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Form	330	

Department of the Treasury

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



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Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable: Address change SPEEDWAY CHILDREN'S CHARITIES Name 56-1331429 Doing business as change Initial Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 5555 CONCORD PARKWAY SOUTH #302 704-455-4426 3,583,844. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended CONCORD, NC 28027 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARCUS SMITH Yes 🛛 No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: SPEEDWAYCHARITIES.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1982 M State of legal domicile: NC Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SPEEDWAY CHILDREN'S CHARITIES 1 Activities & Governance PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS AND PROVIDE GRANTS TO 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 898 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T. Part I. line 11 7b Ο. **Prior Year** Current Year 1,593,882, 2,857,609. Contributions and grants (Part VIII, line 1h) 8 Revenue 0 Ο. 9 Program service revenue (Part VIII, line 2g) 0. Ο. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 315,135. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 158 471 11 1,752,353 3,172,744. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,167,447, 2,053,190. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ο. Ο. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 695,145. 833,246. 937,972. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,000,693. 2,991,162. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -248,340. 181,582. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** o End of Year 415,792. 809 434. 20 Total assets (Part X, line 16) ЪĞ 143,729. 340 591. 21 Total liabilities (Part X, line 26) El det 272,063. 468,843. Net assets or fund balances. Subtract line 21 from line 20 ... 22 Part II Signature Block

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

Sign	Signature of officer			Date						
Here	MARCUS SMITH, VICE CHAIRMAN									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	AMANDA E. WATERHOUSE	(imanda F. Water	08/24/22	if self-employed	P02014004					
Preparer	Firm's name 🕒 RSM US LLP			Firm's EIN 🕨 🕴 42	2-0714325					
Use Only	Firm's address 🕒 230 N ELM ST, STE 1100									
	GREENSBORO, NC 27401			Phone no.336-27	2-4551					
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21 I HA For Paperwork Reduction Act Notion	ce, see the separate instructio	ns.		Eorm <b>990</b>	(2021)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO RAISE FUNDS AND PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS THAT
	MEET THE DIRECT NEEDS OF CHILDREN WITH MEDICAL, EDUCATIONAL, OR SOCIAL
	CHALLENGES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,063,968. including grants of \$2,053,190. ) (Revenue \$)
	FUNDS WERE RAISED THROUGHOUT THE YEAR BY HOLDING AUCTIONS, DINNERS,
	GOLF OUTINGS, DRAWINGS, AND NUMEROUS OTHER EVENTS. THE FUNDS RAISED
	TO 501(C)(3) NONPROFIT ORGANIZATIONS THAT COMPLIED WITH OUR EXEMPT
	PURPOSE.
	DURING THE FISCAL YEAR ENDING 12/31/21 SPEEDWAY CHILDREN'S CHARITIES
	DISTRIBUTED OVER \$2M TO OVER 260 CHILDREN'S PROGRAMS SUPPORTING AN
	ESTIMATED 501,091 CHILDREN. SINCE 1982 THE ORGANIZATION HAS
	DISTRIBUTED MORE THAN \$61 MILLION IN GRANTS, ASSISTING CHILDREN IN NEED
	WITH THE TOOLS TO BUILD A BETTER, BRIGHTER, AND HEALTHIER FUTURE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     2,063,968.

SPEEDWAY CHILDREN'S CHARITIES Form 990 (2021) SPEEDWAY CHILDREN

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
	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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
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		x
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 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	

Form **990** (2021)

Form 990 (2021) SPEEDWAY CHILDREN'S CHARITI SPEEDWAY CHILDREN'S CHARITIES Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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 the 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05-	Part V, line 1	34	А	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" according to be due to	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	x	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00	Nates All Forms 000 filese are used in a complete Cale dula C	38	х	
Pa		_ 00		1
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b10	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		

the organization comply with backup (gambling) winnings to prize winners?

1c

Form	990 (2	2021) SPEEDWAY CHILDREN'S CHARITIES	56-133142	9	Р	<sub>age</sub> 5
Par		Statements Regarding Other IRS Filings and Tax Compliance (continued)				U
					Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed f	or the calendar year ending with or within the year covered by this return	<b>2a</b> 0			
b		east one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
	Note:	: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
3a				3a	х	
b	lf "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
		y time during the calendar year, did the organization have an interest in, or a signature or other a				
		cial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	lf "Ye	s," enter the name of the foreign country				
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did a	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с		s" to line 5a or 5b, did the organization file Form 8886-T?		5c		
		the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		ontributions that were not tax deductible as charitable contributions?		6a		x
b	lf "Ye	s," did the organization include with every solicitation an express statement that such contribution				
		not tax deductible?		6b		
7	Orga	nizations that may receive deductible contributions under section 170(c).				
а	Did th	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х	
b				7b	Х	
с	Did th	ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
		Form 8282?		7c		x
d	lf "Ye	s," indicate the number of Forms 8282 filed during the year	7d			
е		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		x
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Spon	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spons	soring organization have excess business holdings at any time during the year?	-	8		
9	Spon	soring organizations maintaining donor advised funds.				
а	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Secti	on 501(c)(7) organizations. Enter:				
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a			
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Secti	on 501(c)(12) organizations. Enter:				
а	Gross	s income from members or shareholders	11a			
b	Gross	s income from other sources. (Do not net amounts due or paid to other sources against				
	amou	ints due or received from them.)	11b			
12a	Secti	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	lf "Ye	s," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Secti	on 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				
	organ	ization is licensed to issue qualified health plans	13b			
с	Enter	the amount of reserves on hand	13c			
14a				14a		x
b	lf "Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the	organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	exces	ss parachute payment(s) during the year?		15		x
		s," see the instructions and file Form 4720, Schedule N.				
16	Is the	organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	lf "Ye	s," complete Form 4720, Schedule O.				
17	Secti	on 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activi	ties that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		s," complete Form 6069.				

	990 (2021) SPEEDWAY CHILDREN'S CHARITIES		56-13314		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	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	1a	1	5		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t 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 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>enue/</u>	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, attiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	А	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		100	x	
40	on Schedule O how this was done			12c	X	
13 14	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a		x
b	Other officers or key employees of the organization			15b		x
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, F	L,GA,	IL,KS,KY,MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an			s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨			
	LINDA MUNSON - 704-455-4426					
	5555 CONCORD PARKWAY SOUTH, #302, CONCORD, NC 28027					
				E	uun	(0004)

Form 990 (2		56-1331429	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated								
	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 Comple	1. Complete this table for all persons required to be listed. Depart componentian for the calendar year anding with ar within the organization's tay year									

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any							from the	from related	other
	hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)		and related
	below	In dividual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highemp	Former			
(1) O. BRUTON SMITH	0.20									
CHAIRMAN		Х		Х				0.	0.	0.
(2) MARCUS SMITH	0.20									
VICE CHAIRMAN	40.00	Х		Х				٥.	0.	0.
(3) CLAUDIA BYRD	40.00									
DIRECTOR		х						0.	0.	0.
(4) JERRY CALDWELL	0.20									
DIRECTOR	40.00	х						0.	0.	٥.
(5) CONRAD CLEMENT	0.20									
DIRECTOR		х						0.	0.	0.
(6) RAY EVERNHAM	0.20									
DIRECTOR		х						0.	0.	0.
(7) EDDIE GOSSAGE	0.20									
DIRECTOR UNTIL 6/21	40.00	х						0.	0.	0.
(8) DON HAWK	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(9) DAVID MCGRATH	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(10) STEVE PAGE	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(11) CHRIS POWELL	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(12) MARK SIMENDINGER	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(13) GREG WALTER	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(14) DARRELL WALTRIP	0.20									
DIRECTOR		х						0.	0.	0.
(15) JILL GREGORY	0.20									
DIRECTOR	40.00	х						0.	0.	0.
(16) ROB RAMAGE	0.20									
DIRECTOR	40.00	х						0.	Ο.	0.
(17) JESSICA FICKENSCHER	0.30									
MANAGING DIRECTOR	40.00	]		х				0.	0.	0.

	<u>1 990 (2021)</u> SPEEDWAY CH	LDREN'S CHA	RIT	IES						56-13	3142	9	P	age <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box	not c	Pos heck ss per	rson i	) than c s both pr/trus	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related			<b>(F)</b> stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fi org an	pensa rom th janizat d relat anizati	ation 1e tion ted
	) JAMES GREENE III	0.20	-											0
	RETARY UNTIL 1/21 ) COREY GLASS	0.30			X				0.		0.			0.
-	ASURER & ASSISTANT SECRETARY	40.00			x				0.		0.			0.
	Subtotal								0.		0. 0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0.		0.			0. 0.
2	Total number of individuals (including but							o re	eceived more than \$100,	000 of reportable	;			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> office			•	•	•		Ŭ	• • •	•	[			v
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s											3		X
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." co											5		x
Sec	tion B. Independent Contractors				<u>, on è</u>	0010	011							
1	Complete this table for your five highest c										ensat	ion fr	Sm	
	the organization. Report compensation for the calendar year ending with or within the organ (A) Name and business address NONE C						(B) Description of s				<b>C)</b> nsatio	on		
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lir	niteo	d to		se lis 0	ted	above) who received mo	ore than				

.

