	INDIANAPOLIS, IN 46278		(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	PALM BEACH MOTORING GROUP		Person X Payroll
	7744 S.W. JACK JAMES DRIVE	\$15,000.	Noncash (Complete Part II for
	STUART, FL 34997		noncash contributions)
623452 10-1	3-16	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

EVERNHAM FAMILY - RACING FOR A REASON

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	ai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CARLISLE CORPORATION 11605 N. COMMUNITY HOUSE RD, SUITE 600 CHARLOTTE, NC 28277	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RYAN NEWMAN MOTORSPORTS, INC. P.O. BOX 5998 STATESVILLE, NC 28687	\$5,000.	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HENDRICK MOTORSPORTS 4400 PAPA JOE HENDRICK BLVD CHARLOTTE, NC 28262	\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HENDRICK LEXUS 6025 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	HENDRICK MERCEDEZ BENZ NORTHLAKE 10725 NORTHLAKE PLAZA BLVD. CHARLOTTE, NC 28269	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MARTIN TRUEX JR. LLC 156 CAYUGA DRIVE MOORESVILLE, NC 28117	\$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

EVERNHAM FAMILY - RACING FOR A REASON

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
13	RON PRATTE 4400 W. EARHART WAY CHANDLER, AZ 85226	\$ 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	SCOTT BORCHETTA 1219 16TH AVENUE SOUTH NASHVILLE, TN 37212	\$\$ 54,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-18	16	\$Schedule B (Form	Person Payroll Occupied Part II for noncash contributions 990, 990-EZ, or 990-PF) (2016)

Employer identification number

EVERNHAM FAMILY - RACING FOR A REASON

Noncash Property (See instructions). Use duplicate copies of Part II in	r additional space is needed	····
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1964 MARTY ROBINS PLYMOUTH BELVEDERE		
	\$ 20,800.	06/01/16
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b) Description of noncash property given 1964 MARTY ROBINS PLYMOUTH BELVEDERE (b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) FMV (or estimate) (See instructions) (e) FMV (or estimate) (See instructions) (f) Description of noncash property given (g) (h) Description of noncash property given	

Name of org	ganization		Employer identification number
	HAM FAMILY - RACING FOR	A REASON	56-2053289
Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	olumns (a) through (e) and the follo s, chantable, etc , contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations riess for the year (Enter this info once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		(e) Transfer of gif	it
ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}		(e) Transfer of gif	tt
}	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
Ì			

FORM 990-PF	OTHER 1	INCOME		STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	_	19,228.	0.	
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	19,228.	0.	
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	2,150	. 0	•	0.
TO FORM 990-PF, PG 1, LN 16B	2,150	. 0	•	0.
FORM 990-PF (OTHER PROFES	SSIONAL FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	CHARITABLE
PUBLIC RELATIONS	2,500	. 0	•	0.
TO FORM 990-PF, PG 1, LN 16C	2,500.	0	•	0.
FORM 990-PF	TAX	KES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
TAXES & LICENSES	200	. 0	•	0.
TO FORM 990-PF, PG 1, LN 18	200	. 0	•	0.
=				

FORM 990-PF	ОТ	HER E	XPENSES	7 F 1		STATEMENT	5
DESCRIPTION	(A EXPEN PER B		(B) NET INVE MENT INC				
BANK CHARGES AMERICARNA LIVE CAR SHOW	35	73. ,766.		0.			0.
TO FORM 990-PF, PG 1, LN 2	35	,839.		0.			0.
FORM 990-PF DEPRECIATION		COS	T OR	ACCU	MULATED	STATEMENT	6
EQUIPMENT		OTHER	1,004.	DEPF	1,004.	BOOK VALU	0. JE
TOTAL TO FM 990-PF, PART I	I, LN 14 =		1,004.		1,004.		0.
FORM 990-PF LIST	OF SUBST			UTORS	3	STATEMENT	7
NAME OF CONTRIBUTOR		ADDR:	ESS			7	
SCOTT BORCHETTA			 16TH AVE VILLE, TN				

