CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

			of Accounting P		noomo Ta	~ I	OMB No 1545-0047
Form 99)U	Under section 501(c), 527, or 494	nization Exempt I				2010
Rev Januar	ry 2020)		security numbers on this form			1013	<u> </u>
Department of th nternal Revenue			v/Form990 for instructions and			19114	Open to Public Inspection
					EC 31, 2019		
B Check if	1	forganization	· · · · · · · · · · · · · · · · · · ·		D Employer ide	entification	on number
applicable							
Address change	SPEEDW	AY CHILDREN'S CHARITIES					
Name change	Doing bu	usiness as			56-1331	429	
Initial return	Number	and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone nu	ımber	
Final return/	5401 E	INDEPENDENCE BLVD			704-532-	3306	
termin- ated	City or to	own, state or province, country, and	ZIP or foreign postal code	 .	G Gross receipts \$	·	736,138.
Amended return	d CHARLO	TTE, NC 28212			H(a) Is this a gro	up return	1
Applica- tion	F Name a	nd address of principal officer MARC	CUS SMITH		for subordi	nates?	Yes X No
pending	SAME AS	C ABOVE			H(b) Are all subordin	nates include	d? Yes No
I Tax-exem		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," atta	ich a list	(see instructions)
		AYCHARITIES.ORG		<u> </u>	H(c) Group exer		mber >
	rganization:	X Corporation Trust A	Association Other	L Year	of formation: 1982	M Sta	ite of legal domicile; NC
Part I S	Summary			•			
1 Br	riefly describ	e the organization's mission or mos	t significant activities SEE SC	HEDULE O			
3 No.						_	
E 2 C	heck this bo	x if the organization disce	ontinued its operations or dispo-	sed of more	than 25% of its ni	et assets.	
3 N	umber of vot	ing members of the governing body	(Part VI, line 1a)	•	1	3	15
``` اعدم		lependent voting members of the go		`	1	4	15
ີ 5 To	otal number	of individuals employed in calendar	year 2019 (Part V, line 2a)	=	1	5	0
Activities 2 de la constitue d	otal number	of volunteers (estimate if necessary)		1		6	560
7 a To	otal unrelated	d business revenue from Part VIII, co	olumn (6); line 12			7a	<u> </u>
b No	et unrelated	business taxable income from F៦ស៊ីវ	ו-טפקע, ine אַר וווי וייטפקע i, ine אַר			<u>   7ь  </u>	0.
		Ì	JUL 2 7 2020	RI	Prior Year		Current Year
<u>u</u> 8 Co		and grants (Part VIII, line 1h)		51 <u>⊢</u>	4,251,8		384,229.
<b>0</b>		ce revenue (Part VIII, line 2g)	OGDEN, UT			0.	0.
10 ln		come (Part VIII, column (A), lines	· ·	- ⊢	-2,0		0.
- 11 O		(Part VIII, column (A), lines 5, 6d, 8	·	$\vdash$	99,6		117,253.
		- add lines 8 through 11 (must equa			4,349,4	-	501,482. 2,929,550.
		nilar amounts paid (Part IX, column	` ''	-	2,979,9	0.	2,323,330.
	•	to or for members (Part IX, column (	•	-		0.	0.
اذة		compensation, employee benefits		$\vdash$		0.	0.
E		undraising fees (Part IX, column (A),	· · · · · · · · · · · · · · · · · · ·	266		<del>" </del>	<del>`</del>
×I		ng expenses (Part IX, column (D), lir		, 266.	1,123,0	197	227,092.
'' '		es (Part IX, column (A), lines 11a-11d		-	4,103,0	-+	3,156,642.
	=	s Add lines 13-17 (must equal Part expenses Subtract line 18 from line			246,4		-2,655,160.
<u>19 Re</u> ៦ន្ទី	evenue less	expenses Subtract line to from line	12	- Ra	eginning of Current	-	
Sta 20 To	otal accete (C	Part X, line 16)		56	3,387,7		703,015.
%.cg		(Part X, line 26)			212,1		182,612.
∺Ħ		fund balances Subtract line 21 fron	n line 20		3,175,5		520,403.
	Signature		, A		.,,		
	<del> </del>	eclare that I have exampled this return	sundufing accompanying schedule	s and stateme	ents, and to the best	of my knov	wledge and belief it is
		Declaration of preparer (other than office				0. 1119 11110	modgo uno bonon, n ib
		Weren Ho					
h		of officer	<b>W</b>		Date	<del></del> -	
Sign	gnature						
	' ' '	SMITH, VICE CHAIRMAN					
	MARCUS	SMITH, VICE CHAIRMAN					<del></del>
Sign Here	MARCUS Type or p	rint name and title	Preparer's signature		Date Che	ck	PTIÑ
Here P	MARCUS Type or p Print/Type prep	erint name and title parer's name	Preparer's signature Yong Zhang		7/10/20		1
Paid YO	MARCUS Type or p Print/Type prep ONG ZHANG	orint name and title parer's name , CPA	Preparer's signature Yong Zhang		7/10/20 self	-employed	P01249785
Paid YC	MARCUS Type or p Print/Type prep ONG ZHANG	orint name and title parer's name CPA RSM US LLP	Yong Zhang		7/10/20	-employed	1
Paid YC	MARCUS Type or p Print/Type prep ONG ZHANG	orint name and title parer's name CPA RSM US LLP	Yong Zhang		7/10/20 self	-employed	P01249785 -0714325

Form 990 (2019)

# Form 990 (2019) SPEEDWAY CHILDREN Part IV Checklist of Required Schedules

			V	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	$\overline{}$	Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	┢
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<b>├</b>	<b></b>	$\vdash$
•	public office? If "Yes," complete Schedule C, Part I	3	}	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		<u> </u>
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<u> </u>	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			l j
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х_
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<del></del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		х
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4.5		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			_
-	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes " complete Schedule I, Parts I and II	21	х	

Pa	rt IV Checklist of Required Schedules (continued)			age
	continued		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1,63	1.40
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		l x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		$\vdash$	<del>                                     </del>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		l x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25	$\vdash$	<del> </del>
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	$\vdash$	<del>                                     </del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	$\vdash$	$\vdash$
ŭ	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\overline{}$	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		$\vdash$	<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		$\vdash$	t
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
	"Yes," complete Schedule L, Part IV	28a	$oxed{oxed}$	х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	╙
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	↓	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Ь—	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	]	۱
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	—	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	,	
	Part V, line 1	34	X	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├──	<del>  ^-</del>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	┢	-
30	If "Yes," complete Schedule R, Part V, line 2	36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	Ë	
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	T	
	Note: All Form 990 filers are required to complete Schedule O	38	x ·	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 37	$\Box$	T	
b	- · · · · · · · · · · · · · · · · · · ·	]		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1	
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Щ.
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		Х
b	If "Yes," enter the name of the foreign country		٠,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		į	
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		<b></b>
7	Organizations that may receive deductible contributions under section 170(c).		<del></del>	—
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		Α.
	If "Yes," indicate the number of Forms 8282 filed during the year		<u></u> -	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Ê
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del></del> 8		
9	sponsoring organization have excess business holdings at any time during the year?	,		· .
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	—	<del>                                     </del>
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
ь 10	Section 501(c)(7) organizations. Enter	30		l
	Initiation fees and capital contributions included on Part VIII, line 12		+	١,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter		,	١.
	Gross income from members or shareholders			l
	Gross income from other sources (Do not net amounts due or paid to other sources against		•	
_	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	:		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	¢	•	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			,
	organization is licensed to issue qualified health plans	.		-
С	Enter the amount of reserves on hand	٠,		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			l
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			<u> </u>
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	'	1 1	P .

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
		6		x
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•		<del></del>
7a		7-		x
	more members of the governing body?	7a		<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
	persons other than the governing body?	7b		Α.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		<u></u>	
	The governing body?	8a		
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
500	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		^
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	<u>^</u>	
p	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	x	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a		11a	<del>^</del>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		
12a	, , , , , , , , , , , , , , , , , , ,	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	- A	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u>x</u>
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		<u>x</u>
		16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only	availat	ble
10	for public inspection. Indicate how you made these available. Check all that apply	orny)	avdiidi	OIE .
19		fina-	امد	
13	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year	mano	ıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	NANCY BISSON - 704-532-3306			
	5401 E. INDEPENDENCE BLVD. CHARLOTTE NC 28212			

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

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

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

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

See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	finstitutional trustee				tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) O. BRUTON SMITH	0.20					ŀ				
CHAIRMAN		X	_	х	_	<u> </u>	_	0.	0.	0
(2) MARCUS SMITH	0.20	1								
VICE CHAIRMAN	40.00	Х	<u> </u>	х	_	_	L_	0.	0.	0
(3) CLAUDIA BYRD	40.00									
DIRECTOR		х	L		<u> </u>	_	_	0.	0.	0
(4) JERRY CALDWELL	0.20				1					
DIRECTOR	40.00	х			_	_	_	0.	0.	0
(5) ED CLARK	0.20	ļ								
DIRECTOR	40.00	Х	<u> </u>		<b> </b>	ļ	ļ	0.	0.	0
(6) CONRAD CLEMENT	0.20	ł.,							_	_
DIRECTOR		х	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	. 0
(7) RAY EVERNHAM	0.20	4			ŀ			_ [	_	_
DIRECTOR		х	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0
(8) EDDIE GOSSAGE	0.20	Į.					•		_	_
DIRECTOR	40.00	х	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0
(9) DON HAWK	0.20	┨	İ				İ	_	_	_
DIRECTOR	40.00	х	<u> </u>				<u> </u>	0.	0.	0
(10) DAVID MCGRATH	0.20	ł					ľ			_
DIRECTOR	40.00	X	<u> </u>				_	0.	0.	0
(11) STEVE PAGE	0.20	ł								
DIRECTOR	40.00	х	┞		_	_	┡	0.	0.	0
(12) CHRIS POWELL	0.20	ł.,								
DIRECTOR (13) MARK SIMENDINGER	40.00	х	<u> </u>			<b> </b>		0.	0.	0
DIRECTOR	40.00								0.	
(14) GREG WALTER		Х				<del> </del>	⊢	0.	0.	0
DIRECTOR	0.20	x						0.	0.	_
(15) DARRELL WALTRIP	40.00	1^	-			├	$\vdash$	Ų.	<u> </u>	0
DIRECTOR	0.20	Į,						0.	_	_
(16) JESSICA FICKENSCHER	0.30	Х	$\vdash$			<u> </u>	$\vdash$	· · · · · · · · · · · · · · · · · · ·	0.	0
MANAGING DIRECTOR	40.00	ł		х				0.	_	•
(17) JAMES GREENE III	0.20	⊢		^		H	-	•	0.	
SECRETARY	0.20	1				l		1	0.	0

Part VII Section A. Officers, Directors, True		pioy	ees,			gnes	st C	I	l		I				
(A)	(B)			Pos	C) sition	1		(D)	(E)		_ ا	(F)			
Name and title	Average hours per				to not check more than one ex, unless person is both a			than		Reportable compensation	Reportable compensatio	_		stimate nount	
	week					or/trus		from	from related		"	other	-		
	(list any	ctor						the	organizations		com	pensa			
	hours for	or director				ted		organization	(W-2/1099-MIS	C)	fi	rom th	e		
	related	Stee	ruste			beusa		(W-2/1099-MISC)			_	anızat			
	organizations below	la E	leuoi		ploye	E COM					1	d relat			
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l org.	anızatı	ons		
(18) CARLA WESTON	0.30														
TREASURER & ASSISTANT SECRETARY	40.00	<del> </del>	├_	Х	-	_	_	0.		0.	ļ		0		
		ł													
	-	_	$\vdash$			ļ					ļ				
		$\frac{1}{2}$													
								,							
		<del> </del>	$\vdash$												
		<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	_								
		ł													
	1	╁	$\vdash$			-					ļ				
1b Subtotal								0.		0.			0,		
c Total from continuation sheets to Part V	II, Section A							0.		0.	-		0.		
d Total (add lines 1b and 1c)  2 Total number of individuals (including but in	not limited to th	ose	liste	d at	ove	e) wh	o re	1	L 000 of reportable		<u> </u>				
compensation from the organization						,							(		
3 Did the organization list any former office	director thict	ا مم	kov s	amni	love	a 0r	hia	hast compansated amp	lovee on			Yes	No		
line 1a? If "Yes," complete Schedule J for		CC, 1	· · ·	J111p1	oyc	o, o.	9	nest compensated emp	loyec on		3		x		
4 For any individual listed on line 1a, is the s		le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization						
and related organizations greater than \$15									J		4		X		
5 Did any person listed on line 1a receive or	accrue comper	nsati	on f	rom	any	unre			dual for services				<u>'</u> L		
rendered to the organization? /f "Yes." cor	nplete Schedul	e <u>J</u> 1	or si	ıch j	oers	on					5		Х		
Section B. Independent Contractors  1 Complete this table for your five highest co	ompensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensa	tion fro				
the organization Report compensation for	•	•													
(A) Name and busines:	s address	NO	NE					( <b>B</b> ) Description of s	ervices	(	)) Ompe	C) nsatio	n		
							ı	· · · · · · · · · · · · · · · · · · ·		-					
	<del></del>						1								
							$\dashv$								
O. Tatalassahas afasilassahas			<del></del>							,					
2 Total number of independent contractors ( \$100,000 of compensation from the organ	•	ot III	nited	10.	inos	se lis	red	above) who received mo	ore than						
						-					_	agn /	0040		

Form 990 (2019) SPEEDWAY CF Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a re	esponse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
										sections 512 - 514
र र	1 a	Federated campaigns		Ĺ	1a					
듄	b	Membership dues			1b					
9	С	Fundraising events		ſ	1c	255,999.				