Form	990 (	(2021) SPEE	DWAY	Y CHILDRI	en's	CHARITIES			56-133142	9 Page <b>9</b>
	rt VII		ven	ue						
		Check if Schedule O	conta	ains a respo	onse	or note to any line	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
<u>م</u>		Fundraising events				765,461.				
ar A		Related organizations				394,017.				
s, s	е	Government grants (contr	ributio	ons) <b>1e</b>						
ri S	f	All other contributions, gifts,	grant	s, and						
ibu		similar amounts not included	l abov			1,698,131.				
ontr od O	-	Noncash contributions included in				121,326.				
ы С	h	Total. Add lines 1a-1f					2,857,609.			
						Business Code				
e	2 a									
er v	b									
jram Ser <u>Revenue</u>	c									
Program Service Revenue	d									
jo Lo	e									
		All other program service								
	<u>g</u> 3	Total. Add lines 2a-2f								
	3	other similar amounts)	-							
	4	Income from investment of								
	5	Royalties		•	•	· · · ·				
	J			(i) Rea	<u></u> ປ	(ii) Personal				
	6 a	Gross rents	6a	()		(.,				
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss				►				
		Gross amount from sales of		(i) Securi		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
evenue	с	Gain or (loss)	7c							
Be	d	Net gain or (loss)			<u></u>	►				
Other Re	8 a	Gross income from fundraisi	-	-						
ð		including \$	765,	461. of						
		contributions reported on		,						
		Part IV, line 18								
		Less: direct expenses					104 601			104 601
		Net income or (loss) from				····· ►	124,601.			124,601.
	9 a	Gross income from gamin				202 562				
		Part IV, line 19								
		Less: direct expenses					190,534.			190,534.
		Net income or (loss) from			s	▶	190,334.			150,554
	iu a	Gross sales of inventory, I			100					
	h	and allowances								
		Net income or (loss) from								
	U		Salts		<i>יי</i> y	Business Code				
sne	11 a									
nec	b									
ella 3Vel	c									
Miscellaneous Revenue		All other revenue								
Σ		Total. Add lines 11a-11d								
		Total revenue. See instruction					3,172,744.	0.	0.	315,135.

SPEEDWAY CHILDREN'S CHARITIES

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 2,053,190 2,053,190 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 39,309, 39,309. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 573 573 Advertising and promotion 12 14,562. 14,562. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 8,413. 8,413. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 3,049 3,049. Depreciation, depletion, and amortization ..... 22 6,232. 2,756. 3,476 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PAYROLL SERVICES 709,897. 10,778. 181,826, 517,293. а NONCASH EXPENDITURES 121,326. 121,326. b TAXES & LICENSES 7,608. 7,438 170. С d 27,003 27,003. All other expenses е 695,145. 2,991,162. 232,049 Total functional expenses. Add lines 1 through 24e 2,063,968 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

132010 12-09-21

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

SPEEDWAY	CHILDREN'S	CHARITIES

		Check if Schedule O contains a response or no	e to any line i	n this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			229,458.	1	638,903.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		87,484.	3	0.	
	4	Accounts receivable, net			53,236.	4	103,252.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial contrib	utor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied persons (	as defined			
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				10,408.	9	35,122.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	37,872.			
	b			32,065.	8,856.	10c	5,807.
	11	Investments - publicly traded securities				11	·
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	26,350.	15	26,350.		
	16	Total assets. Add lines 1 through 15 (must equ			415,792.	16	809,434.
	17	Accounts payable and accrued expenses			108,910.	17	146,438.
	18	Grants payable			1	18	,
	19	Deferred revenue			34,819.	19	194,153.
	20	Tax-exempt bond liabilities			- /	20	
	21	Escrow or custodial account liability. Complete		a de la D		21	
	22	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the		22			
Lia	23	Secured mortgages and notes payable to unrela	-			22	
	23	Unsecured notes and loans payable to unrelate			23		
	24					24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on line:					
		- f Osharah Ia B		·		05	
	06	of Schedule D			143,729.	25	340,591.
	26			x	113,723.	26	540,351.
ŝ		Organizations that follow FASB ASC 958, che					
ЪСе	07	and complete lines 27, 28, 32, and 33.			183,993.	07	468,843.
ala	27				88,070.	27	400,045.
а р	28			<b>b</b>	00,070.	28	••
Ľ.		Organizations that do not follow FASB ASC 9	эв, спеск пе	re 🕨 🗌			
or F		and complete lines 29 through 33.				00	
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or en				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			272 062	31	160 043
Ř	32	Total net assets or fund balances			272,063.	32	468,843.
	33	Total liabilities and net assets/fund balances			415,792.	33	809,434.

7

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

Form 990 (2021)       SPEEDWAY CHILDREN'S CHARITIES       56-1331429       Page         Part XI       Reconciliation of Net Assets       []         Check if Schedule O contains a response or note to any line in this Part XI       []         1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,172,7         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,991,1	62. 82.
1         Total revenue (must equal Part VIII, column (A), line 12)         1         3,172,7	62. 82.
	62. 82.
	62. 82.
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,991,1	82.
3 Revenue less expenses. Subtract line 2 from line 1 3 181, 5	63.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 272, 0	
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	Ο.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	45.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?	Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X    Separate basis    Consolidated basis    Both consolidated and separate basis	
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?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	Х
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

OMB No. 1545-0047
2021

**Open to Public** 

	inspect	ion
lovor	identification	numbe

Nam	e of t	he organization	AN OUTLODEN'S O						dentification number		
Pa	rt I	Reason for Public (	AY CHILDREN'S C		omplata th	sia nart \ C			56-1331429		
							ee instruction	5.			
	organi	ization is not a private found									
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).)										
3	<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the</li> </ul>										
4		-	ation operated in cor	ijunction with a nospital	aescribea	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,		
-		city, and state:	with a banafit of a cal	laga ar university owned	l ar anarat		voranantal ur	it describe			
5		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.)									
6	X	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in</li> </ul>									
7				itial part of its support if	om a gove	ernmental		e general j	Sublic described in		
0		section 170(b)(1)(A)(vi). (C		1)(A)(vi) (Complete Der	+ 11 \						
8 9		A community trust describe An agricultural research org			-	nd in coniu	unction with a	land grant	collogo		
9		or university or a non-land-g				-		-	-		
		university:	grant conege of agrici			name, ony	, and state of	ine college			
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	n fees and	d aross receipts from		
		activities related to its exem	•					-	•		
		income and unrelated busir									
		See section 509(a)(2). (Cor				eee aequi					
11		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).				
12		An organization organized a	-	•	•			ry out the	purposes of one or		
		more publicly supported or		-				•			
		lines 12a through 12d that									
а		] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ctions A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatior	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	,	• •	,						
е		Check this box if the orga					Type I, Type I	I, Type III			
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]		
		er the number of supported o	•								
g		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
	, v	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)		
				above (see instructions))	103						
Total											

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.)

Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 3,861,155. 4,251,843. 384,229. 1,593,882. 2,729,8	08. 12,820,917.
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 3,861,155. 4,251,843. 384,229. 1,593,882. 2,729,8	08. 12,820,917.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	1,665,596.
6 Public support. Subtract line 5 from line 4.	11,155,321.
Section B. Total Support	
Calendar year (or fiscal year beginning in) $\blacktriangleright$ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total
7 Amounts from line 4         3,861,155.         4,251,843.         384,229.         1,593,882.         2,729,8	08. 12,820,917.
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	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.) 1,192,954. 1,405,451. 351,909. 300,801. 841,8	, ,
11 Total support. Add lines 7 through 10	16,913,882.
12 Gross receipts from related activities, etc. (see instructions)       12         12 Finite Fin	
<b>13</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14	65.95 %
14       Public support percentage for 2021 (line 6, column (i), divided by line 11, column (ii))       14         15       Public support percentage from 2020 Schedule A, Part II, line 14       15	66.35 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	/0
stop here. The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, chec	······
and stop here. The organization qualifies as a publicly supported organization	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 1	
and if the organization meets the facts and circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the org	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how t	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruct	ions

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
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						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(6) 2010	(0) 2010			
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the check this box and stop here	0		-	-		ization, ►
Section C. Computation of Publi	c Support Per				<u></u>	
15 Public support percentage for 2021 (I			aluma (f))		15	04
	, (),	<b>,</b> ,				%
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
· · · · · · · · · · · · · · · · · · ·						0/
17 Investment income percentage for 20					17	<u>%</u>
<b>18</b> Investment income percentage from						%
<b>19a 33 1/3% support tests - 2021.</b> If the						ne 17 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the						▶∟_] 3%, and
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	nization qualifies a	as a publicly suppo	orted organizat	ion ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

1

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

### SPEEDWAY CHILDREN'S CHARITIES

Yes

Yes No

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

## Type I Supporting

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		I
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported ergenization(a)	1	I

#### organ ation(s) Section D. All Type III Supporting Organizations

			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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

No Yes

	dule A (Form 990) 2021     SPEEDWAY CHILDREN'S CHARITIES       t V     Type III Non-Functionally Integrated 509(a)(3) Supporting	na Organi	zations	56-1331429 Pa
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(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	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	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 factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function			nization (and

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

Schedule A (Form 990) 2021

	edule A (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)
Sect	tion D - Distributions	
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive	
	(provide details in Part VI). See instructions.	8

9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

**Current Year** 

1

2 3

4

5 6 7

8

Schedule A (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; F	on C, Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FROM FUNDRAISING/GAMING EVENTS		
2017 AMOUNT: \$ 1,192,954.		
2018 AMOUNT: \$ 1,405,451.		
2019 AMOUNT: \$ 351,909.		
2020 AMOUNT: \$ 300,801.		
2021 AMOUNT: \$ 841,850.		
PART II PUBLIC SUPPORT		
2019 IS A SHORT YEAR SPANNING A THREE MONTH PERIOD FROM OCTOBER TO		
DECEMBER 2019. AMOUNTS REFLECT ONLY THOSE REVENUES RECORDED DURING THE		
SHORT PERIOD.		

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE C	OPY **
------------------------	--------

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

56-1331429

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( <sup>3</sup> ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

SPEEDWAY CHILDREN'S CHARITIES

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

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

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

SPEEDWAY	CHILDREN'S CHARITIES	56-1331429
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$       100,000.         \$       100,000.         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		S     358,045.       \$     Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$       185,693.         Person       X         Payroll       Noncash         X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$       360,780.         Person       X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$       63,176.         \$       63,176.         \$       Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$     238,101.     Person     X       \$     238,101.     Noncash     X       (Complete Part II for noncash contributions.)