56-2053289

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT

GRANTEE'S NAME

JOEY LOGANO FOUNDATION

GRANTEE'S ADDRESS

9911 ROSE COMMONS DR. STE E-15 HUNTERSVILLE, NC 28078

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED VERIFICATION DATE 2,500. 06/14/16 2,500. 05/10/17

PURPOSE OF GRANT

DRIVING HOPE HOME - BENEFIT THE CONNECTION, INC., RONALD MCDONALD HOUSE, AND MISSION OF OFFERING SECOND CHANCES TO INDIVIDUALS IN CRISIS DUE TO UNFORESEEN CIRCUMSTANCES.

DATES OF REPORTS BY GRANTEE

5/10/2017

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

GRANT USED FOR INTENDED PURPOSE OF GRANT.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 5	FORM 990-PF PAGE 1			ļ			990-PF							
Asset	Description	Date Acquired	Method	Life	Ooc>	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	1 EQUIPMENT	04/27/99 SL		2.00	16	1,004.			ı	1,004.	1,004.		0	1,004.
<u> </u>	* TOTAL 990-PF PG 1 DEPR				i	1,004.	:			1,004.	1,004.		0	1,004.
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628111	628111 04-01-16				}	(D) - Asset disposed	peso		*	ITC, Salvage,	Bonus, Comn	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor JOEY LOGANO CHARITABLE FOUNDATION GENERAL OPERATIONS 9911 ROSE COMMONS DR, SUITE E-15 HUNTERSVILLE, NC 28078 2,500. MARTIN TRUEX JR. FOUNDATION PC GENERAL OPERATIONS 156 CAYUGA DRIVE MOORESVILLE, NC 28117 3,000. HENDRICK FAMILY FOUNDATION РC GENERAL OPERATIONS 4400 PAPA JOE HENDRICK BLVD. CHARLOTTE, NC 28262 5,500. NATIONAL SPRINT CAR HALL OF FAME & РC GENERAL OPERATIONS MUSEUM FOUNDATION PO BOX 542 KNOXVILLE, IA 50138 100. JEREMY ELLIOTT MEMORIAL SCHOLARSHIP РC GENERAL OPERATIONS PO BOX 635 JEFFERSON, NC 28640 500. KNOX AREA RESCUE MINISTRIES РC GENERAL OPERATIONS PO BOX 3110 KNOXVILLE, TN 37927 100. IRONSTONE LANE RESCUE & STABLES Ьc GENERAL OPERATIONS 127 IRONSTONE LANE TROUTMAN, NC 28166 5,000. MOTOR RACING OUTREACH GENERAL OPERATIONS ₽C 5555 CONCORD PKWAY SOUTH, SUITE 405 CONCORD, NC 28027 600. KEVIN GOBRECHT MEMORIAL FUND ÞС GENERAL OPERATIONS 4296 YORK ROAD NEW OXFORD, PA 17350 125. PUT ON THE BRAKES, INC. РC GENERAL OPERATIONS 7140 WEDDINGTON ROAD, NW, SUITE 120 CONCORD, NC 28027 1,500. 23,675. Total from continuation sheets

Grants and Contributions Paid During the You	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contabbution	
	{			
ROUND 40	(PC	GENERAL OPERATIONS	
01 ELMHURST ROAD			l i	
HARLOTTE, NC 28269		 	 	25
OGETHER WE FEED	ļ	PC	GENERAL OPERATIONS	
000 MONROE ROAD		1		2 50
HARLOTTE, NC 28212			 	2,50
HE NASCAR FOUNDATION		₽C	GENERAL OPERATIONS	
NE DAYTONA BLVD	1		COMPANY OF DIVELTORS	
AYTONA BEACH, FL 32114				2,00
		 		
		 		
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