E E	d	Related organizations		Γ	1d	34,553.		İ		
5 품 당	е	Government grants (contr	ıbutı	ons)	1e				i	
53	f	All other contributions, gifts,								
Eč		similar amounts not included		- 1	1f	93,677.		į		
<u> </u>	a	Noncash contributions included in	lines 1	-	1g \$	72,084.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		_		<b>•</b>	384,229.	1		
						Business Code				
۰	2 a									
Š	b									. –
Ser	c								***	
E 3	d									
Program Service Revenue	e									
P.	f	All other program service	reve	nue	<del></del>		-			
		Total. Add lines 2a-2f				<b></b>				
	3	Investment income (include	dına (	dıvıden	ds. ıntere	st, and				
	_	other similar amounts)		,	<b>•</b>					
	4	Income from investment of	of tax-exempt bond o			roceeds				-
	5	Royalties				•				
		- <b>,</b>		(i)	Real	(iı) Personal				,
	6 a	Gross rents	6a							i
	b	Less rental expenses	6b							
	С	- · · · · · · · · · · · · · · · · · · ·	6c							
		Net rental income or (loss				<b>•</b>				
	7 a	Gross amount from sales of		(i) Se	curities	(iı) Other				
		assets other than inventory	7a		•					
	ь	Less cost or other basis								į
힐		and sales expenses	7ь							
ē	С	Gain or (loss)	7c							
Other Revenue		Net gain or (loss)				<b>\</b>				!
ē	8 a	Gross income from fundraisi	ng ev	ents (no	ot -					l
₹		including \$	255,	999.	of					
		contributions reported on	line	1c) Se	e					ſ
		Part IV, line 18			8a	182,554.				
	ь	Less direct expenses			8b	135,855.				
	С	Net income or (loss) from	fund	raising	event <u>s</u>	<b></b>	46,699.			46,699.
	9 a	Gross income from gamin	g ac	tivities	See					ı <b>İ</b>
		Part IV, line 19			9a	169,355.				ı
	b	Less direct expenses			9ь	98,801.				
	С	Net income or (loss) from	gam	ing acti	vities	<b>.</b>	70,554.			70,554.
	10 a	Gross sales of inventory, I	less i	returns						
		and allowances			10a					ı
Į	b	Less cost of goods sold			10b					
$\perp$	С	Net income or (loss) from	sales	s of inve	entory	<b></b>				
ای						Business Code				
og a	11 a									
	Ь	<del></del>								
Miscellaneous Revenue	С						· · · · <del>- · ·</del>			
اڇ≝		All other revenue								<u> </u>
لــــــــــــــــــــــــــــــــــــــ		Total. Add lines 11a-11d				<b>&gt;</b>				
	12	Total revenue. See instruction	ns				501,482.	0.	0.	117,253.

Form 990 (2019) SPEEDWAY CHILDREN'S
Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respons			inprote condition (i)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				. 1
	and domestic governments. See Part IV, line 21	2,929,550.	2,929,550.		
2	Grants and other assistance to domestic			1	
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign			•	
	organizations, foreign governments, and foreign			'	
	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				• • • • •
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	19,615.		19,615.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		· " .	# X ==	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	88.			88.
13	Office expenses	5,047.			5,047.
14	Information technology				
15	Royalties				
16	Occupancy	231.			231.
17	Travel	3,585.			3,585.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	- 4			
22	Depreciation, depletion, and amortization	1,159.			1,159.
23	Insurance	5,846.			5,846.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				.'
	line 24e amount exceeds 10% of line 25, column (A)		1.0		
	amount, list line 24e expenses on Schedule 0.) PAYROLL SERVICES	122,711.	1,610.	14,326.	100 775
a	OTHER EXPENSES	68,515.	1,010.	14,326.	106,775.
ь		<del></del>	····	275	68,515.
c	TAX AND LICENSE	295.		275.	20.
d	All seb se sussesses				<del></del>
e	All other expenses	3 156 642	2 021 160	24 216	101 266
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,156,642.	2,931,160.	34,216.	191,266.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here f following SOP 98-2 (ASC 958-720)	L	l		Form 990 (2019)

Form 990 (2019)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	o io an	y inte iii uns Fait A	(A)	Ī	(B)
	-				Beginning of year		End of year
	1	Cash - non-interest-bearing			2,953,004.	1	341,890.
	2	Savings and temporary cash investments		Ī		2	
	3	Pledges and grants receivable, net			210,843.	3	170,843.
	4	Accounts receivable, net		Ī	162,354.	4	121,137.
	5	Loans and other receivables from any current or	forme	officer, director.		-	<del>-</del> ,
	_	trustee, key employee, creator or founder, subst		ľ		-	
		controlled entity or family member of any of thes		ľ		5	
	6	Loans and other receivables from other disqualif	•		<del> </del>	· ·	
		under section 4958(f)(1)), and persons described	•	` I		6	
ا ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		Ī		8	
Asi	9	Prepaid expenses and deferred charges		Ī	21,206.	9	29,988.
		Land, buildings, and equipment cost or other	1	Ţ		,	-
		basis Complete Part VI of Schedule D	10a	58,353.	A		
	h	Less accumulated depreciation	10b	45,546.	13,966.	10c	12,807.
	11	Investments - publicly traded securities		<u> </u>		11	·
	12	Investments - other securities See Part IV, line 1	1	<u> </u>		12	
	13	Investments - program-related See Part IV, line		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		13	
	14	Intangible assets	F		14		
	15	Other assets See Part IV, line 11	ļ -	26,350.	15	26,350.	
	16	Total assets. Add lines 1 through 15 (must equa	33)	3,387,723.	16	703,015.	
$\rightarrow$	17	Accounts payable and accrued expenses		<del></del>	95,447.	17	138,925.
	18	Grants payable	<u> </u>	4,800.	18	4,800.	
	19	Deferred revenue	<u> </u>	111,913.	19	38,887.	
	20	Tax-exempt bond liabilities	T T	·	20		
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
	22	Loans and other payables to any current or form			, •		
Liabilities		trustee, key employee, creator or founder, subst			•		
<u> </u>		controlled entity or family member of any of thes				22	
ا ٿ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		· l		25	
	26	Total liabilities. Add lines 17 through 25		Ī	212,160.	26	182,612.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			the second of
es		and complete lines 27, 28, 32, and 33.		[		İ	
ä	27	Net assets without donor restrictions			3,175,563.	27	520,403.
Bat	28	Net assets with donor restrictions			<u> </u>	28	
힏		Organizations that do not follow FASB ASC 9	58, che	eck here	ž *		, , ,
<u></u>		and complete lines 29 through 33.			· `,		· .
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund		30	
Asi	31	Retained earnings, endowment, accumulated inc	-			31	
ا <u>تو</u>	32	Total net assets or fund balances		Ī	3,175,563.	32	520,403.
-	33	Total liabilities and net assets/fund balances			3,387,723.	33	703,015.

Form	1990 (2019) SPEEDWAY CHILDREN'S CHARITIES	56-13	31429	Pa	ge 12
	rt XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			482.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,156,	
3	Revenue less expenses Subtract line 2 from line 1	3	- 2	,655,	160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	. 3	,175,	563.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		520,	403.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · ·	<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	С	سندا		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ŀ		} {
	separate basis, consolidated basis, or both		- I, ,	l	
	Separate basis Consolidated basis Both consolidated and separate basis				لـــا
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		j	-
	consolidated basis, or both				]
	Separate basis X Consolidated basis Both consolidated and separate basis				لنـــا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			لـــــا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		1	
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

**Employer identification number** 

SPEEDWAY CHILDREN'S CHARITIES 56~1331429 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 ____ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing docume: (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Page 2

# Schedule A (Form 990 or 990-EZ) 2019 SPEEDWAY CHILDREN'S CHARITIES 56-133142 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						<u> </u>
	membership fees received (Do not						
	include any "unusual grants ")	3,867,703.	4,064,331.	3,861,155.	4,251,843.	384,229.	16,429,261.
2	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf	1					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,867,703.	4,064,331.	3,861,155.	4,251,843.	384,229.	16,429,261.
5	The portion of total contributions			1	,		
	by each person (other than a		r				
	governmental unit or publicly			~			
	supported organization) included	] ,	• •	•	,	י ו	
	on line 1 that exceeds 2% of the	'		, , ,			
	amount shown on line 11,	·		,	•	• •	
	column (f)			,	•		2,293,799.
6	Public support. Subtract line 5 from line 4			٠.	· · · · · · · · · · · · · · · · · · ·	٠, ,	14,135,462.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,867,703.	4,064,331.	3,861,155.	4,251,843.	384,229.	16,429,261.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	L					
10	Other income Do not include gain				•		
	or loss from the sale of capital						
	assets (Explain in Part VI)	1,275,494.	1,216,110.	1,192,954.	1,405,451.	351,909.	5,441,918.
11	Total support. Add lines 7 through 10						21,871,179.
12	Gross receipts from related activities,	etc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth tax	k year as a section	501(c)(3)	
	organization, check this box and stop	p here					▶□
Sec	ction C. Computation of Publi	c Support Per	centage				•
14	Public support percentage for 2019 (I	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	64.63 %
15	Public support percentage from 2018	Schedule A, Part I	l, line 14			15	66.49 %
16a	33 1/3% support test - 2019. If the	organization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright$ $\mathbf{x}$
b	33 1/3% support test - 2018. If the c	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly si	upported organiza	tion			▶ □
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	s box and stop h	ere. Explain in Pai	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organizati	ion qualifies as a p	ublicly supported	organization	_	ightharpoons
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test T	he organization qi	ualifies as a publicl	y supported organ	nzation	
18	Private foundation. If the organization	in did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b,	check this box ar	nd see instructions	▶□
					Sche	dule A (Form 990	or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 SPEEDWAY CHILDREN'S CHARITIES Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	qualify under the tests listed better the tests listed better the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests listed between the tests	elow, please comp	olete Part II )					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2017	(0) 2010	(6) 2010	(I) I Star	
•	membership fees received (Do not				j			
	include any "unusual grants ")				1	l J		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ū	are not an unrelated trade or bus-			•				
	iness under section 513		ļ	<b></b>				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge		<u> </u>				<del> </del>	
6	Total. Add lines 1 through 5			ļ/_	ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						1 1981	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6)	2.71	./		,,	7 7 77	<u> </u>	
_	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> ,2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 6	(8) 2015	(5),2010	10/2017	(4) 2010	(0) 2015	(i) rotar	
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						***	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	7						
13	Total support. (Add lines 9, 10c 11, and 12)							
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	tion,	
	check this box and stop here							
Sec	tion C. Computation/óf Publi	c Support Per	centage					
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%	
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%	
Sec	tion D. Computation of Inves	tment Income	Percentage					
17	Investment income/percentage for 20	)19 (line 10c, colur	nn (f), divided by l	ne 13, column (f))		17	%	
18	Investment income percentage from :					18	%	
19a	33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than 3	3 1/3%, and line 17		
	more than 33/1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	<b>&gt;</b>	
	33 1/3% support tests - 2018. If the	-				· ·	na 🛌	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Page 4

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

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T a	rt IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	3.	*,^	ŝ
a		11a		-
<b>h</b>	below, the governing body of a supported organization?	11b ·		$\vdash$
	A family member of a person described in (a) above?			<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion of Type I capper ting organizations	,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7.50	7:	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
		1,5.	¥ .	1 5
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	•		1, 37,
	controlled the organization's activities. If the organization had more than one supported organization,	*	4	غي ''زرر
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	Υ		241
2	Did the organization operate for the benefit of any supported organization other than the supported	3		148
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1 ***	٠. و	of the
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>	نت	خث
500	supervised, or controlled the supporting organization.	2		
360	tion C. Type II Supporting Organizations		V	
_	Ways a majority of the avantation a divertors by tripton divines the tay year electronic of the divertors	7,7	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		*****	2
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	نَّ سُ	, ,	12. 20
	or management of the supporting organization was vested in the same persons that controlled or managed			المراجعة
500	the supported organization(s). tion D. All Type III Supporting Organizations	1 1		
360	tion b. All Type III Supporting Organizations		V	Na
	Did the experience arounds to each of its supported experience by the last day of the fifth month of the	<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	) Y ₁
		3.3	7.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	عثث	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	7 7	,	14 - 14
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Ti L	167 44
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	ئىت.	
•	the organization maintained a close and continuous working relationship with the supported organization(s)	**	, .	925
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,	10.1
	significant voice in the organization's investment policies and in directing the use of the organization's	1	» 1	,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below	,-		
b	The organization satisfied the Activities feet. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins.	tauotionol		
2	Activities Test Answer (a) and (b) below.	uucuoris)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	F7 7.5	105 105	. % 40
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.5	y 74.7	13.6
	· · · · · · · · · · · · · · · · · · ·	* 9	ا 20 مريا الأ	3
	those supported organizations and explain how these activities directly furthered their exempt purposes,			3 .
	how the organization was responsive to those supported organizations, and how the organization determined	2a	-	
h	that these activities constituted substantially all of its activities.	Za		·· 3 · ·
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	100	[x	
	reasons for the organization's position that its supported organization(s) would have engaged in these	المسطا		104
2	activities but for the organization's involvement	2b	\ A.	