Page **2** Employer identification number

Schedule B (Form 990) (2021) Name of organization

Name of organization			Employer identification number	
	CHILDREN'S CHARITIES		56-1331429	
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	l	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
1	PRIZE			
3		\$14,	190. 01/06/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
1	PRIZE			
6				
-		\$14,	240. 02/20/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
-				
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		
.		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
-				
		 \$		

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

Schedule E	3 (Form 990) (2021)		Page 4			
Name of or	ganization		Employer identification number			
SPEEDWAY	CHILDREN'S CHARITIES		56-1331429			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entry. F charitable, etc., contributions of <b>\$1,000 or less</b>	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations for the year. (Enter this info. once.) \$			
(a) No.	Ose duplicate copies of r art in it additional					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	_			
_	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

(Form 990)		OMB No. 1545-0047			
Internal Revenue Service	Go to www.irs.gov/Form99	Attach to Form 990. 90 for instructions a	nd the latest information		Inspection
Name of the organizatior	SPEEDWAY CHILDREN'S CHARITI				loyer identification numbe
	ions Maintaining Donor Advised answered "Yes" on Form 990, Part IV, lin		r Similar Funds or A	ccount	<b>ts.</b> Complete if the
		(a) Donor ad	vised funds	(b) Func	ds and other accounts
1 Total number at end	of year				
	contributions to (during year)				
3 Aggregate value of g	grants from (during year)				
4 Aggregate value at e	end of year				
	inform all donors and donor advisors in v	writing that the assets	held in donor advised fur	nds	
are the organization'	s property, subject to the organization's	exclusive legal contro	?		Yes N
	inform all grantees, donors, and donor a				
for charitable purpos	ses and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose confe	rring	
impermissible private	e benefit?		• • •		Yes 🛛 N
Part II Conservat	tion Easements. Complete if the org				
		anization answered '	'Yes" on Form 990, Part I\	/, line 7.	
	vation easements held by the organization			/, line 7.	
1 Purpose(s) of conser	vation easements held by the organization	on (check all that app	ly).		mportant land area
1 Purpose(s) of conser	vation easements held by the organization f land for public use (for example, recreation)	on (check all that app		torically i	•
Purpose(s) of conservation of Preservation of r	vation easements held by the organization f land for public use (for example, recreat natural habitat	on (check all that app	ly).	torically i	•
Purpose(s) of conset     Preservation of     Protection of r     Preservation of	vation easements held by the organization f land for public use (for example, recreat natural habitat f open space	on (check all that app tion or education)	y). Preservation of a his Preservation of a cer	torically i tified hist	toric structure
Purpose(s) of conset     Preservation of     Protection of r     Preservation of	vation easements held by the organization f land for public use (for example, recreat natural habitat	on (check all that app tion or education)	y). Preservation of a his Preservation of a cer	torically i tified hist onservati	toric structure
<ol> <li>Purpose(s) of conservation of Preservation of Protection of r</li> <li>Preservation of Preservation of Preservation of Preservation of the tax year.</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualif	on (check all that app tion or education) ied conservation con	ly). Preservation of a his Preservation of a cer tribution in the form of a c	torically i tified hist onservati	ion easement on the last
<ol> <li>Purpose(s) of conservation of Preservation of Protection of Preservation of Preservation of Complete lines 2a the day of the tax year.</li> <li>a Total number of conservation</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nough 2d if the organization held a qualif servation easements	on (check all that app tion or education) ied conservation con	y). Preservation of a his Preservation of a cer tribution in the form of a c	torically i tified hist onservati	ion easement on the last
<ol> <li>Purpose(s) of conservation of Protection of Protection of Protection of Preservation of Preservation of Preservation of Complete lines 2a thr day of the tax year.</li> <li>a Total number of conservation of Total acreage restriction</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nough 2d if the organization held a qualif servation easements ted by conservation easements	on (check all that app tion or education) ied conservation con	ly). Preservation of a his Preservation of a cer tribution in the form of a c	torically i tified hist onservati 2a 2b	ion easement on the last
<ol> <li>Purpose(s) of conset</li> <li>Preservation of</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of</li> <li>Complete lines 2a th day of the tax year.</li> <li>Total number of conservation</li> <li>Total acreage restrict</li> <li>Number of conservation</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic struct	on (check all that app tion or education) ied conservation con ucture included in (a)	y). Preservation of a his Preservation of a cer tribution in the form of a c	torically i tified hist onservati 2a 2b	ion easement on the last
<ol> <li>Purpose(s) of conset</li> <li>Preservation of</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of</li> <li>Complete lines 2a th</li> <li>day of the tax year.</li> <li>Total number of conservation</li> <li>Total acreage restriction</li> <li>Number of conservation</li> <li>Number of conservation</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic stru- tion easements included in (c) acquired a	on (check all that app tion or education) ied conservation con ucture included in (a) fter 7/25/06, and not	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure	torically i tified hist onservati 2a 2b 2c	ion easement on the last
<ol> <li>Purpose(s) of conset</li> <li>Preservation of</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of</li> <li>Complete lines 2a th</li> <li>day of the tax year.</li> <li>Total number of conserva</li> <li>Total acreage restrict</li> <li>Number of conserva</li> <li>Number of conserva</li> <li>listed in the National</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic struction tion easements included in (c) acquired a Register	on (check all that app tion or education) ied conservation con ucture included in (a) fter 7/25/06, and not	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure	torically i tified hist onservati 2a 2b 2c 2d	toric structure ion easement on the last Held at the End of the Tax Yea
<ol> <li>Purpose(s) of conset</li> <li>Preservation of</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of</li> <li>Complete lines 2a th</li> <li>day of the tax year.</li> <li>Total number of conserva</li> <li>Total acreage restrict</li> <li>Number of conserva</li> <li>Number of conserva</li> <li>listed in the National</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic stru- tion easements included in (c) acquired a	on (check all that app tion or education) ied conservation con ucture included in (a) fter 7/25/06, and not	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure	torically i tified hist onservati 2a 2b 2c 2d	toric structure ion easement on the last Held at the End of the Tax Yea
<ol> <li>Purpose(s) of conservation of Preservation of Protection of reservation of Preservation of Preservation of Preservation of Preservation of the tax year.</li> <li>Complete lines 2a the day of the tax year.</li> <li>Total number of conservation of the tax year.</li> <li>Total acreage restrict of conservation of the tax year is preservation of the tax year.</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space arough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic struc- tion easements included in (c) acquired a Register tion easements modified, transferred, rele	on (check all that app tion or education) ied conservation con ucture included in (a) fter 7/25/06, and not eased, extinguished,	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure	torically i tified hist onservati 2a 2b 2c 2d	toric structure ion easement on the last Held at the End of the Tax Yes
<ol> <li>Purpose(s) of conset</li> <li>Preservation of</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of</li> <li>Complete lines 2a th</li> <li>day of the tax year.</li> <li>Total number of conservation</li> <li>Total acreage restriction</li> <li>Number of conservation</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic struc- tion easements included in (c) acquired a Register tion easements modified, transferred, rele- mere property subject to conservation ease	on (check all that app tion or education) ied conservation con ucture included in (a) fiter 7/25/06, and not eased, extinguished,	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure or terminated by the organ	torically i tified hist onservati 2a 2b 2c 2d	toric structure ion easement on the last Held at the End of the Tax Yes
<ol> <li>Purpose(s) of conservation of Preservation of Protection of r</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of Preservation of Preservation of Preservation of a of the tax year.</li> <li>Total number of conservation of Total acreage restrict of Number of conservation of Number of conservation the National</li> <li>Number of conservation of the National</li> <li>Number of states wh</li> <li>Does the organization</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space wrough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic stru- tion easements included in (c) acquired a Register tion easements modified, transferred, rele	on (check all that app tion or education) ied conservation con ucture included in (a) fter 7/25/06, and not eased, extinguished, eement is located ► iodic monitoring, insp	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure or terminated by the organ	torically i tified hist onservati 2a 2b 2c 2d nization c	toric structure ion easement on the last Held at the End of the Tax Ye during the tax
<ol> <li>Purpose(s) of conset</li> <li>Preservation of</li> <li>Protection of r</li> <li>Protection of r</li> <li>Preservation of</li> <li>Protection of r</li> <li>Preservation of</li> <li>Complete lines 2a th</li> <li>day of the tax year.</li> <li>Total number of conserva</li> <li>Total acreage restrice</li> <li>Number of conserva</li> <li>listed in the National</li> <li>Number of states wh</li> <li>Does the organization</li> <li>violations, and enform</li> </ol>	vation easements held by the organization of land for public use (for example, recreat natural habitat of open space nough 2d if the organization held a qualif servation easements ted by conservation easements tion easements on a certified historic struc- tion easements included in (c) acquired a Register tion easements modified, transferred, rele- mere property subject to conservation ease	on (check all that app tion or education) ied conservation con ucture included in (a) fter 7/25/06, and not eased, extinguished, eement is located ▶ iodic monitoring, insp holds?	y). Preservation of a his Preservation of a cer tribution in the form of a c on a historic structure or terminated by the organ	torically i tified hist onservati 2a 2b 2c 2d nization c	toric structure ion easement on the last Held at the End of the Tax Ye during the tax

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	No No
9	In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement and		

Par	t III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	orgar	nization's accounting for conservation easements.
	balan	nce sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
9	шга	in Ani, describe now the organization reports conservation easements in its revenue and expense statement and

	inzation's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the	organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

ıu	in the organization elected, as permitted under FAOB AOB 500, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance a	sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	► \$	

	(i) Revenue included on Form 990, Part VII, line 1		Ψ,	
	(ii) Assets included in Form 990, Part X		\$	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovid	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	
			\$ \$	

LHA	For Paperwork Reduction	Act Notice, see the Instructions for Form 990.