3	Parent of Supported Organizations. Answer (a) and (b) below.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	100	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	74,	<u> </u>
Þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		- 20	تنسن
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 SPEEDWAY CHILDREN'S CHARITIES  T.V~ Type III Non-Functionally Integrated 509(a)(3) Supporting	O	minations	56-1331429 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifying the Integral Part Test as a qualifyi			Inst \( \( \) Con instructions \( \) \( \)
1	other Type III non-functionally integrated supporting organizations must c	_		art vij See insudctions. All
Sect	ion A - Adjusted Net Income	ompiete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4		4		
5	Depreciation and depletion	5		,
6	Portion of operating expenses paid or incurred for production or	Î		
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount	, ,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.1% 位置。 经证据
	instructions for short tax year or assets held for part of year)	12.00		
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	Day.	· 一	PROPERTY OF STATE
	factors (explain in detail in Part VI)	DE S		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		l
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	N CONTRACTOR NAMES AND THE	
2	Enter 85% of line 1	2	\$\$1. 对"\$P\$ 14 产。	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	hand with the fill of	
4	Enter greater of line 2 or line 3	4	** B. Lak Lake F. T.	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

TET CONTROL TO THE STATE OF THE

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018 e Excess from 2019

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

**Employer identification number** 56-1331429

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6						
	-	(a) Donor advised funds	(b) Fund	ds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)			,			
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring				
	impermissible private benefit?			Yes No			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically i	mportant land area			
	Protection of natural habitat	Preservation of	f a certified his	toric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservat	on easement on the last			
	day of the tax year			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization o	luring the tax			
	year ▶						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easer	ments during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easement	s during the year			
	<b>\$</b>						
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(i)	П., П.,			
_	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that descr	ribes the			
Pa	organization's accounting for conservation easements  † III   Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar	Δesets			
<u> </u>	Complete if the organization answered "Yes" on Form		iler Ollilliai	A33013.			
10	If the organization elected, as permitted under FASB ASC 95		nd balance sh	not works			
ıa	· · · · · · · · · · · · · · · · · · ·						
	of art, historical treasures, or other similar assets held for put		,	UDIIC			
	service, provide in Part XIII the text of the footnote to its finar			works of			
Ь	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance oi pub	lic service,			
	provide the following amounts relating to these items		► 0				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>P</b> 3				
	(ii) Assets included in Form 990, Part X	nauran ar other amilar and to for	∜ ⊂ احددد مسما	·			
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP.		ı gain, provide				
_	the following amounts required to be reported under FASB A	SO 956 relating to these items	<b>.</b> .				
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<b>₽</b> \$	· ————			

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Continued)	Sche	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ILDREN'S CHARI						56-133			_{le} 2
collection tems (check all that apply) a   Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other   C   Preservation for truture generations   d   Collection   Other   C   Preservation for truture generations   d   Provide a description of the organization solicitor or receive dinations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintened as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1a Is the organization and agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  1 Additional during the year  1 Bothributions during the year  1 Bothributions during the year  1 Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? "Yes No  1 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? "Yes No  3 If Yes, and the arrangement in Part XIII Check here if the explanation has been provided on Part XIII or explaint the arrangement in Part XIII Check here if the explanation has been provided on Part XIII or explaint the arrangement in Part XIII Check here if the explanation in the passes in the collection of the passes in the explaint of the organization of the passes in the explaint of the organization of the passes in the explaint of the organization of the passes in the explaint of the organization of the organization of the organization of the passes investment and programs  1 Administrative expenses	Pai	rt III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	t make s	ignificant	use of its			
a Public exhibition d		collection items (check all that apply)										
b Scholarly research e Preservation for future generations  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  Drumg the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to reside fund a retained as part of the organization's collection?   Yes   No	а	Public exhibition	C		Loan or exc	hange progra	am					
c	b	Scholarly research	•			3 . 3						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization's collection?    Part V  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   1a Is the organization an agent, trustee, custodian or other intermediacy for contributions or other assets not included on Form 990, Part X, line 21   1a Is the organization and gent, trustee, custodian or other intermediacy for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?   b If "Yes," explain the arrangement in Part XIII and complete the following table												
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? Sollection? Yes No Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  Is the organization an aspert, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is it he organization an aspert, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is if "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Additions during the year  Beginning balance  Additions during the year  Beginning balance  Additions during the year  Beginning balance  Additions during the year  Beginning of the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Beginning of year balance  Contributions  All Current year  Beginning of year balance  Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Contributions  Net wisestment earnings, gains, and losses  Contributions  Net wisestment earnings, gains, and losses  Contributions  Net wise the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  Contributions  Net wise the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  Conflete or balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  Solve the estimated organizations  (a) Related organizations  (b) Unrelated organizations  (c) Unrelated organizations  (d) Accumulated depreciation  Description of property  (a) Cost or other  Complete if the organization answered "Yes" on Form 990, P	_		llections and explain	n how th	ev further th	e organizatio	nn's exer	not nuroc	se in Part	XIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?	-		-		-	_			, , , , , , , , , , , , , , , , , , ,	,		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part Xy, Ine 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part Xy	•						or ominar	455015		Vec		Nο
reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, thrustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance  1b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as a Board designated or quase-endowment	Par						"Ves" on	Form 99	0 Part IV			140
Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes				ete ii tile	; organizatio	ii alisweleu	163 011	110111133	o, raitiv,	ine 5, 0i		
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment		<u>'.</u>	-	linni for i	contribution	or other an	sots not	ınclııdad				—
b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	па	•	an or other intermed	liary for c	contributions	s or other as:	sets not	included		7 v		NI.
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the real part of Ending balance and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b II "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10    Contributions		·			-6-				_	_ res	ш	NO
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If *Yes,* explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b) Contributions  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Fo	b	if "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able					A		—
d Additions during the year    Distributions during the year   1								-	<del>                                     </del>	Amount		—
e Distributions during the year  f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 21 Describe in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b] Contributions 2									<u> </u>			—
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  % b Permanent endowment Image in line 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (investment)  Description of property (a) Cost or other basis (investment) (b) Buildings c Leasehold improvements d Equipment C Other C Other C Other C Other C Other C Other C Other C Other C Explanation nation or current year or store or current years back (d) Three years back (d) Three years back (d) Three years back (d) Frour years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three y	d	<u>-</u>							<u> </u>			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  It is ves, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  It is explained by the explanation of Part XIII.  It is explained by the explaination of Part XIII.  It is explaination in the explanation has been provided on Part XIII.  It is explaination in the explaination has been provided on Part XIII.  It is explaination in the explaination has been provided on Part XIII.  It is explaination in the explaination in the passes of the current year is explaination. It is explaination in the passes in the explaination in the passes in the explaination in the passes in the organization that are held and administered for the organization by it is explaination. It is explaination in the passes of the organization is held as required on Schedule R?  It is explaination in the passes of the organization is the organization in the passes of the organization is the organization is the organization is explaination. It is explaination is the organization is explaination. It is explaination is explaination. It is expl	е								ļ			
Bold   If "Yes," explain the arrangement in Part XIII   Check here if the explanation has been provided on Part XIII	f	•								<del></del>		
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		-						lity?	L	」Yes	닏	No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back												
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	Pai	Endownient Funds. Complete										_
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment \( \bigcirc \) % b Permanent endowment \( \bigcirc \) % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describin of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment c Equipment e Other S 8, 353, 45, 546, 12, 807.			(a) Current year	(b) F	rior year	(c) Iwo yea	rs back	(d) Three	years back	(e) Four	years ba	<u>iCK</u>
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	1a	• • •		ļ	·	<del></del>						—
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	b			-		ļ						—
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses				ļ						
and programs  f. Administrative expenses g. End of year balance  2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a. Board designated or quasi-endowment.		·				ļ						
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ▶	e	Other expenditures for facilities				ŀ						
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶		and programs				ļ						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶	f	Administrative expenses										
a Board designated or quasi-endowment	g	End of year balance		<u> </u>					· · · · · · · ·			
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)	) held as						
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment) (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  Other  158,353, 45,546, 12,807.	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  58,353. 45,546. 12,807.	b	Permanent endowment >	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  basis (investment)  basis (other)  c Leasehold improvements d Equipment e Other  Other  58,353. 45,546. 12,807.	С	Term endowment	%									
Yes   No		The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  (b) Cost or other basis (other)  c S8,353.  45,546.  12,807.	За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administei	red for th	ne organiz	ation	_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI   Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Land  b Buildings  c Leasehold improvements  d Equipment  e Other  58,353, 45,546, 12,807.		by									Yes I	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI   Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land		(ı) Unrelated organizations								3a(i)		
Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  58,353.  45,546.  12,807.		(ii) Related organizations								3a(ii)		
Part VI   Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  (c) Accumulated depreciation  (d) Book value  depreciation  1 a Land  5 a Land  5 a Land  5 a Land  6 b Buildings  1 a Land  6 c Leasehold improvements  6 d Equipment  7 a Land  8 a Land  9 a Land  10 a Land  11 a Land  12 a Land  13 a Land  14 a Land  15 a Land  16 a Land  17 a Land  18 a Land  19 a Land  10 a Land  10 a Land  11 a Land  12 a Land  13 a Land  14 a Land  15 a Land  16 a Land  17 a Land  18 a Land  19 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Land  10 a Lan	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3ь		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Condition 11a See Form 990, Part X, line 10  (c) Accumulated depreciation  (d) Book value  158,353.  45,546.	4			wment f	unds							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (a) Book value  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Accumulated depreciation  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value	Pai	rt VI Land, Buildings, and Equipm	ent.									_
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  basis (investment) basis (other) depreciation  58,353. 45,546. 12,807.		Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a S	ee Form 990	, Part X,	line 10				
1a Land       ,         b Buildings       ,         c Leasehold improvements       ,         d Equipment       ,         e Other       58,353.       45,546.       12,807.		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value	
b Buildings         Leasehold improvements           c Leasehold improvements         45,546.           d Equipment         58,353.         45,546.         12,807.			basis (investr	nent)	basis	(other)	de	preciation				
c Leasehold improvements	1a	Land						2				
c Leasehold improvements	ь	Buildings										_
d Equipment e Other 58,353. 45,546. 12,807.		•										_
e Other 58,353. 45,546. 12,807.		•							·			_
		' '				58,353.		45	546.		12,80	77.
			gual Form 990. Part	X. colun	n (B), line 1					·		_

12,807. Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SPEEDWAY CHILDRE	n's CHARITIES	5	6-1331429	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"			1.4	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market	value
(1) Financial derivatives		<del> </del>		
(2) Closely held equity interests		ļ	<del></del> -	
(3) Other		<del></del>		
(A)		<del></del>	<del></del>	
(B)	<del>                                     </del>	<del></del>		
(C)	<u> </u>	<del> </del>	<del></del>	
(D)		-		
(E)	<del>                                     </del>	<del> </del>		
(F)	<del> </del>	<u> </u>	<del></del>	
(G)	<del> -</del> -	<del>                                     </del>		
(H)		<del> </del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1	<u> </u>		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		e 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or en	d of	li.e
(a) Description of investment	(b) Book value	(c) Method of Valuation Cost of en	d-oi-year market	value
(1)		<del></del>		
(2)		<del></del>		
(3)				
(4)				
(5)				
(6)				
			<del> </del>	
(8)				
(9)		<del> </del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
L	Farm 000 Dark IV Inc	444 Cas Farms 000 Dark V from 15		
Complete if the organization answered "Yes"	Description	1110 See Form 990, Part X, line 15	(b) Book	value
	Description		(b) Book	/alue
(1)			<del>                                     </del>	
(2)			<del> </del>	
(3)			<del> </del>	
(4)				
(5) (6)			1	
(7)		·····	1	
(8)			<u> </u>	
(9)				
Total. (Colymn (b) must equal Form 990. Part X. col. (B) lin	o 15 )		1	
Part X Other Liabilities.	e 15.j		<del>'</del>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f See Form 990, Part X, line 25	<b>5</b>	
1. (a) Description of liability		7.70 S. 7.71 GOO! S. 711 GOO; 1 G. 727, 11.10 Z.	(b) Book v	value
(1) Federal income taxes	<del></del>		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
(2)			<del> </del>	
(3)			1	
(4)			1	
(5)	···			
	· · · · · · · · · · · · · · · · · · ·			
(7)	<del></del>			

Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

(8) (9)

Sche	dule D (Form 990) 2019 SPEEDWAY CHILDREN'S CHARITIES		56-1331429	Page 4
Par		atements With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	_4b	<del></del>	
_	Add lines 4a and 4b		4c	
5 Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 1; t XII   Reconciliation of Expenses per Audited Financial S	2.) tatements With Evnen	ses ner Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	•	ses per neturn.	
_	Total expenses and losses per audited financial statements	1110 124	1"4"	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
a	Donated services and use of facilities	2a		
Ь	Prior year adjustments	2b	<del></del>	
c		2c		
_	Other (Describe in Part XIII )	2d		
	Add lines 2a through 2d	[ 20 ]	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Par	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		art V, line 4, Part X, line 2, Part XI,	
ን እጽጥ	X, LINE 2:			
IANA	GEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CO	ONCLUDED THAT		
HE	ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT F	REQUIRE		
DJU	STMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PR	ROVISIONS OF		
HE	GUIDANCE UNDER THE ACCOUNTING TOPIC FOR UNCERTAINTY IN I	NCOME TAXES.		
ENE	RALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME T	°AX	•	
MAX	INATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORI	TIES FOR YEARS		
BEFO:	RE 2016.			
ידפוזי	NG THE YEAR ENDED DECEMBER 31, 2019, THE ORGANIZATION HA	D NO INDELAMED		
OKI	THE UNGANIZATION HA	NO UNKELATED		
USI	NESS TAXABLE INCOME.	_,000	<del>-</del>	

Schedule D (Form 990) 2019	SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 5
Schedule D (Form 990) 2019 Part XIII   Supplemental Info	rmation (continued)		
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### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

2019

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization						Employer ide	ntification number		
SPEEDWAY CHILDREN'S CHARITIES						56-1331429			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part									
Indicate whether the organization raised funds through any of the following activities. Check all that apply  a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
						***			
				,					
Total			<u> </u>						
List all states in which the organizatio or licensing	n is registered or licensed to solicit c	ontribi	utions	or has been notified	it is	exempt from re	gistration		
<del></del>									
		•					······························		
				<del></del>					

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000						
		of fundraising event contributions and gro			<del>,                                    </del>	s greater than \$5,000	
			(a) Event #1 OUTDOOR EVENT	(b) Event #2 DINNER	(c) Other events	(d) Total events (add col (a) through	
•			(event type)	(event type)	(total number)	col (c))	
Revenue	1	Gross receipts	49,035.	140,289.	249,229.	438,553.	
		Less Contributions	35,869.	93,815.	126,315.	255,999.	
	3	Gross income (line 1 minus line 2)	13,166.	46,474.	122,914.	182,554.	
	4	Cash prizes	0.	0.	0.		
Š	5	Noncash prizes	0.	0.	1,000.	1,000.	
xpense	6	Rent/facility costs	0.	0.	10,307.	10,307.	
Direct Expenses	7	Food and beverages	0.	3,484.	771.	4,255.	
۵	8	Entertainment	0.	0.	0.		
	9	Other direct expenses	17,259.	15,127.	87,907.	120,293.	
	10	•	9 in column (d)		<b>•</b>	135,855.	
	11	Net income summary Subtract line 10 from li	ne 3, column (d)		•	46,699.	
Pa	irt l			990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a			1		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Ş Ş	1	Gross revenue			169,355.	169,355.	
ses	2	Cash prizes			77,496.	77,496.	
Direct Expenses	3	Noncash prizes			10,232.	10,232.	
Direct	4	Rent/facility costs					
	5	Other direct expenses			11,073.	11,073.	
	6	Volunteer labor	Yes % No	Yes % No	X Yes 90.00 % No	•	
	7	Direct expense summary Add lines 2 through	5 in column (d)		•	98,801.	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<b>&gt;</b>	70,554.	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain	· · -			X Yes No	
		ere any of the organization's gaming licenses re Yes," explain		• ,	/ear?	Yes X No	
-						-	

Sche	edule G (Form 990 or 990-EZ) 2019 SPEEDWAY CHILDREN'S CHARITIES 5	6-1331429		Page 3
11	Does the organization conduct gaming activities with nonmembers?	XΥ	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	X No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	13a		%
ь	An outside facility	13b	10	0.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name NANCY BISSON			
	Address > 5401 E. INDEPENDENCE BLVD - CHARLOTTE, NC 28212			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	X No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party			
	Name			
	Address ►			
16	Gaming manager information			
	Name > CHAPTER DIRECTORS			
	Gaming manager compensation ▶ \$0.			
	Description of services provided  SEE PART IV.			
	Description of services provided			
	X Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	XY	es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<del>a</del>		
	organization's own exempt activities during the tax year ▶ \$ 70,544.			
Par	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
сн	EDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED			
CHAI	PTER DIRECTORS OVERSEE LOCAL GAMING EVENTS AS PART OF THEIR POSITION			
VITE	H SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATED TO GAMING			
1AN?	AGER, WHICH REPRESENTS A MINOR PART OF THE RESPONSIBILITIES.			
		<del></del>		

Schedule 0	G (Form 990 or 990-EZ)	SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)		
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

■ Attach to Form 990.

2019	Inspection
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OMB No 1545-0047

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

Name of t	Vame of the organization	<b>Employer identification number</b>
	SPEEDWAY CHILDREN'S CHARITIES	56-1331429
Parti	Part i General Information on Grants and Assistance	
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	
cut	criteria used to award the grants or assistance?	X Yes No

X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States cntena used to award the grants or assistance?

Dat II Cart if at the organization is procedured to infilming the use of glant fullus in the Ormeo States	reduces for morning	onling the use of grant.	ninas in die Orinea	States		C C C C C C C C C C C C C C C C C C C	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Jomestic Organiz 55,000 Part II can	zations and Domestic be duplicated if additio	Governments. Control on a space is neede	omplete it the orga ad	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
A BETTER WORLD							
4527 FREEDOM DRIVE							
CHARLOTTE, NC 28208	56-2238007 501(C)	501(C)(3)	15,000.	0.			AFTERSCHOOL PROGRAM
A CHILD'S PLACE OF CHARLOTTE, INC.							
601 EAST 5TH STREET, SUITE 230							EDUCATIONAL ASSISTANCE
CHARLOTTE, NC 28202	58-1911741 501(C)	501(C)(3)	10,000.	0.			FOR HOMELESS CHILDREN
ABUSE ALTERNATIVES 104 MEMORIAL DR.							SAFETY FOR ABUSED
BRISTOL, TN 37620	54-1101180 501(C)	501(C)(3)	11,000.	0.			CHILDREN
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD							THERAPY SUPPLIES FOR CHILDREN IN PSYCH
CHARLOTTE, NC 28211	56-0554413	501(C)(3)	10,000.	0.			TREATMENT
AMERICAN RED CROSS OF MOUNTAIN							
EMPIRE VIRGINIA - 14298 LEE			•				DISASTER RELIEF FOR
HIGHWAY - BRISTOL, VA 24202	53-0196605 501(C)	501(C)(3)	.000,6	0.			CHILDREN
AMERICAN RED CROSS OF NORTHEAST							
TENNESSEE - 660 EASTERN STAR ROAD			•				
- KINGSPORT, TN 37663	53-0196605 501(C)	501(C)(3)	7,000.	0.			SAFETY EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd govemment org	janizations listed in the	line 1 table				201.

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

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

Schedule I (Form 990) (2019)

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(h) Purpose of grant or assistance

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Schedule I (Form 9

DUTFITING A YOUTH CANCER ROGRAM FOR CHILDREN OF LOTHING AND TOILETRIES HILANTHROPIC PROGRAMS OR YOUTH IN THE LAS IT RISK ELEMENTARY HOE AND UNDERWEAR AFTERSCHOOL/SUMMER EEN SAFE DRIVING RESPITE SERVICES FGAS COMMUNITY NCLUSION-BASED HILDREN WITH INFUSIONARIUM CARTER COUNTY ISABILITIES SDUCATION TUDENTS ROGRAM (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 。 ٥. 。 ο. 。 °. °. (e) Amount of non-cash assistance (d) Amount of cash grant 10,000 7,000 7,000 22,000 100,000 20,000 25,000 (c) IRC section if applicable 62-0694557 501(C)(3) 88-0137831 501(C)(3) 56-1781080 501(C)(3) 06-1801739 501(C)(3) 26-2176362 501(C)(3) 62-1533942 501(C)(3) 56-6060481 501(C)(3) (b) EIN 7148 WEDDINGTON ROAD NW, SUITE 150 ASSISTANCE AND RESOURCE MINISTRY B.R.A.K.E.S. (PUT ON THE BRAKES) ASSISTANCE LEAGUE OF CHARLOTTE 821 BAXTER STREET, SUITE 310 (a) Name and address of organization or government ASSISTANCE LEAGUE LAS VEGAS 6446 W. CHARLESTON BLVD. ATRIUM HEALTH FOUNDATION (ARM) - 715 W, C STREET 110 EAST MOUNTCASTLE DR. ELIZABETHTON, TN 37643 JOHNSON CITY, TN 37601 ARC OF WASHINGTON CO. LAS VEGAS, NV 89146 CHARLOTTE, NC 28202 CHARLOTTE, NC 28247 CHARLOTTE, NC 28203 CONCORD, NC 28027 AUTISM CHARLOTTE P.O. BOX 471112 208 EAST BLVD.

Schedule I (Form 990)

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27-4153074 501(C)(3)

CHARLOTTE, NC 28203

BEDS FOR KIDS, INC.

2519 S. TRYON ST.

DISADVANTAGED FAMILIES

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26-2678979 501(C)(3)

3400 W. DESERT INN RD., #24

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LAS VEGAS, NV 89102

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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	OREN'S CHARITI	ES vernments and Organ	izations in the Uni	ted States (Sche	dule I (Form 990), Par		56-1331429 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEE MIGHTY 338 S. SHARON AMITY ROAD, #515 CHARLOTTE , NC 28211	82-2967919	501(C)(3)	15,000.	0.			MEDICAL EQUIPMENT FOR NICU PATIENT SUPPORT
BEST BUDDIES INTERNATIONAL 10020 MONROE ROAD, SUITE 210 MATTHEWS, NC 28105	52-1614576 501(C)(	501(C)(3)	10,000.	.0			MENTORING DISABLED CHILDREN
BETHANY CHRISTIAN SERVICES 318 ERIN DRIVE SUITE 10 KNOXVILLE, TN 37919	38-2842293 501(C)(	501(C)(3)	7,000.	0.			ADVOCACY TO PLACE CHILDREN IN LONG TERM LIVING SITUATIONS
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 3801 E. INDEPENDENCE BLVD CHARLOTTE, NC 28205	56-2264009 501(C)(3)	501(C)(3)	10,000.	0			MENTORING AT RISK CHILDREN
BIG BROTHERS/ BIG SISTERS OF EAST TENNESSEE - 301 LOUIS ST, SUITE 302 - KINGSPORT, IN 37660	62-0842531	501(C)(3)	11,000.	0.			COMMUNITY AND SCHOOL BASED MENTORING
BOYS & GIRLS CLUB OF CABARRUS COUNTY, INC 247 SPRING ST., NW - CONCORD, NC 28025	56-0577630 501(C)(	501(C)(3)	10,000.	0.			AFTERSCHOOL ACADEMIC/ DELINQUENCY PREVENTION
BOYS AND GIRLS CLUB OF CENTRAL APPALACHIA - P.O. BOX 1505 - GRUNDY, VA 24614	20-5517073 501(C)(	501(C)(3)	11,000.	0.			SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, MATH AND READING PROGRAM
BOYS AND GIRLS CLUB OF ELIZABETHTON/CARTER CO 104 HUDSON DR ELIZABETHTON, TN 37643	62-0502737 501(C)(	501(C)(3)	11,000.	.0			CHILD HEALTH INITIATIVES
BOYS AND GIRLS CLUB OF GREATER KINGSPORT - P.O. BOX 784 - KINGSPORT, TN 37662	62-0481370 501(C)(3)	501(C)(3)	11,000.	0.			TOOLS FOR KIDS TO  DVERCOME ADVERSITY AND  NEGATIVE OUTSIDE  INPLUENCE
							Schedule I (Form 990)

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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

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

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organi	zations in the Uni	ted States (Sche	edule I (Form 990), Part	(II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF GREENVILLE & GREENE COUNTY - P.O. BOX 1977 - GREENVILLE, TN 37744	62-1706248 501(C)	501(C)(3)	11,000.	0			HOMEWORK, TUTORING, & POSITIVE REWARDS
BOYS AND GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY - 2210 WEST MARKET ST - JOHNSON CITY, TN 37604	62-0810733	501(C)(3)	11,000.	.0			TRAUMA INFORMED CARE AND STEM PROGRAMMING
BOYS AND GIRLS CLUB OF MORRISTOWN P.O. BOX 1461 MORRISTOWN, TN 37816	62-0630667	501(C)(3)	11,000.	.0			HEAD OF THE CLASS- HOMEWORK AND TUTORING
BOYS AND GIRLS CLUB OF THE MOUNTAIN EMPIRE - P.O. BOX 1074 - BRISTOL, VA 24203	54-0653489 501(C)	501(C)(3)	11,000.	. 0			POWER HOUR AFTERSCHOOL PROGRAM
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 NORTH DUTTON AVENUE SUITE 14 - SANTA ROSA, CA 95401	68-0309534 501(C)	501(C)(3)	8,000.	0.			JUVENILE HALL/REACH RE-ENTRY PROGRAM
BREAD OF LIFE CHILDREN'S MINISTRY 30427 OLD SALTWORKS RD, MEADOWVIEW, VA 24361	54-2057171	501(C)(3)	9,000.	0.			BACKPACK FOOD PROGRAM AND SCHOOL SUPPLIES
BRISTOL EMERGENCY FOOD PANTRY 201 OVERBROOK DR. BRISTOL, IN 37620	62-0984494 501(C)	501(C)(3)	9,000.	0			EMERGENCY FOOD NEEDS OF
BRISTOL FAITH IN ACTION 1534 EUCLID AVE BRISTOL, VA 24201	54-2038035	501(C)(3)	11,000.	0			HOUSING ASSISTANCE FOR FAMILIES WITH CHILDREN
BRISTOL REGIONAL SPEECH AND HEARING - 2603 OSBORNE ST - BRISTOL, VA 24201	62-0556300 <b>501</b> (C)	501(C)(3)	10,000.	0			THERAPY TO DISABLED
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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES  Part II   Continuation of Grants and Other Assistance to Governments	REN'S CHARITI		izations in the Uni	rted States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II		56-1331429 Page 1
(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRUCE IRONS CAMP FUND (DBA WAYFINDERS) - 725 PROVIDENCE RD. SUITE 212 - CHARLOTTE, NC 28207	55-0825218 501(C)(3)	501(C)(3)	15,000.	0.	;		RESIDENTIAL SUMMER CAMP & ENRICHMENT PROGRAM FOR LOW INCOME CHILDREN
CABARRUS COOPERATIVE CHRISTIAN MINISTRY - 258 N. CANNON BLVD KANNAPOLIS , NC 28083	56-1320818 501(C)(3)	501(C)(3)	.000,21	• 0			EMPOWERING INDEPENDENCE FOR HOMELESS PAMILIES
CALIFORNIA PARENTING INSTITUTE DBA CHILD PARENT INSTITUTE - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640 501(C)(3)	501(C)(3)	20,000.	0.			FUNDING TO SUPPORT THE BASIC NEEDS OF HOUSING, FOOD AND UTILITIES