Sche		HILDREN'S CHARIT						56-133		Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how the	y further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang							. Part IV. I	ine 9. or		
	reported an amount on Form 990, Par			0							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for co	ontribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	5	Ī	5						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						<b>,</b>			$\square$	
Par							).				
		(a) Current year	<b>(b)</b> Pri	ior year	(c) Two years	s back (	d) Three y	ears back	(e) Four	years t	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1a	column (a)	)) held as:						
- a	Board designated or quasi-endowment	•	%								
	Permanent endowment										
		<u></u> /0 %									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -									
39	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ad for the	organiza	tion			
ou	by:			are neia ar			organiza		<u>ا</u>	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b	-	
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm	0	WINCHLIG	103.							
	Complete if the organization answered		), Part IV,	line 11a. S	see Form 990,	Part X, li	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value	, 
	· · · · · · · · · · · · · · · ·	basis (investr		• •	(other)	• •	reciation		(, 2000	. 2.00	
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				37,872.		32,0	065.		5,8	807.
	Other						,			,	
	. Add lines 1a through 1e. (Column (d) must e		X colum	1 (R) line 1	0c)					5,8	807.
		guari onn 330, i dil.		ן אווויקאי				er i Dele estude			

### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. 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

X

Sche	dule D (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES			56-1331429	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,677,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	489,542.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	489,542.
3	Subtract line 2e from line 1			3	3,187,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,187,942.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With B	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	3,480,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	489,542.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	489,542.
3	Subtract line 2e from line 1			3	2,991,162.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,991,162.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THE GUIDANCE UNDER THE ACCOUNTING TOPIC FOR UNCERTAINTY IN INCOME TAXES.

GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS

BEFORE 2018.

# DURING THE YEAR ENDED DECEMBER 31, 2021, THE ORGANIZATION HAD NO UNRELATED

TAXABLE BUSINESS INCOME.

Part XIII Supplemental Information (continued)							

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		HILDREN'S CHARITIES					56-1331	dentification number
Part I Fundrais		Complete if the organization answe	orod "V	oc" or	Form 000 Part IV/	ino 1		
	complete this part		ieu i	65 01	rronn 990, Fait IV, I		7. FOIII 990-	EZ mers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	ng activ	rities. (	Check all that apply.			
a 📃 Mail solicitat	tions	e 📃 Solicita	tion of	non-g	overnment grants			
	email solicitations				nment grants			
c Phone solici		g Special	fundra	uising e	events			
d in-person so		r oral agreement with any individual	(incluc	lina of	ficers directors trus	toos	or	
•		art VII) or entity in connection with p	•	•		1003,		es No
• • •		viduals or entities (fundraisers) pursu			-	ne fui	ndraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity		or retained by fundraiser	() to (or retained by)
or entity (lunc			contrib	trol of utions?	non activity		ted in col. (i)	organization
			Yes	No				
Total								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from	registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

**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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF EVENT	DIRT JAR SALE	30	(add col. <b>(a)</b> through col. <b>(c)</b> )
a		(event type)	(event type)	(total number)	
Revenue	Gross receipts	117,155.	93,001.	887,977.	1,098,133.
2	Less: Contributions	83,680.	66,862.	614,919.	765,461.
3	Gross income (line 1 minus line 2)	33,475.	26,139.	273,058.	332,672.
4	Cash prizes				
5	Noncash prizes				
6 bense	Rent/facility costs	6,030.		46,815.	52,845.
Direct Expenses <b>9</b>	Food and beverages			5,998.	5,998.
<u>ة</u> 8	Entertainment				
9	Other direct expenses	1,614.	35,153.	112,461.	149,228.
10	208,071.				
11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	124,601.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

nue			<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			393,563.	393,563.
ş	2	Cash prizes			188,819.	188,819.
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses			14,210.	14,210.
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 90.00 %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	203,029.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			190,534.
9	En	ter the state(s) in which the organization condu	cts gaming activities: M	H,GA,NC,NV,TN,TX		
		he organization licensed to conduct gaming ac No," explain:				X Yes No
2						
		ere any of the organization's gaming licenses re Yes," explain:	· · ·		/ear?	Yes X No

Sch	edule G (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES 56	5-13314	29	Pag	je <b>3</b>
-	Does the organization conduct gaming activities with nonmembers?	Χ	Yes		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?	L	Yes	X	No
	Indicate the percentage of gaming activity conducted in:	1			
	The organization's facility			00.00	
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. 13b		.00	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.				
	Name 🕨 LINDA MUNSON				
	Address 🕨 5555 COCORD PARKWAY SOUTH #309 - CHARLOTTE, NC 28027				
<b>15</b> a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	X	No
k	o If "Yes," enter the amount of gaming revenue received by the organization <b>s</b> and the amount				
	of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:				
	, in res, entername and address of the time party.				
	Name				
	Address				
16	Gaming manager information:				
	Name  CHAPTER DIRECTORS				
	Gaming manager compensation 🕨 \$				
	Gaming manager compensation 🕨 \$				
	Description of services provided <b>SEE PART IV.</b>				
	X   Director/officer   Employee   Independent contractor				
	Mandatory distributions:				
a	I is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	v	Na
ŀ	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	L	162	Δ	NO
Ľ	organization's own exempt activities during the tax year <b>&gt;</b> \$				
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10	b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,	,
SCH	EDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:				
CHA	PTER DIRECTORS OVERSEE LOCAL GAMING EVENTS AS PART OF THEIR				
DOG					
POS	ITIONS WITH SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATED				
то	GAMING MANAGER, WHICH REPRESENTS A MINOR PART OF THE				
RES	PONSIBILITIES.				

art M       Supplemental Information (continued)			 ray
	Part IV   Supplemental Information	(continued)	
		(continued)	

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service			Co to wave in	Attach to For		nation		Open to Public Inspection	
Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.       Name of the organization     Employer ic       SPEEDWAY CHILDREN'S CHARITIES     Employer ic									
Part I General Inf	ormation on Grants a							56-1331429	
criteria used to av	ation maintain records t vard the grants or assis	stance?							
Part II Grants and	/ the organization's pro Other Assistance to I at received more than \$	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
• •	dress of organization ernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
FLINT CIRCUIT COUN VIOLENCE, INC F MCDONOUGH, GA 3025	PO BOX 1150 -	58-1851423	501C(3)	7,000.	0.			CRITICAL NEEDS	
GIGI'S HOUSE, INC. 7147 JONESBORO ROA MORROW, GA 30287		81-3818377	501C(3)	9,500.	0.			CRITICAL NEEDS	
HENRY COUNTY PARKS MCDONOUGH, GA - 10 STREET - LOCUST GE	) CLEVELAND	23-7201676	501C(3)	7,000.	0.			SOCIAL	
OPERATION LUNCHBOX 113 PARK 42 DRIVE LOCUST GROVE , GA		46-4930034	501C(3)	9,500.	0.			CRITICAL NEEDS	
RISE UP! P.O. BOX 4426 JOHNSON CITY, TN 3	37602	62-1641099	501C(3)	50,000.	0.			SOCIAL	
YMCA OF BRISTOL 400 MLK JR. BLVD BRISTOL, TN 37620		62-0521204		10,000.	0.			EDUCATIONAL	
	r of section 501(c)(3) ar	с с	·	e line 1 table					
3 Enter total numbe	r of other organizations Reduction Act Notice,							Schedule I (Form 990) 2021	

Schedul	e I (Form 990)	SPEEDWAY	CHILDREN'S	CHARITIES
	<b>o</b>		o	

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUSE ALTERNATIVES							
104 MEMORIAL DR.							
BRISTOL, TN 37620	54-1101180	501C(3)	10,000.	٥.			CRITICAL
ARC OF WASHINGTON CO.							
9 WORTH CIRCLE							
JOHNSON CITY, TN 37601	62-0694557	501C(3)	10,000.	0.			MEDICAL
BOYS AND GIRLS CLUB OF GREATER							
KINGSPORT - P.O. BOX 784 -							
KINGSPORT, TN 37662	62-0481370	501C(3)	10,000.	0.			EDUCATIONAL
BOYS AND GIRLS CLUB OF JOHNSON							
CITY/WASHINGTON COUNTY - 2210 WEST							
MARKET ST - JOHNSON CITY, TN 37604	62-0810733	501C(3)	10,000.	0.			EDUCATIONAL
BOYS AND GIRLS CLUB OF THE							
MOUNTAIN EMPIRE - 311 REBECCA							
STREET - BRISTOL, VA 24203	54-0653489	501C(3)	10,000.	0.			EDUCATIONAL
CAP THE GAP FOR FOSTER CARE							
P.O. BOX 3092							
KINGSPORT, TN 37664	62-1546506	501C(3)	10,000.	0.			CRITICAL
CHILDREN'S ADVOCACY CENTER OF							
HIGHLANDS COMMUNITY SERVICES -							
21451 SUGAR HOLLOW ROAD - BRISTOL,							
VA 24202	54-0979632	501C(3)	10,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER OF THE							
1ST JUDICIAL DISTRICT - 201 E.							
MYRTLE AVE - JOHNSON CITY, TN							
37601	62-1765785	501C(3)	10,000.	0.			MEDICAL
FFEDING AMEDICA CONMUNECO VIDCINIA							
FEEDING AMERICA SOUTHWEST VIRGINIA	:						
21452 GRAVEL LAKE ROAD, P.O. BOX 25 ARTINGTON VA 24211		5010(3)	10,000.	٥.			CRITICAL
ABINGDON, VA 24211	54-1939556		I TO,000.	۰ <sup>0</sup>			PRIICAL

Schedule I (Form 990)

Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

Part II Continuation of Grants and Other A	art II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRLS INCORPORATED OF BRISTOL							
385 CLINTON AVENUE BRISTOL, VA 24201	62-0514164	501C(3)	10,000.	0.			SOCIAL
GIRLS INCORPORATED OF JOHNSON CITY/WASHINGTON COUNTY - P.O. BOX 1435 - JOHNSON CITY, TN 37605	62-0493392		10,000.	0.			SOCIAL
	02 0495592	5010(5)	10,000.	0.			DOCIAL
GIRLS INCORPORATED OF KINGSPORT 1100 GIRLS PLACE, P.O. BOX 981 KINGSPORT,, TN 37662	62-6064042	501C(3)	10,000.	0.			SOCIAL
JOHNSON COUNTY SAFE HAVEN P.O. BOX 167 MOUNTAIN CITY, TN 37683	62-1719057	501C(3)	10,000.	0.			CRITICAL
RIDIN' HIGH THERAPEUTIC HORSE PROGRAM - 5722 LONG CREEK ROAD -							
MORRISTOWN, TN 37813	62-1752021	501C(3)	10,000.	0.			CRITICAL
RISE UP! P.O. BOX 4426 JOHNSON CITY, TN 37602	62-1641099	501C(3)	10,000.	0.			EDUCATIONAL
LC COMMUNITY CENTER/ABORTION LTERNATIVES AND WOMEN'S CENTER - 45 JUDGE DON LEWIS RD SUITE 5-7 -							
ELIZABETHTON, TN 37643	32-0039948	501C(3)	10,000.	0.			CRITICAL
WCA NETN AND SWVA .06 STATE ST.							
BRISTOL, TN 37620	62-0488044	501C(3)	10,000.	0.			EDUCATIONAL
CHILDREN'S ADVOCACY CENTER OF SULLIVAN CO 150 BLOUNTVILLE							
YPASS - BLOUNTVILLE, TN 37617	62-1232172	501C(3)	9,500.	Ο.	1	1	CRITICAL

Schedule I (Form 990)

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEREMIAH SCHOOL							
1502 KNOB CREEK ROAD							
JOHNSON CITY, TN 37604	47-3549152	501C(3)	9,500.	0.			SOCIAL
			,	<b>.</b>			
BOYS AND GIRLS CLUB OF CENTRAL							
APPALACHIA - P.O. BOX 1505 -							
GRUNDY, VA 24614	20-5517073	501C(3)	9,000.	0.			EDUCATIONAL
BOYS AND GIRLS CLUB OF			,				
ELIZABETHTON/CARTER CO 104							
HUDSON DR ELIZABETHTON, TN							
37643	62-0502737	501C(3)	9,000.	0.			EDUCATIONAL
BOYS AND GIRLS CLUB OF GREENVILLE							
& GREENE COUNTY - P.O. BOX 1977 -							
GREENVILLE, TN 37744	62-1706248	501C(3)	9,000.	0.			EDUCATIONAL
BOYS AND GIRLS CLUB OF MORRISTOWN							
P.O. BOX 1461							
MORRISTOWN, TN 37816	62-0630667	501C(3)	9,000.	0.			EDUCATIONAL
BRISTOL REGIONAL SPEECH AND							
HEARING - 359 COMMONWEALTH AVE							
SUITE 100 - BRISTOL, VA 24201	62-0556300	501C(3)	9,000.	0.			MEDICAL
CASA FOR KIDS							
310 SHELBY STREET							
KINGSPORT , TN 37660	62-1464923	501C(3)	9,000.	0.			EDUCATIONAL
CASA OF NORTHEAST TENNESSEE							
P.O. BOX 1021		501 5 ( 2 )		-			L
JOHNSON CITY, TN 37605	45-0515257	501C(3)	9,000.	0.			EDUCATIONAL
CHILD ADVOCACY CENTER OF THE 3RD							
JUDICIAL DISTRICT - P.O. BOX 743 -	62 1922505	E010(2)	0.000	^			
MOSHEIM, TN 37818	62-1822505	DOTC(2)	9,000.	0.			CRITICAL

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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Schedule I (Form 990) SPEEDWAY CHILL							56-1331429 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF							
SOUTHWEST VIRGINIA - 220 LEE							
STREET - BRISTOL, VA 24201	46-1775208	5010(3)	9,000.	0.			CRITICAL
	10 1775200	5010(5)	5,000.				
CROSSROADS MEDICAL MISSION							
P.O. BOX 16852							
BRISTOL, VA 24209	54-2038877	501C(3)	9,000.	0.			MEDICAL
GREATER KINGSPORT FAMILY YMCA							
1840 MEADOWVIEW PARKWAY							
KINGSPORT, TN 37660	58-1564232	501C(3)	9,000.	٥.			EDUCATIONAL
HOPE HOUSE							
P.O. BOX 5821		F01 ( ( ) )					
KINGSPORT, TN 37663	56-2277775	5010(3)	9,000.	0.			CRITICAL
ISAIAH 117 HOUSE							
P.O. BOX 842							
ELIZABETHTON, TN 37644	82-0631497	501C(3)	9,000.	0.			CRITICAL
JERICHO SHRINERS							
P.O. BOX 5548							
KINGSPORT, TN 37883	36-2193608	501C(3)	9,000.	٥.			MEDICAL
LXI							
P.O. BOX 1784							
JOHNSON CITY, TN 37605	47-3719963	501C(3)	9,000.	0.			SOCIAL
MORRISON SCHOOL							
400 EDGEWOOD LANE	F4 1052200	5019(2)					
BRISTOL, VA 24201	54-1053329	DUIC(3)	9,000.	0.			EDUCATIONAL
MOUNTAIN REGION SPEECH AND HEARING							
CENTER - 301 LOUIS ST. SUITE 101 -							
KINGSPORT, TN 37660	51-0141536	5010(3)	9,000.	0.			MEDICAL
AIRODIONI, IN 57000	21 2141220	P010(0)	J. 5,000.	· ·	1	1	

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SANTA PAL							
P.O. BOX 212							
BRISTOL, VA 24203	31-1794923	501C(3)	9,000.	0.			SOCIAL
SOUTHERN APPALACHIAN RONALD							
ICDONALD HOUSE - 418 N STATE OF							
RANKLIN ROAD - JOHNSON CITY, TN							
37604	62-1578123	501C(3)	8,700.	0.			SOCIAL
CHRISTMAS BOX OF NORTHEAST							
TENNESSEE - 644 MARTIN STREET -		F010(2)	0 500	0			ODITION
ERWIN, TN 37650	62-1545469	5010(3)	8,500.	0.			CRITICAL
CRUMLEY HOUSE BRAIN INJURY REHAB							
CENTER - 300 URBANA RD							
LIMESTONE, TN 37681	58-1988511	5010(3)	8,500.	0.			MEDICAL
IIMESTONE, IN 57001	50 1900511	5010(3)	0,500.	0.			MEDICAL
FAMILY CRISIS SUPPORT SERVICES							
701 KENTUCKY AVE SE							
NORTON, VA 24273	52-1284719	501C(3)	8,500.	0.			CRITICAL
,							
HANDS ON! DISCOVERY CENTER							
1212 SUNCREST DRIVE							
GRAY, TN 37615	62-1282542	501C(3)	8,500.	0.			EDUCATIONAL
HOLSTON UNITED METHODIST HOME FOR							
CHILDREN - 404 HUDSON DRIVE -							
GREENEVILLE, TN 37743	62-0515531	501C(3)	8,500.	0.			CRITICAL
MCCLURE RIVER VALLEY COMMUNITY							
CENTER - 124 RITTER CIRCLE -							
ACCLURE, VA 24269	54-1509759	501C(3)	8,500.	0.			SOCIAL
NERTAN PER GROAD OF NORTHER							
AMERICAN RED CROSS OF NORTHEAST							
TENNESSEE - 660 EASTERN STAR ROAD	F2 010CC05	5010(2)					NEDICAL
- KINGSPORT, TN 37663	53-0196605	5010(3)	8,000.	0.			MEDICAL

Schedule	e I (Form 990)	SPEEDWAY	CHILDREN'S	CHARITIES
	<b>o</b>		<u></u>	

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF SOUTHWEST VIRGINIA – 14298 LEE HIGHWAY – BRISTOL, VA 24202	53-0196605	501C(3)	8,000.	0.			MEDICAL
GIRLS ON THE RUN OF NE. TENNESSEE P.O. BOX 5622 JOHNSON CITY, TN 37602	20-8559320	501C(3)	8,000.	0.			EDUCATIONAL
HOPE HOUSE OF SCOTT CO. P.O. BOX 1992 GATE CITY, VA 24251	54-1893016	501C(3)	8,000.	0.			SOCIAL
SULLIVAN CO. SHERIFF'S OFFICE AUXILIARY - P.O. BOX 589 - BLOUNTVILLE, TN 37617	27-0052413	501C(3)	8,000.	0.			CRITICAL
SYNERGY FOUNDATION 1012 LAUREL AVENUE COEBURN, VA 24230	83-4618135	501C(3)	8,000.	0.			CRITICAL
YOUNG LIFE BRISTOL P.O. BOX 548 BRISTOL, TN 37621	84-0385934	501C(3)	8,000.	0.			SOCIAL
YOUNG LIFE KINGSPORT P.O. BOX 3374 KINGSPORT, TN 37664	84-0385934	501C(3)	8,000.	0.			SOCIAL
YOUNG LIFE UPPER EAST TENNESSEE P.O. BOX 4716 JOHNSON CITY, TN 37602	84-0385934	501C(3)	8,000.	0.			SOCIAL
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	78-0001847	501C(3)	7,500.	0.			MEDICAL