CAMP CARE, INC. P.O. BOX 35072 CHARLOTTE, NC 28235	56-1467274 501(C)(3)	501(C)(3)	20,000.	0.			SUMMER CAMP FOR KIDS/SIBLINGS WITH CANCER
CAMP LUCK, INC. P.O. BOX 5159 CHARLOTTE, NC 28299	27-4174759	501(C)(3)	7,500.	0.			SUMMER CAMP FOR MEDICALLY FRAGILE CHILDREN
CAMP SUMMIT, INC. 17210 CAMPBELL RD., SUITE 180-W DALLAS, TX 75252	75-2488486 <u>5</u> 01(C)(3)	501(C)(3)	.000,25	.0			CAMP FINANCIAL ASSISTANCE TO INDIVIDUALS WITH DISABILITIES
CANDLELIGHTERS FOR CHILDHOOD CANCER OF NEVADA - 8990 SPANISH RIDGE AVE., STE. 100 - LAS VEGAS, NV 89148	94-2579116	501(C)(3)	7,500.	.0			EMOTIONAL SUPPORT, QUALITY OF LIFE PROGRAMS, AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR
CAP THE GAP FOR POSTER CARE P.O. BOX 3092 KINGSPORT, TN 37664	62-1546506	501(C)(3)	10,000.	0.			MEETING BASIC NEEDS OF CHILDREN IN FOSTER CARE
CAP THE GAP FOR FOSTER CARE- CARTER JOHNSON AND UNICOI - P.O. BOX 1334 - ELIZABETHTON, TN 37644	46-2119547 501(C)(3)	501(C)(3)	9,000.	.0			MEETING BASIC NEEDS OF CHILDREN IN FOSTER CARE
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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES    Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States	REN'S CHARITI	ES	Tations in the In		(Schedule   (Form 990) Part    )		56-1331429 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 7 7 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE CENTER P.O. BOX 24 RICHLANDS, VA 24642	82-4202466 501(C)(	501(C)(3)	6,000.	.0			EQUIPMENT FOR TREATING CHILDREN SEXUALLY ABUSED
CARTER CO. IMAGINATION LIBRARY 2207 EAGLE DR. ELIZABETHTON, TN 37643	43-2082197	501(C)(3)	7,000.	.0			PROVIDE FREE BOOKS FOR CHILDREN BIRTH TO S YEARS
CARTER COUNTY POSTER CARE P.O. BOX 604 ELIZABETHTON, TN 74644	58-2247802	501(C)(3)	5,500.	.0			PROVIDE EMERGENCY NECESSITIES FOR CHILDREN TRANSITIONING HOMES
CASA FOR KIDS 310 SHELBY STREET KINGSPORT , TN 37660	62-1464923	501(C)(3)	11,000.	0			RECRUIT, TRAIN AND MONITOR COURT ADVOCATE FOR CHILDREN
CASA OF NORTHEAST TENNESSEE P.O. BOX 1021 JOHNSON CITY, TN 37605	45-0515257	501(C)(3)	11,000.	0.			RECRUIT, TRAIN AND MONITOR COURT ADVOCATE FOR CHILDREN
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - 987 AIRWAY COURT - SANTA ROSA, CA 95403	94-2479393	501(C)(3)	10,000.	•0			FAMILY SUPPORT CENTER FOR HOMELESS CHILDREN
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	8,000.	.0			ENGAGE YOUTH TO GROW, COOK AND EAT WHOLESOME
CHARITY LEAGUE, INC. P.O. BOX 471332 CHARLOTTE, NC 28247	56-0560327	501(C)(3)	30,000.	.0			CLOTHING AND TOILETRIES AT RISK ELEMENTARY STUDENTS
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	36-4522499	501(C)(3)	7,500.	0			PRESCHOOL PROGRAM FOR LEARNING ENRICHMENT
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SPEEDWAY CHILDREN'S CHARITIES

Schedule 1 (Form 990)

JUSIC THERAPY PROGRAM FOR SCHOOL FOR CHILDREN GOING SERVICES TO CHILD VICTIMS THROUGH CANCER TREATMENT CHILDREN AND FAMILIES IN SEXUALLY ABUSED CHILDREN THERAPEUTIC SERVICES FOR COUNSELING FOR CHILDREN ROGRAM TO PLACE FOSTER THERAPY FOR THE ABUSED F PHYSICAL AND SEXUAL CHILDREN IN PERMANENT LANGUAGE AND LITERACY TOOD AND CLOTHING FOR (h) Purpose of grant or assistance PROGRAM FOR CHILDREN NON-OFFENDING FAMILY POST-REHAB FACILITY KIDS OF PARENT IN EXUALLY ABUSED CHILD AND THE MEMBER ABUSE HOMES NEED (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation o o ο. ٥. ٥. ٥. Ö Ö, (e) Amount of non-cash assistance (d) Amount of cash grant 10,500 14,000, 10,000 12,000 8,500 12,000 25,000 11,000 10,000 (c) IRC section if applicable 501(C)(3) 62-1822505 501(C)(3) 62-1232172 501(C)(3) 56-0892041 501(C)(3) 62-0634742 501(C)(3) 75-2559765 501(C)(3) 54-0979632 501(C)(3) 62-1765785 501(C)(3) 56-0529946 501(C)(3) 56-0571223 (b) EIN 21451 SUGAR HOLLOW ROAD - BRISTOL, CENTER, INC. - 741 KENILWORTH AVE CHILDREN'S ADVOCACY CENTER OF THE CHILD ADVOCACY CENTER OF THE 3RD JUDICIAL DISTRICT - P.O. BOX 743 1ST JUDICIAL DISTRICT - P.O. BOX CHILDREN'S HOME SOCIETY OF NORTH CHILDREN EXCEEDING EXPECTATIONS SCHOOL JLK - 1009 SUSSEX DRIVE SULLIVAN CO. - 150 BLOUNTVILLE BYPASS - BLOUNTVILLE, TN 37617 CHARLOTTE , NC 28204 CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY - 1854 CAIN DR -HIGHLANDS COMMUNITY SERVICES -- JOHNSON CITY, TN 37605 CHILDREN'S ADVOCACY CENTER OF CHILDREN'S ADVOCACY CENTER OF CHARLOTTE SPEECH AND HEARING - 2200 E 7TH (a) Name and address of organization or government CHARLOTTE RESCUE MISSION - CHARLOTTE, NC 28204 LEWISVILLE, TX 75077 KINGSPORT, TN 37600 CHARLOTTE, NC 28233 MOSHEIM, TN 37818 CAROLINA, INC. PO BOX 33000 VA 24202 STREET 827

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Schedule   (Form 990) SPEEDWAY CHILDREN'S CHARITIES  Part II Continuation of Grants and Other Assistance to Governments	REN'S CHARITI Assistance to Gov		and Organizations in the United States		(Schedule I (Form 990), Part II.)		56-1331429 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTMAS BOX OF NORTHEAST TENNESSEE - 644 MARTIN STREET - ERWIN, TN 37650	62-1545469 501(C)(3)	501(C)(3)	8,000.	0.			FEEDING CHILDREN IN POVERTY
COALITION FOR KIDS P.O. BOX 3156 JOHNSON CITY, IN 37602	62-1765487	(8)(3)109	11,000.	0			AWESOME KIDS CLUB TUTORING AND MENTORING
COMMON HEART, INC. 116 BUSINESS PARK DRIVE (MAILING: PO BOX 2761, INDIAN TRAIL, NC 28079) - IND	46-1161476	501(C)(3)	.000,02	.0			FOOD ASSISTANCE PROGRAM FOR PAMILIES IN UNION COUNTY
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC 601 EAST 5TH STREET #300 - CHARLOTTE, NC 28202	58-1661795	501(C)(3)	7,500.	0.			SOCIAL AND EDUCATIONAL PROGRAMS FOR CHILDREN
COMMUNITIES IN SCHOOLS OF SOUTHWEST VIRGINIA - 220 LEE STREET - BRISTOL, VA 24201	46-1775208	501(C)(3)	10,000.	0.			CLOTHING AND FOOD FOR NEEDY CHILDREN
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE SUITE 210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	7,500.	0			DENTAL CARE PROGRAMS FOR CHILDREN
CONSERVATION CORPS NORTH BAY 27 LARKSPUR STREET SAN RAFAEL, CA 95901	94-2831592	501(C)(3)	8,000.	.0			ON THE JOB TRAINING IN NATURAL RESOURCES
COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY - 365 CASA MANANA ROAD BUILDING K ROOM L - SANTA ROSA, CA 95409	68-0404770	501(C)(3)	8,000.	0.			CASA MENTORING AND GANG PREVENTION PROGRAM
CRISIS PREGNANCY CENTER OF GASTON COUNTY, INC 700 ROBINSON ROAD - GASTONIA, NC 28056	56-1499208 501(C)(3)	501(C)(3)	8,000.	0			INPANT SAFETY SUPPLIES POR LOW INCOME FAMILIES
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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

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

CROSS COUNTRY FOR YOUTH 6514 CHESTNUT GROVE LANE CHARLOTTE, NC 28210 01-0		application	cash grant	non-cash assistance	(t) Metitod of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	01-0878480 5	501(C)(3)	10,000.	.0			FITNESS, CHARACTER BUILDING AND NUTRITION PROGRAM FOR YOUTH
CROSSROADS MEDICAL MISSION P.O. BOX 16852 BRISTOL, VA 24209 54-2	54-2038877 5	501(C)(3)	11,000.	.0			FREE HEALTHCARE AND MEDICATIONS AND SCHOOL/SPORTS PHYSICALS
CRUMLEY HOUSE BRAIN INJURY REHAB CENTER - 300 URBANA RD LIMESTONE, IN 37681	58-1988511 5	501(C)(3)	11,000.	0			CARE AND TRAINING FOR YOUTH CONCUSSIONS AND PREVENTION
DALLAS SERVICES 5442 LA SIERRA DRIVE DALLAS, TX 75231	75-0958408 5	501(C)(3)	25,000.	.0			FREE EYE EXAM AND PRESCRIPTION EYEGLASSES
DISCOVERY CHILDREN'S MUSEUM 360 PROMENADE PLACE LAS VEGAS, NV 89106 94-2	94-2943891 5	501(C)(3)	7,500.	0			EXPLORATORY LEARNING SCHOOL FIELD TRIPS FOR DISADVANTAGED CHILDREN
DOVE HOUSE CHILDREN'S ADVOCACY CENTER - 2407 SIMONTON RD STATESVILLE, NC 28625	20-0840600 501(C)(	(01(C)(3)	10,000.	. ,			BODY SAFETY & ABUSE PREVENTION FOR CHILDREN
DOWN SYNDROME ASSOCIATION OF GREATER CHARLOTTE - 3900 PARK ROAD, #C - CHARLOTTE, NC 28209 56-1	56-1541529 501(C)(	(01(C)(3)	20,000.	0			SUMMER CAMP FOR CHILDREN WITH DOWN SYNDROME
EAST TN CHRISTIAN HOME AND ACADEMY P.O. BOX 1147 ELIZABETHTON, TN 37644	62-0517558 501(C)(	(01(c)(3)	10,000.	.0			SIRLS IN HOME WITH AN INDEPENDENT LIVING PROGRAM FOR THE FUTURE
EASTER SEALS NEVADA 7281 W. CHARLESTON BLVD. LAS VEGAS, NV 89117 94-2	94-2815686 501(C)(	01(c)(3)	6,985.	0.0			LAS VEGAS CHILDREN'S THERAPY CLINIC

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SPEEDWAY CHILDREN'S CHARITIES

.I.S.H. FOOD PROGRAM FOR CHILDREN OF SONOMA VALLEY MEDICALLY FRAGILE AND/OR OR CHILDREN WITH CYSTIC SONOMA COUNTY'S CHILDREN MAGINATION LIBRARY BOOK 'EED CHILDREN IN POVERTY EMERGENCY RELIEF PROGRAM SERVICES FOR LOW-INCOME DEVELOPMENTALLY DELAYED EALTHY, FRESH FOOD FOR SPECIALIZED THERAPEUTIC POYS AND GAMES FOR THE IN THE WELFARE SYSTEM EYE CARE PROFESSIONAL SHELTER FROM DOMESTIC VIOLENCE FOR CHILDREN (h) Purpose of grant or assistance **JOBILE TECH LAB FOR** UND THE REDESIGNED IGITAL LITERACY FIBROSIS CHILDREN ROGRAM (g) Description of non-cash assistance Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, ٥. 0 ö Ö ٠. Ö ٥. ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 6,500 12,000. 20,000 6 500 10 000 11,000 7,500 7,500 000'9 (c) IRC section if applicable 54-1939556 501(C)(3) 45-2394650 501(C)(3) 47-2887394 501(C)(3) 81-0712998 501(C)(3) 52-1284719 501(C)(3) 26-3464770 501(C)(3) 88-0419638 501(C)(3) 23-7441289 501(C)(3) 45-2683114 501(C)(3) (b) EIN FEEDING AMERICA SOUTHWEST VIRGINIA 21452 GRAVEL LAKE ROAD, P.O. BOX 25 FRIENDS IN SONOMA HELPING (FISH) EDUCATIONAL EXCELLENCE FOUNDATION INC. - 2480 E. TOMPKINS AVE., STE OF GALLATIN COUNTY - 50 PAW PRINT FORGET ME NOT CHILDREN'S SERVICES FOUNDATION FOR POSITIVELY KIDS, FAMILY CRISIS SUPPORT SERVICES GARRETT THOMAS FOUNDATION INC. 1700 UNIVERSITY COMMERCIAL PL (a) Name and address of organization or government #222 - LAS VEGAS, NV 89121 PATH - WARSAW, KY 41092 6150 W. SMOKE RANCH RD. FOUNDATION FOR GIRLS SANTA ROSA, CA 95407 701 KENTUCKY AVE SE LAS VEGAS, NV 89108 CHARLOTTE, NC 28226 CHARLOTTE, NC 28213 ABINGDON, VA 24211 5345 HIGHWAY 12 W 906 DACAVIN DRIVE EYE CARE FOR KIDS SONOMA, CA 95476 NORTON, VA 24273 PO BOX 507

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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES Part II Continuation of Grants and Other Assistance to Governmen	DREN'S CHARIT! Assistance to Go	IES vernments and Organi	ts and Organizations in the United States		(Schedule I (Form 990), Part II		56-1331429 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 7 75 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIGI'S HOUSE, INC. 7147 JONESBORO RD, SUITE 870051 MORROW, GA 30287	81-3818377	501(C)(3)	.000,6	0			CAMP TO HELP KIDS BUILD TRUST AND SELF-ESTEEM
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502	94-1551410	\$01(C)(3)	6,000.	.0			SERVICES FOR YOUNG WOMEN AT THE SONOMA COUNTY JUVENILE HALL AND VALLEY OF THE MOON CHILDREN'S
GIRLS INCORPORATED OF BRISTOL 613 HIGHLAND AVE. BRISTOL, VA 24201	62-0514164	501(C)(3)	11,000.	.0			CHILDRENS DRUG PREVENTION
GIRLS INCORPORATED OF JOHNSON CITY/WASHINGTON COUNTY - P.O. BOX 1435 - JOHNSON CITY, TN 37605, TN 37605	62-0493392	501(C)(3)	11,000.	0.			EDUCATIONAL PROGRAM INSPIRING GIRLS TO BE SMART, BOLD AND STRONG
GIRLS INCORPORATED OF KINGSPORT 1100 GIRLS PLACE, P.O. BOX 981 KINGSPORT,, TN 37662	62-6064042	501(C)(3)	10,800.	0.			EDUCATIONAL PROGRAM INSPIRING GIRLS TO BE SMART, BOLD AND STRONG
GIRLS ON THE RUN OF NE. TENNESSEE P.O. BOX 5622 JOHNSON CITY, IN 37602	20-8559320	501(C)(3)	10,000.	.0			AFTERSCHOOL RUNNING PROGRAM
GOD'S COMPANY, DBA FOOD FOR THE SOUL - PO BOX 134 - KELLER, TX 76244	94-3476983	501(C)(3)	25,000.	.0			BACKPACK PROGRAM FOR FOOD INSECURE CHILDREN
GOOD SAMARITAN MINISTRIES P.O. BOX 2441 JOHNSON CITY, TN 37605	62-1233320 501(C)	501(C)(3)	10,000.	.0			POOD PROGRAM FOR CHILDREN IN POVERTY
GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660	58-1564232 501(C)	501(C)(3)	11,000.	0			CHILDCARE FOR DISABLED CHILDREN

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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

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

HANDS ON' DISCOVERY CENTER  1212 SUNCREST DRIVE GRAY, TN 37615  HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476  HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620 TR-0001847 501(C)(3) THEALTH SERVICES OF NORTH TEXAS, INC 4401 N. 1-35, STE. 312 - DENTON, TX 76207 T5-2252866 501(C)(3) T1, HEALT WATH TUTORING PO BOX 30623 CHARLOTTE, NC 28230 THELP OF SOUTHERN NEVADA 1640 E. FLAMINGO RD., STE. #100 LAS VEGAS, NV 89119 HELPING HANDS OF VEGAS VALLEY INC. 3640 N. 5TH ST., STE. 130 NORTH LAS VEGAS, NV 89032 NORTH LAS VEGAS, NV 89032  S40 N. 5TH ST., STE. 130 NORTH LAS VEGAS, NV 89032		assistance (book, riviv, appraisal, other)	
94-1156478 501(C)(3) 10, 78-0001847 501(C)(3) 11, 75-2252866 501(C)(3) 12, 46-4366030 501(C)(3) 12, 88-0108496 501(C)(3) 7,	10,000.	0.	EDUCATIONAL PROGRAM FOR CHILDREN
78-0001847 501(C)(3) 11, 75-2252866 501(C)(3) 19, 46-4366030 501(C)(3) 12, 88-0108496 501(C)(3) 7, 88-0466726 501(C)(3) 8,	10,000.	0.	YOUTH WAGES FOR THE HANNA BOY WORK PROGRAM
75-2252866 501(C)(3) 19, 46-4366030 501(C)(3) 12, 88-0108496 501(C)(3) 7,	11,000.	0.	EDUCATION FOR CHILDREN TO BREAK THE CYCLE OF DBESITY AND DENTAL DISEASE
46-4366030 501(C)(3) 88-0108496 501(C)(3)	19,890.	0.	UNINSURED CHILDREN WITH ESSENTIAL MEDICAL CARE
88-0108496 501(C)(3) 7,	12,500.	0.	MATH TUTORING FOR LOW INCOME CHILDREN
88-0466726 501(C)(3)	7,500.	.0	CAR SEATS AND ESSENTIAL BABY ITEMS TO LOW-INCOME PAMILIES IN SOUTHERN NEVADA
	.000,8	.0	LUNCH TO SENIORS WHO TAKE THE RESPONSIBILITY OF RAISING THEIR GRANDCHILDREN.
HOLSTON UNITED METHODIST HOME FOR CHILDREN - PO BOX 188 - GREENEVILLE, TN 37744 62-0515531 501(C)(3) 6,	,000,9	0.	MATCHING CHILDREN WITH PAMILIES
HOLY ANGELS, INC. 6600 WILKINSON BLVD. (PO BOX 710) BELMONT, NC 28012 51-0230406 501(C)(3)	10,000.	0.	ADAPTIVE SWINGS FOR DISABLED CHILDREN

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SPEEDWAY CHILDREN'S CHARITIES

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

Schedule I (Form 990)

RESIDING IN THEIR SHELTER , SAFE, COMFORTABLE HOME OR FOSTER CARE CHILDREN CHILDREN AT NO CHARGE TO BASIC NEEDS FOR FAMILIES HYSICAL, EMOTIONAL AND KIDSPATH PEDIATRIC CARE MERGENCY SERVICES FOR URRICULUM FOCUSING ON IFE AND SOCIAL SKILLS IOSPITAL TREATMENT FOR BASIC NEEDS FOR YOUTH BASIC HEALTH NEEDS OF EDIATRIC BEREAVEMENT (h) Purpose of grant or assistance UNAWAY AND HOMELESS SABIES AND CHILDREN CARING FOR DISABLED ENRICHMENT PROGRAM CHOOL PROGRAM IN TRANSITION HILDREN PARENTS TOUTH (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 0 ο. ο. 。 Ö ο. 0 Ö 。 (d) Amount of cash grant 7,000. 10,000. 000 6 20 000 10,000, 8 000 22,000 61,000 8,000 (c) IRC section if applicable 56-2277775 501(C)(3) 56-1219017 501(C)(3) 56-1376577 501(C)(3) 52-1084075 501(C)(3) 501(C)(3) 36-2193608 501(C)(3) 54-1893016 501(C)(3) 94-1711490 501(C)(3) 501(C)(3) 82-0631497 47-3549152 (p) EIN SUMMERFIELD ROAD - SANTA ROSA, CA - 7845 LITTLE (a) Name and address of organization or government INDIVIDUALS NOW DBA SOCIAL ADVOCATES FOR YOUTH - 2447 HOSPICE & PALLIATIVE CARE AVE - CHARLOTTE, NC 28226 4530 PARK RD. SUITE 300 HOPE HOUSE OF SCOTT CO ELIZABETHTON, TN 37644 JOHNSON CITY, TN 37602 STATESVILLE, NC 28625 KINGSPORT, TN 37663 GATE CITY, VA 24251 CHARLOTTE, NC 28209 KINGSPORT, TN 37883 2347 SIMONTON ROAD HOSPICE OF IREDELL CHARLOTTE REGION ISAIAH 117 HOUSE JEREMIAH SCHOOL JERICO SHRINERS P.O. BOX 6024 P.O. BOX 1992 P.O. BOX 5821 P.O. BOX 5548 P.O. BOX 842 HOPE HOUSE INREACH 95405

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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES  Part II Continuation of Grants and Other Assistance to Governments	REN'S CHARITI Assistance to Gov		and Organizations in the United States	1 1	(Schedule I (Form 990), Part II		56-1331429 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404	94-3386103 501(C)(3	501(C)(3)	7,500.	.0			FREE HEALTH SERVICES FOR UNDERSERVED CHILDREN
JUNIOR CHARITY LEAGUE OF CONCORD, INC 1 BUFFALO AVE NW SUITE 205 - CONCORD, NC 28025	56-6061166	501(C)(3)	20,000.	0.			CLOTHING AND TOILETRIES FOR AT RISK CHILDREN
KINDER-MOURN INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194 501(C)(3	501(C)(3)	15,000.	.0			BEREAVEMENT PROGRAM FOR SCHOOL CHILDREN
LANCASTER CHILDREN'S HOME, INC. PO BOX 416 LANCASTER, SC 29721	57-0549954	501(C)(3)	20,000.	0			ONSITE COUNSELING FOR AT RISK CHILDREN
LEARNING HELP CENTERS OF CHARLOTTE 1901 ARCHDALE ROAD CHARLOTTE, NC 28211	45-5097492	501(C)(3)	7,500.	0.			LITERACY PROGRAM AND SUMMER ENRICHMENT ACTIVITIES
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	7,000.	. 0			HELP FOR AT-RISK CHILDREN TO ESCAPE ABUSE AND NEGLECT AND TO KEEP THEM OUT OF THE FOSTER CARE
LIFEWORKS OF SONOMA COUNTY 1260 N DUTTON AVENUE SUITE 105 SANTA ROSA, CA 95401	68-0375462 501(C)(3	501(C)(3)	7,000.	0			AT-RISK YOUTH PROGRAMS
LIME POUNDATION 3327 MCMAUDE PLACE SANTA ROSA, CA 95407	47-2046585	501(C)(3)	7,000.	.0			TRADE ACADEMY FOR DISADVANTAGED YOUTH
LXI P.O. BOX 1784 JOHNSON CITY, IN 37605	47-3719963	501(C)(3)	7,000.	0			INTER-CITY YOUTH WITH LIFE SKILLS, CLEAR VISION AND HEALTHY RELATIONSHIPS
							Schedule I (Form 990)

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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

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

(a) Name and address of (b) EIN (c) IRC section organization or government fapplicable cash grant assistance (book, FMV, appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANEGAIT THERAPEUTIC HORSEMANSHIP 3160 N. CUSTER RD. MCKINNEY, TX 75071	26-1525268	501(C)(3)	10,000.	0			AUDITORY AND LISTENING EQUIPMENT FOR DAILY BRAIN-BUILDING EXERCISES
MATRIX, A PARENT NETWORK AND RESOURCE CENTER - 94 GALLI DRIVE SUITE C - NOVATO, CA 94949	94-2747307	\$01(C)(3)	7,500.	0.			TRAINING PROGRAMS FOR FAMILIES OF CHILDREN WITH DISABILITIES
MCCLURE RIVER VALLEY COMMUNITY CENTER - 124 RITTER CIRCLE - MCCLURE, VA 24269	54-1509759	501(C)(3)	10,000.	0.			CHRISTWAS SUPPORT FOR UNDERSERVED CHILDREN IN THE REGION
METROCREST SERVICES, INC. 13801 HUTTON DR., SUITE 150 FARMERS BRANCH, TX 75234	75-1548334	501(C)(3)	18,082.	.0			FOOD BAGS TO CHILDREN DURING THE SUMMER MONTHS
MISTY MEADOWS MITEY RIDERS INC. 455 PROVIDENCE ROAD S. WAXHAW, NC 28173	54-2045099	501(C)(3)	15,000.	.0			EQUINE THERAPY FOR DISABLED CHILDREN
MOUNTAIN REGION SPEECH AND HEARING CENTER - 301 LOUIS ST. SUITE 101 - KINGSPORT, TN 37660	51-0141536	501(C)(3)	11,000.	.0			TREATMENT SCHOLARSHIPS FOR YOUTH
MULTI-CULTURAL COMMUNITY STUDENT UNION - P.O. BOX 1938 - CONCORD , NC 28026	56-2037039	501(C)(3)	9,000.	0			MATH AND MUSIC PROGRAM FOR AT RISK CHILDREN
NATIONAL AMBUCS, INC. (LAS VEGAS CHAPTER) - 1000 RANCHO CIRCLE - LAS VEGAS, NV 89107	90-1109753	501(C)(3)	7,000.	.0			CUSTOM ADAPTIVE TRICYCLES TO CHILDREN IN THE GREATER LAS VEGAS AREA
NEVADA BALLET THEATRE, INC. 1651 INNER CIRCLE LAS VEGAS, NV 89134	94-2427112	501(C)(3)	6,500.	0.			DANCE UNIFORMS FOR CHILDREN IN LOW-INCOME COMMUNITIES
							Schedule I (Form 990)

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SPEEDWAY CHILDREN'S CHARITIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Gov	vernments and Organi	zations in the Un	ited States (Sche	edule I (Form 990), Par	(11)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA DIABETES ASSOCIATION FOR CHILDREN AND ADULTS - 6585 HIGH STREET, STE, 219 - LAS VEGAS, NV 89113	00098E0-88	501(C)(3)	7 500	0			CAMP FOR CHILDREN AND TEENS IN SOUTHERN NEVADA WITH TYPE 1 DIABETES
NEW HORIZONS CENTER FOR LEARNING 6701 WEST CHARLESTON BLVD. LAS VEGAS, NV 89146		501(C)		0			PROGRAM FOR SPECIAL EDUCATION STUDENTS TO BECOME INDEPENDENT AND PRODUCTIVE MEMBERS OF
NISWONGER CHILDREN'S HOSPITAL MOUNTAIN STATES/BALLAD HEALTH 303 MED TECH PARKWAY SUITE 370 JOHNSON CITY, TN 37604	62-0476282	501(C)(3)	6,975.	0.			TABLE TOUCH TECHNOLOGY TO EASE ANXIETIES
ON THE MOVE 714 MENDOCINO AVENUE SANTA ROSA, CA 95401	75-3149095	501(C)(3)	6,000.	0.			THERAPEUTIC INTERVENTION PROGRAMS FOR CHILDREN OF POST TRAUMATIC STRESS
ONE ACRE CAF P.O. BOX 3411 JOHNSON CITY, TN 37602	46-0971039	501(C)(3)	8,000.	0.			FEEDING PROGRAM FOR CHILDREN
PALMETTO CITIZENS AGAINST SEXUAL ASSAULT - 106 NORTH YORK STREET - LANCASTER, SC 29720	57-0811359	501(C)(3)	10,000.	0			EXAM FOR CHILDREN THAT HAVE BEEN ABUSED
PARKLAND FOUNDATION 1341 W. MOCKINGBIRD LN. SUITE 1100E DALLAS, TX 75247	75-2089180	501(C)(3)	10,000.	0.			MEDICAL AND DENTAL SERVICES TO HOMELESS CHILDREN
PAT'S PLACE CHILD ADVOCACY CENTER 901 EAST BLVD. CHARLOTTE , NC 28203	20-1820596	501(C)(3)	22,000.	0.		. ,	SUPPORT PROGRAM FOR CHILDREN OF SEXUAL ABUSE
PEDIPLACE 502 SOUTH OLD ORCHARD LANE, SUITE LEWISVILLE, TX 75067	75-2512752 501(C)	501(C)(3)	6,706.	0.	į		STAFF LAPTOPS USED FOR CLIENT INTAKE, RECORD KEEPING & CHARTING
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Schedule I (Form 990)		Part II Continuation

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Gov	vernments and Organ	zations in the Un	ited States (Sche	dule I (Form 990), Par	[]	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD SOUTH							POSITIVE PARENTING
PETALUMA, CA 94952	94-2271299	501(C)(3)	8,000.	0.			PROGRAM
							EDUCATION OF HIGH SCHOOL
PETALUMA POLICING FOUNDATION							STUDENTS ON THE REALITY
969 PETALUMA BLVD NORTH							DANGER AND CONSEQUENCES
PETALUMA, CA 94952	46-5547348	501(C)(3)	10,000.	0.			DF DRUNK DRIVING,
T RESIDE							ELECTRIC GENERATOR TO
, ,;							SUSTAIN MEDICAL
KANNAPOLIS, NC 28083	59-1719434 501(C)(3	501(C)(3)	46,500.	0.			ASSISTANCE OF RESIDENCE
מפומשטואור מטרפה פמוגרם							TOODS DESIGNATE AND ACCO
FOWER CROSS MINISTRIES							FOOD FOR AFIERSCHOOD
IS I							PROGRAM OF LOW INCOME
STATESVILLE, NC 28677	14-1989435	501(C)(3)	30,000.	0.			CHILDREN
							EARLY CHILDHOOD
PROJECT 658							DEVELOPMENT PROGRAM TO
3646 CENTRAL AVE.							SUPPORT LOW INCOME
CHARLOTTE, NC 28205	46-2956418	501(C)(3)	10,000.	0.			CHILDREN
READING BUDDIES							READING PROGRAM TO ENSURE
147 CHARLTON COURT			•				CHILDREN ARE READING AT
BLUFF CITY, TN 37618	20-5005906	501(C)(3)	11,000.	0.			GRADE LEVEL
REDWOOD EMPIRE FOOD BANK							NUTRITIOUS FOOD TO FOOD
3990 BRICKWAY BOULEVARD				_			INSECURE FAMILIES WITH
SANTA ROSA, CA 95403	68-0121855	501(C)(3)	22,000.	0.			CHILDREN.