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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organization or government     International fragplicable     cash grant     Inoncash asistance     Invaluation tools, MW, appraisal, other)     nonceash assistance     Invaluation or government       READINE BUDDIES     147 CHARLTON COURT     READINE BUDDIES     20-5005906     501C(3)     7,500.     0.     EDUCATIONAL       RIVE'S WAY OUTDOOR ADVENTURE     20-5005906     501C(3)     7,500.     0.     EDUCATIONAL       RIVE'S WAY OUTDOOR ADVENTURE     20-5005906     501C(3)     7,500.     0.     EDUCATIONAL       RIVE'S WAY OUTDOOR ADVENTURE     20-5005906     501C(3)     7,500.     0.     EDUCATIONAL       RIVE'S WAY OUTDOOR ADVENTURE     20-5005906     501C(3)     7,500.     0.     EDUCATIONAL       RIVE'S WAY OUTDOOR ADVENTURE     54-0718860     501C(3)     7,500.     0.     EDUCATIONAL       RIVES WAY OUTSOUTIMEET VIRGINIA     52-1779606     501C(3)     7,000.     0.     EDUCATIONAL       RISON, YA 24210     54-0763666     501C(3)     7,000.     0.     EDUCATIONAL       RIVES WAY OF SOUTHEET     SUBSIDION, YA 24210     54-0763666     501C(3)     7,000.     0.       RIVE Y AND YAY     SOUCATIONAL     SOUCATIONAL     SOUCATIONAL     SOUCATIONAL       RIVED YAMILY YMCA     SOUCATIONAL     SOUCATIONAL     SOUCATIONAL <th>Part II Continuation of Grants and Other A</th> <th>ssistance to Do</th> <th>mestic Organizations</th> <th>s and Domestic Go</th> <th>overnments (Scho I</th> <th>edule I (Form 990), Pa T</th> <th>rt II.) T</th> <th>I</th>	Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	s and Domestic Go	overnments (Scho I	edule I (Form 990), Pa T	rt II.) T	I
BLUFF CITY, TN 37618         20-5005906         SOIC(3)         7,500.         0.         EDUCATIONAL           RIVER'S WAY OUTDOOR ADVENTURE EMPISER - 1227 VOLUMTEER PARKWAY SUITE 520 - BRISTOL, TN 37620         62-1542726         SOIC(3)         7,500.         0.         SOCIAL           INITED WAY OF SOUTHWEST VIRGINIA P.O. BOX 644         54-0718860         SOIC(3)         7,500.         0.         SOCIAL           FIRST BOOK-GREATER KINGSFORT 643 CLINCH MOUNTAIN ROAD EDISON, TN 37731         52-1779606         SOIC(3)         7,000.         0.         SOICAL           NITED WAY OF SOUTHWEST VIRGINIA HINGDON, VA 24210         54-0718860         SOIC(3)         7,000.         0.         SOITICAL           PEOPLE INCORPORATED OF VIRGINIA HING WOUNTAIN STREET         54-0763666         SOIC(3)         7,000.         0.         SOITICAL           NITEOU COUNTY FAMILY WCA SOI LOVE STREET         54-0763666         SOIC(3)         7,000.         0.         SOILAL           NITIOI COUNTY FAMILY MCA SOIL LOVE STREET         62-0478092         SOIC(3)         7,000.         0.         MEDICAL           NITSWONER CHILDREN 'S HOSPITAL 100 N STATE OF FRANKLIN RD 100 N		<b>(b)</b> EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
RIVER'S WAY OUTDOOR ADVENTURE CENTER - 1227 VOLUNTEER PARKWAY SUITE 520 - BRISTOL, TN 37620 62-1542726 501C(3) 7,500. 0. UNITED WAY OF SOUTHWEST VIRGINIA P.O. BOX 644 ABINGDON, VA 24210 54-0718860 501C(3) 7,500. 0. FIRST BOOK-GREATER KINGSPORT 6434 CLINCH MOUNTAIN ROAD EIDSON, TN 37731 52-1779606 501C(3) 7,000. 0. EDUCATIONAL PEOPLE INCORPORATED OF VIRGINIA 1173 WEST MAIN STREET ABINGDON, VA 24210 54-0763686 501C(3) 7,000. 0. ERITICAL UNICOL COUNTY FAMILY MCA 601 LOVE STREET REWIN, TN 37650 62-0478092 501C(3) 7,000. 0. ERITICAL WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. MEDICAL MAINTING STATES/BALLAD HEALTH MOUNTAIN STATES/BALLAD HEALTH 400 N STATE OF FRANKLIN RD JONNSON CITY, TN 37604 62-0476282 501C(3) 6,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MUNISTRY - 30427 CUD SALTWORKS RD.	EADING BUDDIES							
RIVER'S WAY OUTDOOR ADVENTURE CRIFER - 1227 VOLUNTEER PARKWAY SUITE 520 - BRISTOL, TN 37620         62-1542726         501c(3)         7,500.         0.         SOCIAL           UNITED WAY OF SOUTHWEST VIRGINIA P.O. BOX 644 ABINGDON, VA 24210         54-0718860         501c(3)         7,500.         0.         CRITICAL           FIRST BOOK-GREATER KINGSPORT 6443 CLINCH MOUNTAIN ROAD         52-1779606         501c(3)         7,000.         0.         CRITICAL           PEOPLE INCORPORATED OF VIRGINIA 1173 WEST MAIN STREET BAINGDON, VA 24210         54-0763686         501c(3)         7,000.         0.         CRITICAL           UNICOL COUNTY PAMILY MCA 601 LOVE STREET BAINGDON, VA 24210         54-0763686         501c(3)         7,000.         0.         CRITICAL           WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINOSPORT, TN 37653         62-0478092         501c(3)         7,000.         0.         MEDICAL           NISHONGEN CITUPLE # 178 KINOSPORT, TN 37663         47-1332019         501c(3)         7,000.         0.         MEDICAL           OUNTAIN STATES/BALLAD HEALTH - 400 N STATE OF FRANKLIN RD - 30470         62-0476282         501c(3)         6,000.         0.         MEDICAL           THE BREAD OF LIFE CHILDERE'S         62-0476282         501c(3)         6,000.         0.         MEDICAL	47 CHARLTON COURT							
CENTER - 1227 VOLUNTEER PARKWAY SUTTE 520 - BRISTOL, TN 37620 C2-1542726 501C(3) UNITED WAY OF SOUTHWEST VIRGINIA P.O. BOX 644 ARINGDON, VA 24210 54-0718860 501C(3) 7,500. CRITICAL FIRST BOOK-GREATER KINGSPORT 6434 CLINCH MOUNTAIN ROAD ETDSON, TN 37731 52-1779606 501C(3) 7,000. CRITICAL FEOPLE INCORPORATED OF VIRGINIA 1173 WEST MAIN STREET ABINGDON, VA 24210 54-0763686 501C(3) 7,000. CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL CRITICAL MAIN STREET ABINGDON, VA 24210 CRITICAL CR	LUFF CITY, TN 37618	20-5005906	501C(3)	7,500.	٥.			EDUCATIONAL
UNITED WAY OF SOUTHWEST VIRGINIA P.O. BOX 644 BRINGDON, VA 24210 54-0718860 501C(3) 7,500. 0. FIRST BOOK-GREATER KINGSPORT 6443 CLINCH MOUNTAIN ROAD EIDSON, TN 37731 52-1779606 501C(3) 7,000. 0. EDUCATIONAL PEOPLE INCORPORATED OF VIRGINIA 1173 WEST MAIN STREET ABINGDON, VA 24210 54-0763686 501C(3) 7,000. 0. UNICOL COUNTY FAMILY YMCA 601 LOVE STREET ERWIN, TN 37650 62-0478092 501C(3) 7,000. 0. WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. MAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.	ENTER - 1227 VOLUNTEER PARKWAY							
P.O. BOX 644       54-0718860       501C(3)       7,500.       0.       CRITICAL         FIRST BOOK-GREATER KINGSPORT       6443       CLINCH MOUNTAIN ROAD       52-1779606       501C(3)       7,000.       0.       EDUCATIONAL         FIRST BOOK-GREATER KINGSPORT       52-1779606       501C(3)       7,000.       0.       EDUCATIONAL         PEOPLE INCORPORATED OF VIRGINIA       17.3       52-1779606       501C(3)       7,000.       0.       CRITICAL         PEOPLE INCORPORATED OF VIRGINIA       17.3       VEST MAIN STREET       ABINGDON, VA 24210       54-0763686       501C(3)       7,000.       0.       CRITICAL         UNICOL COUNTY FAMILY YMCA       62-0478092       501C(3)       7,000.       0.       SOCIAL         WAITING TO HEAR       4128       FORT HENRY DRIVE # 178       47-1332019       501C(3)       7,000.       0.       MEDICAL         NISWONGER CHLIDREN'S HOSPITAL       MOUNTAIN STATES/BALLAD HEALTH       400.       500.       MEDICAL       MEDICAL         THE BREAD OF LIFE CHLIDREN'S       62-0476282       501C(3)       6,000.       0.       MEDICAL	JITE 520 - BRISTOL, TN 37620	62-1542726	501C(3)	7,500.	0.			SOCIAL
FIRST BOOK-GREATER KINGSPORT 6443 CLINCH MOUNTAIN ROAD EIDSON, TN 37731 52-1779606 501C(3) 7,000. 0. EDUCATIONAL PROPLE INCORPORATED OF VIRGINIA 1173 WEST MAIN STREET ABINGDON, VA 24210 54-0763686 501C(3) 7,000. 0. UNICOL COUNTY FAMILY YMCA 601 LOVE STREET ERWIN, TN 37650 62-0478092 501C(3) 7,000. 0. WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. MEDICAL MEDICAL MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.	.O. BOX 644							
6443 CLINCH MOUNTAIN ROAD     52-1779606     501c(3)     7,000.     0.     EDUCATIONAL       PEOPLE INCORPORATED OF VIRGINIA     1173 WEST MAIN STREET     ABINGDON, VA 24210     54-0763686     501c(3)     7,000.     0.     CRITICAL       UNICOL COUNTY FAMILY YMCA     62-04763686     501c(3)     7,000.     0.     CRITICAL       WAITING TO HEAR     62-0478092     501c(3)     7,000.     0.     SOCIAL       WAITING TO HEAR     47-1332019     501c(3)     7,000.     0.     MEDICAL       MUNOWNTAIN STATES/BALLAD HEALTH     62-0476282     501c(3)     7,000.     0.     MEDICAL       THE BREAD OF LIFE CHILDREN'S     62-0476282     501c(3)     6,000.     0.     MEDICAL	BINGDON, VA 24210	54-0718860	501C(3)	7,500.	0.			CRITICAL
PEOPLE INCORPORATED OF VIRGINIA 1173 WEST MAIN STREET ABINGDON, VA 24210 54-0763686 501C(3) 7,000. 0. UNICOI COUNTY FAMILY YMCA 601 LOVE STREET ERWIN, TN 37650 62-0478092 501C(3) 7,000. 0. WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. NISWONGER CHILDREN'S HOSPITAL MOUNTAIN STATE OF FRANKLIN RD - JOHNSON CITY, TN 37604 62-0476282 501C(3) 6,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.	443 CLINCH MOUNTAIN ROAD	50 1880606	5012(2)	5.000				
1173 WEST MAIN STREET ABINGDON, VA 2421054-0763686501c(3)7,000.0.CRITICALUNICOL COUNTY FAMILY YMCA 601 LOVE STREET ERWIN, TN 3765062-0478092501c(3)7,000.0.SocialWAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 3766362-0478092501c(3)7,000.0.MEDICALWAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 3766347-1332019501c(3)7,000.0.MEDICALMOUNTAIN STATES/BALLAD HEALTH MOUNTAIN STATES/BALLAD HEALTH 400 N STATE OF FRANKLIN RD JOHNSON CITY, TN 3760462-0476282501c(3)6,000.0.MEDICALTHE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.CCCMEDICALMEDICAL	IDSON, 'TN 37731	52-1//9606	5010(3)	7,000.	0.			EDUCATIONAL
UNICOI COUNTY FAMILY YMCA 601 LOVE STREET ERWIN, TN 37650 62-0478092 501c(3) 7,000. 0. SOCIAL WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501c(3) 7,000. 0. MEDICAL NISWONGER CHILDREN'S HOSPITAL MOUNTAIN STATES/BALLAD HEALTH - 400 N STATE OF FRANKLIN RD - JOHNSON CITY, TN 37604 62-0476282 501c(3) 6,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.	173 WEST MAIN STREET	54-0763686	5010(3)	7 000	0			CD TWTCAL.
601 LOVE STREET ERWIN, TN 3765062-0478092 501C(3)7,000.0.SOCIALWAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 3766347-1332019 501C(3)7,000.0.MEDICALNISWONGER CHILDREN'S HOSPITAL MOUNTAIN STATES/BALLAD HEALTH 400 N STATE OF FRANKLIN RD JOHNSON CITY, TN 3760462-0476282 501C(3)6,000.0.MEDICALTHE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.62-0476282 FOR CALLAD62-0476282 FOR CALLADCalladCallad	SINGDON, VA 24210	54 0705000	5010(5)	7,000.	0.			
WAITING TO HEAR 4128 FORT HENRY DRIVE # 178 KINGSPORT, TN 37663 47-1332019 501C(3) 7,000. 0. MEDICAL NISWONGER CHILDREN'S HOSPITAL MOUNTAIN STATES/BALLAD HEALTH - 400 N STATE OF FRANKLIN RD - JOHNSON CITY, TN 37604 62-0476282 501C(3) 6,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.								
4128 FORT HENRY DRIVE # 178       47-1332019 501C(3)       7,000.       0.       MEDICAL         NISWONGER CHILDREN'S HOSPITAL       MOUNTAIN STATES/BALLAD HEALTH       A       A       A         400 N STATE OF FRANKLIN RD       A       A       A       A         JOHNSON CITY, TN 37604       62-0476282 501C(3)       6,000.       0.       MEDICAL	RWIN, TN 37650	62-0478092	501C(3)	7,000.	0.			SOCIAL
NISWONGER CHILDREN'S HOSPITAL MOUNTAIN STATES/BALLAD HEALTH - 400 N STATE OF FRANKLIN RD - JOHNSON CITY, TN 37604 62-0476282 501C(3) 6,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.								
MOUNTAIN STATES/BALLAD HEALTH - 400 N STATE OF FRANKLIN RD - JOHNSON CITY, TN 37604 62-0476282 501C(3) 6,000. 0. MEDICAL THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.	,	47-1332019	501C(3)	7,000.	0.			MEDICAL
JOHNSON CITY, TN 37604       62-0476282       501C(3)       6,000.       0.       MEDICAL         THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.       Image: Construction of the second seco	DUNTAIN STATES/BALLAD HEALTH -							
THE BREAD OF LIFE CHILDREN'S MINISTRY - 30427 OLD SALTWORKS RD.		62-0476282	501C(3)	6,000.	٥.			MEDICAL
	HE BREAD OF LIFE CHILDREN'S							
- MEADOWVIEW, VA 24361 54-2057171 501C(3) 6,000. 0. CRITICAL	MEADOWVIEW, VA 24361	54-2057171	501C(3)	6,000.	0.			CRITICAL