RIDIN' HIGH THERAPEUTIC HORSE							
PROGRAM - 1525 MORNINGSIDE DRIVE -							THERAPY FOR CHILDREN
MORRISTOWN, TN 37814	62-1752021	501(C)(3)	10,000.	0			DISPLACED FROM HOMES
							NUTRITION PROGRAM,
RISE UP'							LEADERSHIP TRAINING AND
P.O. BOX 4426							ENRICHMENT FIELD TRIPS
JOHNSON CITY, TN 37602	62-1641099 501(C)(3	501(C)(3)	11,000.	0.			FOR STUDENTS
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Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES  Part II Continuation of Grants and Other Assistance to Governments	CHILDREN'S CHARITIES Other Assistance to Govern		and Organizations in the United States		(Schedule I (Form 990), Part II		56-1331429 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER'S WAY OUTDOOR ADVENTURE CENTER - 10 6TH STREET - BRISTOL, TN 37620	62-1542726	501(C)(3)	.000,8	0.			OUTDOOR ACTIVITIES FOR DISABLED CHILDREN
RONALD MCDONALD HOUSE CHARITIES OF LAS VEGAS - 2323 POTOSI ST LAS VEGAS, NV 89146	94-3108570	501(C)(3)	10,000.	.0			PREVENTATIVE AND RESTORATIVE DENTAL CARE TO CHILDREN PROM LOW-INCOME FAMILIES IN
RONALD MCDONALD HOUSE OF CHARLOTTE, INC 1613 E. MOREHEAD STREET - CHARLOTTE, NC 28207	20-4671570 501(C)(3)	501(C)(3)	12,000.	0			LODGING FACILITY FOR FAMILIES WITH HOSPITALIZED CHILDREN
ROSELAND CHARTER SCHOOL 1691 BURBANK AVENUE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	8,000.	0.0			COLLEGE MENTOR PROGRAM
ROWAN HELPING MINISTRIES 226 N. LONG ST. SALISBURY, NC 28144	56-1544532 501(C)(3)	501(C)(3)	7,500.	0			WEEKEND FOOD ASSISTANCE FOR SCHOOL CHILDREN
RUNNINGWORKS, INC. 401 HAWTHORNE LANE, #110-317 CHARLOTTE, NC 28204	45-4505930	501(C)(3)	7,000.	0			ATHLETIC AND CHARACTER TRAINING PROGRAM FOR CHILDREN & TEENS
SAFE ALLIANCE 601 EAST FIFTH STREET, SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)(3)	20,000.	.0			DOMESTIC VIOLENCE SHELTER CHILDREN'S PROGRAM
SANTA PAL P.O. BOX 212 BRISTOL, VA 24203	31-1794923	501(C)(3)	10,800.	0.0			CHRISTMAS GIFTS FOR UNDERPRIVILEGED CHILDREN
SECOND HARVEST FOOD BANK OF NORTHEAST TN - 1020 JERICHO DRIVE - KINGSPORT, TN 37663	62-1303822 501(C)(3)	501(C)(3)	12,000.	0			NUTRITION FOR CHILDREN IN NEED Schedule   (Form 990)

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

CANCETS NEEDED BY CAMPERS FRAINING AND COMPETITIONS INTELLECTUAL DISABILITIES ROGRAM STAFFING AND COST MEETING CHILDREN'S BASIC PROGRAM SET UP AND STAFF TEAR ROUND OLYMPIC TYPE MEDICAL SUPPLY COST OF BOOKS AND BOOK BAGS TO SOS JUVENILE DIVERSION HOSPITALIZED CHILDREN (h) Purpose of grant or assistance AS PA ODGING FACILITY FOR SCHOOL-AGED CHILDREN NTHLETIC PROGRAM FOR O TEST BLOOD SUGAR NEEDS AT CHRISTMAS SOOKS FOR CHILDREN DISABLED CHILDREN EXCURSIONS, FEES OF THERAPEUTIC TO THOSE WITH AMILIES WITH TRAVEL COSTS FRAINING EVELS (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance ٠. Ö ٥. Ö 。 。 o 。 ٥. (d) Amount of cash grant .000 000 9 10,000 7,000 10,000 12,000 7,500 7,000 8,000 (c) IRC section if applicable 501(C)(3) 75-6002547 501(C)(3) 23-7201676 501(C)(3) 501(C)(3) 501(C)(3) 27-0052413 501(C)(3) 55-0860873 501(C)(3) 94-1156301 501(C)(3) 81-0676520 501(C)(3) 56-1149607 22-3829041 62-1578123 (b) EIN STE, 16 PARKS / RECREATION) - 10 CLEVELAND SIDE - 300 SUNNY HILLS DRIVE - SAN SPECIAL OLYMPICS GA INC. (HENRY CO. FRANKLIN ROAD - JOHNSON CITY, TN SUNNY HILLS SERVICES DBA SIDE BY STREET - LOCUST GROVE, GA 30248 SPECIAL OLYMPICS NORTH CAROLINA MCDONALD HOUSE - 418 N STATE OF INC. - 7321 RAGING RIDGE ROAD -SOUTHWEST DIABETIC FOUNDATION SULLIVAN CO. SHERIFF'S OFFICE LIBRARY - 500 MARYLAN AVENUE (a) Name and address of organization or government SOUTHERN APPALACHIAN RONALD SULLIVAN COUNTY IMAGINATION 1065 AMERICAN PACIFIC DR., AUXILIARY - P.O. BOX 589 -SPREAD THE WORD NEVADA BLOUNTVILLE, TN 37617 GAINESVILLE, TX 76241 HARRISBURG, NC 28075 SUPPORT OUR STUDENTS SANTA ROSA, CA 95404 HENDERSON, NV 89074 319 SOUTH E STREET BRISTOL, TN 37620 ANSELMO, CA 94960 PO BOX 918 37604

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SPEEDWAY CHILDREN'S CHARITIES

Schedule I (Form 990)

MULTI-LEVELED SUPPORT FOR ROGRAMS FOR AT-RISK KIDS READING MATERIALS TO HIGH AGING OUT OF FOSTER CARE MENTORING FOR LOW INCOME HOUSING PROGRAM FOR KIDS IMPOVERISHED PRESCHOOL MEALS, PLAY SPACES AND CARE BAGS FOR NEWBORN NOUBLE PUNCHES BOXING WEEKEND FOOD BAGS FOR HOMELESS AND AT-RISK (h) Purpose of grant or assistance CLUB PROGRAM FOR LOW SCHOOL-AGED CHILDREN AFTERSCHOOL & SUMMER WOMEN AND CHILDREN JNDER-PRIVILEGED OOD PROGRAM FOR INCOME FAMILIES RISK KIDS CHILDREN INFANTS (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, (e) Amount of non-cash assistance Ö Ö ٥. o Ö 0 ٥. 。 o. (d) Amount of cash grant 11,000, 7,000 8,000 9 500 10,000 7,000 15,000 7,289 000 6 (c) IRC section if applicable 56-1668333 501(C)(3) 09-1156347 501(C)(3) 30-0396918 501(C)(3) 58-2675876 501(C)(3) 88-0500044 501(C)(3) 56-1082022 501(C)(3) 58-0660607 501(C)(3) 58-0660607 501(C)(3) 32-0039948 501(C)(3) (b) EIN CORPORATION - 715 N. MAIN STREET THE SALVATION ARMY, A GEORGIA THE LIVING ROOM CENTER, INC. (a) Name and address of organization or government THE LEARNING COLLABORATIVE 145 JUDGE DON LEWIS BLVD 1633 W. WARM SPRINGS RD. 4015 STUART ANDREW BLVD ELIZABETHTON, TN 37643 THE LULLABY CONNECTION 1207 CLEVELAND AVENUE. SANTA ROSA, CA 95401 SANTA ROSA, CA 95401 TLC COMMUNITY CENTER CHARLOTTE, NC 28205 HENDERSON, NV 89014 CHARLOTTE, NC 28202 CHARLOTTE, NC 28217 LAS VEGAS, NV 89115 119 EAST 8TH STREET THE RELATIVES, INC. - LOWELL, NC 28098 THE SALVATION ARMY THE SALVATION ARMY 4190 N. PECOS RD. 93 STONY CIRCLE PO BOX 220488 THREE SQUARE

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SPEEDWAY CHILDREN'S CHARITIES

Schedule I (Form 990)

LAY, SPORTS AND EXERCISE CAMP FOR HEARING IMPAIRED SUIDED READING SUPPORT IN OR CHILDREN WITH AUTISM SMERGENCY POSTER CARE IN BACKPACK FEEDING PROGRAM AND OTHER DEVELOPMENTAL CHILDREN WHO ENTER INTO AFTERSCHOOL PROGRAM FOR OOD BOXES FOR CHILDREN ITERACY AND CHARACTER CHILDREN AT CHRISTMAS OCUSED OUT OF SCHOOL (h) Purpose of grant or assistance ASSISTANCE FOR NEEDY ENTAL PROGRAM FOR DIGITAL SETTING SONOMA COUNTY. ISABILITIES OR CHILDREN IN POVERTY ROGRAMS CHILDREN (IDS (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 Ö 。 (e) Amount of non-cash assistance ٥. Ö ö ٥. (d) Amount of cash grant 5,130 8 500 8 000 7,000 12,000 7,500 10,000 0019 11,000 (c) IRC section if applicable 501(C)(3) 54-0718860 501(C)(3) 62-6001105 501(C)(3) 68-0343720 501(C)(3) 501(C)(3) 54-1778277 501(C)(3) 54-1897853 501(C)(3) 47-2302870 501(C)(3) 62-0521204 501(C)(3) 20-0363127 47-1332019 (b) EIN FOUNDATION - 112 CHILDREN'S CIRCLE VALLEY OF THE MOON CHILDREN'S HOME WASHINGTON COUNTY FRIENDS OF SANTA 4128 FORT HENRY DRIVE SUITE D 165 UNITED WAY OF SOUTHWEST VIRGINIA TOWN SQUARE INC. FOOD MINISTRIES UNITED WAY OF WASHINGTON COUNTY (a) Name and address of organization or government 1907 N ROAN ST. SUITE 409 874 AMERICAN PACIFIC DR. TOURO UNIVERSITY NEVADA 6210 OLD PINEVILLE ROAD - SANTA ROSA, CA 95409 VA 24340 JOHNSON CITY, TN 37601 URBANPROMISE CHARLOTTE HENDERSON, NV 89014 CHARLOTTE, NC 28217 KINGSPORT, TN 37663 ABINGDON, VA 24210 ABINGDON, VA 24212 TN 37620 400 MLK JR. BLVD BRISTOL WAITING TO HEAR GLADE SPRING, P.O. BOX 338 P.O. BOX 644 P.O. BOX 54 YMCA OF BRISTOL,

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Schedule I (Form 990)
SPEEDWAY CHILDREN'S CHARITIES
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of (b) EIN (c) IRC section organization or government (f) Method of rash grant assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOKEFELLOW MINISTRY OF GREATER STATESVILLE - 1386 SHELTON AVE STATESVILLE, NC 28677	56-1010615 501(C)(3)	501(C)(3)	15,000.	0			SUPPLIES FOR INPANTS OF LOW INCOME FAMILIES
YOUNG LIFE BRISTOL P.O. BOX 548 BRISTOL, TN 37621	84-0385934	501(C)(3)	10,000.	0			SUMMER CAMP FOR MIDDLE AND HIGH SCHOOL STUDENTS
YOUNG LIFE KINGSPORT P.O. BOX 3374 KINGSPORT, TN 37664	84-0385934 501(C)(	501(C)(3)	8,000.	0		ı	MINISTRY TO HIGH SCF.OOL STUDENTS
YOUNG LIFE UPPER EAST TENNESSEE P.O. BOX 4716 JOHNSON CITY, TN 37602	84-0385934	501(C)(3)	11,000.	0			SUMMER CAMP
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 811 3RD STREET - SANTA ROSA, CA 95404	94-2347428	501(C)(3)	8,000.	0			BASIC NEEDS SUCH AS FOOD, SHELTER, CLOTHING FOR VICTIMS OF DOMESTIC
YWCA NETN AND SWVA 106 STATE ST. BRISTOL, TN 37620	62-0488044	501(C)(3)	11,000.	0			AFFORDABLE QUALITY CHILDCARE
·							
							,
							Schedule I (Form 990)

(f) Description of noncash assistance 56-1331429 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant VARIOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE (H) PURPOSE OF GRANT OR ASSISTANCE EMOTIONAL SUPPORT, QUALITY OF LIFE SPEEDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH (b) Number of recipients SPEEDWAY CHILDREN'S CHARITIES CANDLELIGHTERS FOR CHILDHOOD CANCER OF NEVADA (a) Type of grant or assistance NAME OF ORGANIZATION OR GOVERNMENT PART II, LINE 1, COLUMN (H) Schedule I (Form 990) (2019) GRANT RECIPIENT. PART I, LINE 2. Part III. Part IV

Schedule I (Form 990) (2019)

932 102 10-26-19

Page 2

Schedule I (Forn	n 990) SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 2
Part IV Su	pplemental Information		
PROGRAMS AN	D FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR FAMILIES		
,			
AFFECTED BY	CHILDHOOD CANCER		
NAME OF ORGA	NIZATION OR GOVERNMENT FOUNDATION FOR POSITIVELY KIDS, INC.		
(H) PURPOSE	OF GRANT OR ASSISTANCE SPECIALIZED THERAPEUTIC TOYS AND		
CIMES BOD WA	E MEDICALLY EDACTIE AND OD DEVELODMENMALLY DELAYED CULIDDEN		
GAMES FOR TH	E MEDICALLY FRAGILE AND/OR DEVELOPMENTALLY DELAYED CHILDREN		
ENROLLED IN	OUR EARLY INTERVENTION PROGRAM		_
NAME OF ORGA	NIZATION OR GOVERNMENT: GIRL SCOUTS OF NORTHERN CALIFORNIA		
(H) PURPOSE	OF GRANT OR ASSISTANCE: SERVICES FOR YOUNG WOMEN AT THE		
		<del></del>	
SONOMA COUNT	Y JUVENILE HALL AND VALLEY OF THE MOON CHILDREN'S HOME		
NAME OF ORGA	NIZATION OR GOVERNMENT: NEW HORIZONS CENTER FOR LEARNING		
	NIBITION ON GOVERNMENT. HEN MONTHONE CENTER TON EMILITIES	<del> </del>	
(H) PURPOSE	OF GRANT OR ASSISTANCE PROGRAM FOR SPECIAL EDUCATION		
STUDENTS TO	BECOME INDEPENDENT AND PRODUCTIVE MEMBERS OF SOCIETY		
NAME OF ORGA	NIZATION OR GOVERNMENT. PETALUMA POLICING FOUNDATION		
/W/ DUBBOCE	OF CRANT OF ACCIONANCE, EDUCATION OF UICH COUGH, CHURCHUS ON		
(h) PORPOSE	OF GRANT OR ASSISTANCE: EDUCATION OF HIGH SCHOOL STUDENTS ON		
THE REALITY	DANGER AND CONSEQUENCES OF DRUNK DRIVING, UNDERAGE DRINKING,		
DISTRACTED D	RIVING.		
		<del></del>	
NAME OF ORGA	NIZATION OR GOVERNMENT:		
BOWN D Manon	ALD HONOR GUADANAS OF CAS AFFORD		·
RONALD MCDON	ALD HOUSE CHARITIES OF LAS VEGAS		<del></del>
(H) PURPOSE	OF GRANT OR ASSISTANCE. PREVENTATIVE AND RESTORATIVE DENTAL		
CARE TO CHIL	DREN FROM LOW-INCOME FAMILIES IN SOUTHERN NEVADA		
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Fai		ıур	<del></del>	or Property								
					(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	Method of e noncash contril			ts
1	Art - W	ا ماده	٠	<b>.</b>		THE SOURCE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE O		m, mio ig				
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2					<b></b>	-						
3				nterests	ļ							
4				ications	ļ							
5		-		ousehold goods	ļ							
6				vehicles		<u> </u>						
7	Boats a	and p	lan	es								
8	Intellec	tual p	rop	erty								
9	Securit	ties - f	Pub	licly traded								
10	Securit	ties - (	Clo	sely held stock								
11	Securit	ties - l	ar	nership, LLC, or								
	trust in	teres	s									
12	Securit	ties - I	VIIS	cellaneous								
13	Qualifie	ed co	nse	rvation contribution -								
	Historia	c stru	ctu	res	}							
14	Qualifie	ed co	ารค	rvation contribution - Other								
15	Real es	state -	Re	sidential								-
16	Real es	state -	Co	mmercial								
17	Real es					· · · · · · · · · · · · · · · · · · ·			1			
18 Collectibles												
19 Food inventory												
20			-	cal supplies		<b>†</b>			· · · · · · · · · · · · · · · · · · ·			
21	_		ieu	cai supplies		<del>                                     </del>						
	Taxide	-		•-	-							
22	Historic											
23	Scienti	•							-			
24	Archeo		a1 a		<b></b>			22 224				
25	Other		(	AUCTION ITEMS )	X	70			SELLING PRICE			
26	Other	-	(	FOOD/BEVERAGE )	X	10			SELLING PRICE			
27	Other		(	PRIZES )	Х	64		<del></del>	SELLING PRICE			
<u>28</u>	Other		_(	SUPPLIES )	Х	1		120.	SELLING PRICE			
29				ns 8283 received by the organi	-	•						
	for whi	ch the	or	ganization completed Form 82	83, Part IV, I	Donee Acknowledg	ement	29			0	,
											Yes	No
30a	During	the y	ear	did the organization receive by	y contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
				least three years from the date		l contribution, and	which isn't require	d to be us	sed for			
	exemp	t purp	os	es for the entire holding period?	?					30a		х
b	If "Yes,	" des	crit	e the arrangement in Part II								
31	Does th	he org	jan	zation have a gift acceptance p	policy that re	quires the review of	of any nonstandard	contribut	ions?	31		Х
32a	Does th	he org	an	zation hire or use third parties	or related or	ganizations to solid	et, process, or sell	noncash				
	contrib			·						32a	х	1
b	If "Yes,	" des	crık	e in Part II								
33				on didn't report an amount in c	olumn (c) for	a type of property	for which column	(a) is chec	ked.	1 1		'
	describ				. ,	,, , , , , , , , , ,			,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a corthis part for any additional information	3, and whether the organi nbination of both Also co	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE		
NUMBER OF ITEMS CONTRIBUTED.		
<del></del>		-a.
SCHEDULE M, LINE 32B.		
ON OCCASION, AUCTIONEERS MAY BE USED TO SELL ITEMS DURING FUNDRAISING		
EVENTS.		
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019 Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

SPEEDWAY CHILDREN'S CHARITIES 56-1331429 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SPEEDWAY CHILDREN'S CHARITIES PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS AND PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS THAT MEET THE DIRECT NEEDS OF CHILDREN WITH MEDICAL, EDUCATIONAL OR SOCIAL CHALLENGES FORM 990, PART VI, SECTION A, LINE 2. O, BRUTON SMITH AND MARCUS SMITH HAVE A FAMILY RELATIONSHIP. CLAUDIA BYRD AND JERRY CALDWELL HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE NATIONAL BOARD OF DIRECTORS AND AUDIT COMMITTEE PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO BOARD MEMBERS KEY EMPLOYEES AND OFFICERS TO SIGN. IF A CONFLICT OF INTEREST IS DISCLOSED, IT IS REVIEWED BY THE BOARD AND VOTED ON TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INDIVIDUAL HAS THE OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE. IF THE BOARD DETERMINES A CONFLICT OF INTEREST EXISTS, CORRECTIVE ACTION IS TAKEN. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990 AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DC, AK

Schedule O (Form 990 or 990-62) (2019)	Page 2
Name of the organization . SPEEDWAY CHILDREN'S CHARITIES	Employer identification number 56-1331429
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL	
STATEMENTS ARE MADE AVAILABLE UPON REQUEST. DOCUMENTS MAY BE MAILED OR	
EMAILED TO PERSON REQUESTING DOCUMENTS. DOCUMENTS ARE ALSO AVAILABLE	V45-4-1-11
ONLINE AT SPEEDWAYCHARITIES.ORG.	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2019

OMB No 1545-0047

SPEEDWAY CHILDREN'S CHARITIES

Name of the organization Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Publication

Employer identification number

Schedule R (Form 990) 2019 (g) Section 512(b)(13) Š controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 56-1331429 Direct controlling entity End-of-year assets Public charity status (if section 501(c)(3)) <u>e</u> Total income Exempt Code € ছ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity ≘ 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Parti Part II

Schedule R (Form 990) 2019 SPEEDWAY CHILDREN'S CHARITIES

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

(a)	(q)	(၁)	(p)	(e)	(4)	(6)	Ξ	(3)	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UB! amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		assets	Yes No	K-1 (Form 1065)	Yes No	
	<b>Y</b>									
	<b>~</b>									
		•								
							<u> </u>			
	•									
	•									
[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ganizations Taxable a	s a Corpo	ration or Trust. Co	mplete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line 34	4, because it had or	e or mo	re related

Part IV organizations treated as a corporation or trust during the tax year

Name, address, and EIN  of related organization  SPEEDWAY MOTORSPORTS LLC - 51-0363307  5401 E. INDEPENDENCE BLVD  CHARLOTTE, NC 28212  NEW HAMPSHIRE MOTOR SPEEDWAY INC  01-0443099, 1122 ROUTE 106 N, LOUNDON, NH  MOTORSPORTS PROMO	r activity	Legal domicite (state or foreign country)	Direct controlling entity	Type of entity		Share of		
MOTORSPORTS , NH MOTORSPORTS	PROMOTER	(Ajuno		(C corp, S corp,	псот	end-of-year	Percentage ownership	controlled entity?
MOTORSPORTS , NH MOTORSPORTS	PROMOTER			henn in ,		doodlo		Yes No
MOTORSPORTS - TDON, NH MOTORSPORTS	PROMOTER							
TOON, NH MOTORSPORTS	PROMOTER							
TDON, NH MOTORSPORTS		DE	J	c corp				
MOTORSPORTS								
MOTORSPORTS								
	S PROMOTER	HN	U	c corp				
OIL CHEM RESEARCH CORPORATION - 36-3608293								_
5283 HIGHWAY 49 S. MANUFACTURER OF	SR OF							
HARRISBURG, NC 28075		ır	u	c corp				
US LEGEND CARS INTERNATIONAL INC								
56-1780351, 5245 HIGHWAY 49 S., HARRISBURG, MANUFACTURER OF RACE	ER OF RACE							
NC 28075 CARS		NC	J	c corp				
NORTH WILKESBORO SPEEDWAY INC 56-0622079								
381 SPEEDWAY LANE								
NORTH WILKESBORO, NC 28659 INACTIVE		NC	3	c corp				

Schedule R (Form 990) 2019

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed in	Parts II:IV?		_	\$
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		,		1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		×
c Giff, grant, or capital contribution from related organization(s)				1c	×	
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
					ĺ	
f Dividends from related organization(s)				14		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				1i		×
J Lease of facilities, equipment, or other assets to related organization(s)				1,		X
					ĺ	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			1m	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×	
o Sharing of paid employees with related organization(s)				10	×	
					1	
p Reimbursement paid to related organization(s) for expenses				1	×	
q Reimbursement paid by related organization(s) for expenses				19		×
				1	<u>`</u>	$\neg$
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				15	×	
2 If the answer to any of the above is "Yes," see the instructions for information on wi	ho must complete the	s line, including covered re	information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) SPEEDWAY MOTORSPORTS LLC	٥	32,518.	CASH, FAIR MARKET VALUE			
(2) SPEEDWAY MOTORSPORTS LLC	×	72,580.	COST			
(3) SPEEDWAY MOTORSPORTS LLC	Ь	102,923.	COST			
(4)						
(5)						
(6)						
932 (63 09-10-19			Schedule R (Form 990) 2019	(Form	(066	2019

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

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

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(K)	Percenta		 -	-					-		-	-	•			-		-	-			-			 -	990) 20
9	eneral or ianaging sartner?	Yes No			7						F			7			7			4			$\dashv$			(Form
(E)	amount in box 20 managing ownership of Schedule K.1 partner?	1065)	 								 1		 		 		1									Schedule R (Form 990) 2019
÷	amount i	(Form				_										_										Š
(F)	ulspropor- tionate allocations?	Yes No			_		 		_	 	 _			$\downarrow$			+			$\frac{1}{1}$	 					
(6)	Share of end-of-year	assets																								
	•	income																								
Are all	501(c)(3) 501(c)(3) 1er orgs 2	Yes No			+						+			‡		-	+		 	+	 		_	 		
(b)	redominant income por (related, unrelated, excluded from tax under	sections 512-514)																								
(c)	ë ë	country)																								
(b)	Frimary activity																									
(a)	name, address, and EIN of entity																									