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ASSISTANCE AND RESOURCE MINISTRY (ARM) - 209 W F ST - ELIZABETHTON,							
IN 37643	62-1533942	501C(3)	5,900.	0.			CRITICAL
APPALACHIA SERVICE PROJECT 4523 BRISTOL HIGHWAY							
JOHNSON CITY, TN 37601	62-0989383	501C(3)	5,800.	0.			MEDICAL
ATRIUM HEALTH FOUNDATION 208 EAST BLVD							
CHARLOTTE, NC 28203	56-6060481	501C(3)	140,000.	0.			CRITICAL
AUTISM CHARLOTTE PO BOX 12671							
CHARLOTTE, NC 28220	06-1801739	501C(3)	7,500.	0.			EDUCATIONAL
BEDS FOR KIDS INC. 1800 CAMDEN ROAD, SUITE 107-17 CHARLOTTE, NC 28203	27-4153074	501C(3)	12,000.	0.			CRITICAL
BEE MIGHTY 338 S. SHARON AMITY RD., #515 CHARLOTTE, NC 28211	82-2967919	501C(3)	10,000.	0.			MEDICAL
CHARITY LEAGUE, INC. 20 BOX 471332							
CHARLOTTE , NC 28247	56-0560327	501C(3)	17,000.	0.			CRITICAL
COMMON HEART PO BOX 2761							
INDIAN TRAIL, NC 28079	46-1161476	501C(3)	7,500.	0.			CRITICAL
CROSS COUNTRY FOR YOUTH 6514 CHESTNUT GROVE LANE							
CHARLOTTE, NC 28210	01-0878480	501C(3)	7,500.	Ο.			EDUCATIONAL

Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOVE HOUSE CHILDREN'S ADVOCACY CENTER – 2407 SIMONTON RD – STATESVILLE, NC 28625	20-0840600	501C(3)	10,000.	0.			EDUCATIONAL
FLORENCE CRITTENTON SERVICES 3350 HOLABIRD LN CHARLOTTE, NC 28208	56-0577626		7,500.	0.			CRITICAL
INREACH 4530 PARK ROAD, SUITE 300 CHARLOTTE, NC 28209	52-1084075	501C(3)	10,000.	0.			CRITICAL
JUNIOR CHARITY LEAGUE OF CONCORD 1 BUFFALO AVE NW SUITE 205 CONCORD, NC 28025	56-6061166	501C(3)	7,500.	0.			CRITICAL
MISTY MEADOWS MITEY RIDERS 455 PROVIDENCE ROAD SOUTH WAXHAW, NC 28173	56-2045099	501C(3)	7,500.	0.			MEDICAL
ON EAGLES WINGS PO BOX 956 CONCORD, NC 28026	74-3253195	501C(3)	6,000.	0.			CRITICAL
PALMETTO CITIZENS AGAINST SEXUAL ASSAULT – 106 NORTH YORK STREET – LANCASTER, SC 29720	57-0811359	501C(3)	10,000.	0.			MEDICAL
PAT'S PLACE CHILD ADVOCACY CENTER (PAT'S PLACE) - 901 EAST BLVD CHARLOTTE, NC 28203	20-1820596	501C(3)	10,000.	0.			CRITICAL
PIEDMONT RESIDENTIAL DEVELOPMENT CENTER, INC 601 COACH STREET - KANNAPOLIS, NC 28083	59-1719434	501C(3)	25,000.	0.			MEDICAL

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUT ON THE BRAKES, INC. DBA:							
B.R.A.K.E.S 7148 WEDDINGTON RD							
W STE 150 - CONCORD, NC 28027	26-2176362	501C(3)	10,000.	0.			EDUCATIONAL
SAFE ALLIANCE, INC.							
501 E. FIFTH STREET, SUITE 400							
CHARLOTTE, NC 28202	56-0529967	501C(3)	10,000.	0.			CRITICAL
SHINING HOPE FARMS							
328 WHIPPOORWILL LANE							
MOUNT HOLLY, NC 28120	30-0067482	501C(3)	10,000.	0.			MEDICAL
THE GARRETT THOMAS FOUNDATION INC							
.700 UNIVERSITY COMMERCIAL PL							
CHARLOTTE, NC 28025	45-2683114	501C(3)	6,000.	0.			CRITICAL
THE LEARNING COLLABORATIVE							
PO BOX 220488							
CHARLOTTE, NC 28222	56-1668333	501C(3)	10,000.	0.			EDUCATIONAL
THE RELATIVES INC.							
L19 EAST 8TH STREET							
CHARLOTTE, NC 28202	56-1082022	501C(3)	6,000.	0.			CRITICAL
,			, .				
BEDS FOR KIDS INC.							
800 CAMDEN ROAD, SUITE 107-17							
CHARLOTTE, NC 28203	27-4153074	501C(3)	10,000.	0.			CRITICAL
ASSISTANCE LEAGUE OF LAS VEGAS							
446 W CHARLESTON BLVD.							
LAS VEGAS, NV 89135	88-0137831	501C(3)	10,000.	0.			CRITICAL NEEDS
,			, ,				
BABY'S BOUNTY							
400 W DESERT INN ROAD #24							
AS VEGAS, NV 89102	26-2678979	501C(3)	10,000.	٥.			CRITICAL NEEDS

 Schedule I (Form 990)
 SPEEDWAY CHILDREN'S CHARITIES

 Part III
 Continuation of Grants and Other Assistance to Domes

56-1331429 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA FOUNDATION LAS VEGAS 4045 S BUFFALO DRIVE LAS VEGAS, NV 89147	94-2920606	501C(3)	10,000.	0.			EDUCATIONAL
CHILDRENS HEART FOUNDATION 3006 S. MARYLAND PARKWAY LAS VEGAS, NV 89109	88-0405506		10,000.	0.			MEDICAL
EL-SHADDAI REFUGE HOMES CDC PO BOX 33932 LAS VEGAS, NV 89133	82-3294530	501C(3)	10,000.	0.			EDUCATIONAL
EPICUREAN CHARITABLE FOUNDATION 6765 S EASTERN AVE. LAS VEGAS, NV 89119	88-0514126	501C(3)	10,000.	0.			EDUCATIONAL
GOODIE TWO SHOES FOUNDATION, INC. 10620 SOUTHERN HIGHLANDS PKWY LAS VEGAS, NV 89141	20-8862386	501C(3)	10,000.	0.			CRITICAL NEEDS
HOPE LINK OF SOUTHERN NEVADA 178 WESTMINSTER WAY HENDERSON, NV 89015	94-3202139	501C(3)	10,000.	0.			CRITICAL NEEDS
LIGHTHOUSE CHARITIES, INC. 3435 W. CHEYENNE AVENUE, SUITE 103 NORTH LAS VEGAS, NV 89032	47-5623629	501C(3)	10,000.	0.			EDUCATIONAL
MAKE-A-WISH SOUTHERN NEVADA 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	88-0371088	501C(3)	10,000.	0.			MEDICAL
NEVADA CHILDHOOD CANCER FOUNDATION (NVCCF) - 3711 E. SUNSET RD LAS VEGAS, NV 89120	88-0302673	501C(3)	10,000.	0.			CRITICAL NEEDS

Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

56-1331429 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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							
ST. SUITE 129 - LAS VEGAS, NV		5019(2)	10.000				
89113	88-0386000	5010(3)	10,000.	0.			MEDICAL
OLIVE CREST							
4285 NORTH RANCHO DRIVE, SUITE 160							
LAS VEGAS, NV 89130	95-2877102	501C(3)	10,000.	0.			CRITICAL NEEDS
/			, .				
RONALD MCDONALD HOUSE CHARITIES OF							
GREATER LAS VEGAS - 2323 POTOSI ST							
- LAS VEGAS, NV 89146	94 - 3108570	501C(3)	10,000.	0.			MEDICAL
ROTARY CLUB OF LAS VEGAS							
PO BOX 15152							
LAS VEGAS, NV 89114	88-0403571	501C(3)	10,000.	0.			EDUCATIONAL
CERTIFIC OFF. WIDG FOUNDATION							
SERVING OUR KIDS FOUNDATION							
121 INDUSTRIAL PARK RD STE 110 HENDERSON, NV 89015	30-0747568	5010(3)	10,000.	0.			CRITICAL NEEDS
HENDERSON, NV 09015	50-0747508	5010(3)	10,000.	۰.			CRITICAL NEEDS
SPREAD THE WORD NEVADA							
1065 AMERICAN PACIFIC STE 160							
HENDERSON, NV 89074	22-3829041	501C(3)	10,000.	0.			EDUCATIONAL
,			, .				
THE JUST ONE PROJECT							
711 N RANCHO DRIVE							
LAS VEGAS, NV 89106	47-2348577	501C(3)	10,000.	0.			CRITICAL NEEDS
THE POLICE ATHLETIC LEAGUE, INC.							
3065 S JONES BLVD.							
LAS VEGAS, NV 89146	86-0857333	501C(3)	10,000.	0.			EDUCATIONAL
SOMERSET ACADEMY OF LAS VEGAS							
6630 SURREY ST.	27 5202410	5010(2)	0.045	_			PDUCAUTONAT
LAS VEGAS, NV 89119	27-5393412	DOTC(2)	9,845.	0.		1	EDUCATIONAL

Schedule I (Form 990)	SPEEDWAY	CHILDREN	s	CHARITIES
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Schedule I (Form 990) SPEEDWAY CHILL							56-1331429 Pag
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	irt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEFS FOR KID, INC							
8050 PARADISE ROAD, STE. 100							
LAS VEGAS, NV 89123	86-0860581	501C(3)	9,550.	0.			EDUCATIONAL
JUNIOR ACHIEVEMENT OF SOUTHERN							
NEVADA INC 1921 N. RAINBOW							
BLVD LAS VEGAS, NV 89108	88-0354481	501C(3)	9,000.	٥.			EDUCATIONAL
THE LULLABY CONNECTION							
PO BOX 50210							
HENDERSON, NV 89016	88-0500044	501C(3)	8,000.	0.			CRITICAL NEEDS
THREE SQUARE							
4190 NORTH PECOS ROAD							
LAS VEGAS, NV 89115	30-0396918	501C(3)	7,600.	0.			CRITICAL NEEDS
			,,				
HELP OF SOUTHERN NEVADA							
1640 E FLAMINGO RD							
LAS VEGAS, NV 89119	88-0124435	501C(3)	7,500.	٥.			EDUCATIONAL
HELPING HANDS OF VEGAS VALLEY INC.							
3640 N. 5TH STREET							
NORTH LAS VEGAS, NV 89032	88-0466726	501C(3)	7,500.	0.			SOCIAL
NEVADA BALLET THEATRE							
1651 INNER CIRCLE	04 0407110	E010(2)	7 500	_			EDUCARTONAL
LAS VEGAS, NV 89134	94-2427112	5010(3)	7,500.	0.			EDUCATIONAL
NEVADA BLIND CHILDREN'S FOUNDATION							
95 S ARROYO GRANDE BLVD							
HENDERSON, NV 89012	20-4388240	501C(3)	6,800.	0.			EDUCATIONAL
······································							
SOUTHERN NEVADA HOMESCHOOL							
PERFORMING ARTS - 443 NATIONAL ST							
- HENDERSON, NV 89015	81-1076780	501C(3)	6,630.	٥.			EDUCATIONAL

Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANDLELIGHTERS CHILDHOOD CANCER							
FOUNDATION - 8990 SPANISH RIDGE							
AVE, SUITE 100 - LAS VEGAS, NV							
89148	94-2579116	501C(3)	6,000.	0.			MEDICAL
EYE CARE FOR KIDS NEVADA CHAPTER							
INC 6150 W. SMOKE RANCH RD							
LAS VEGAS, NV 89108	81-0712998	501C(3)	6,000.	0.			MEDICAL
MIRACLE FLIGHTS							
5740 S. EASTERN AVENUE	88-0209952	E010(2)	6 000	0.			MEDICAL
LAS VEGAS, NV 89119 SPECIALIZED ALTERNATIVES FOR	88-0209952	5010(3)	6,000.	0.			MEDICAL
FAMILIES AND YOUTH OF NEVADA, INC.							
- 4285 NORTH RANCHO DRIVE - LAS							
	88-0326450	5010(2)	6 000	0.			SOCIAL
VEGAS, NV 89130	00-0320450	5010(3)	6,000.	0.			SOCIAL
NEVADA PARTNERSHIP FOR HOMELESS							
YOUTH - 4981 SHIRLEY STREET -							
LAS VEGAS, NV 89119	88-0476452	501C(3)	5,725.	0.			CRITICAL NEEDS
			, ,				
MASSACHUSETTS COALITION FOR THE							
HOMELESS - 73 BUFFUM STREET -							
LYNN, MA 01902	22-2599662	501C(3)	10,000.	0.			SOCIAL
NEW HAMPSHIRE CATHOLIC CHARITIES							
100 WILLIAM LOEB DR. UNIT 3							
MANCHESTER, NH 03109-5324	02-0222163	501C(3)	10,000.	0.			SOCIAL
WINDRUSH FARM							
479 LACY STREET							
NORTH ANDOVER, MA 01845	04-2476717	501C(3)	15,000.	0.			MEDICAL
,			, , ,				
BOYS & GIRLS CLUBS OF KENNEBEC							
VALLEY - 14 PRAY STREET -							
GARDINER, ME 04345	60-0001275	501C(3)	10,000.	Ο.			EDUCATIONAL

Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALACE THEATRE TRUST							
30 HANOVER STREET							
MANCHESTER, NH 03101	23-7356019	501C(3)	7,500.	0.			EDUCATIONAL
,							
BOYS & GIRLS CLUBS OF NORTHERN							
RHODE ISLAND - 1 JAMES J MCKEE WAY							
- CUMBERLAND, RI 02864	05-0280121	501C(3)	10,000.	0.			EDUCATIONAL
YOUNG WOMENS CHRISTIAN ASSOCIATION							
(YWCA) OF SONOMA COUNTY - 811 3RD							
STREET - SANTA ROSA, CA 95404	94-2347428	501C(3)	10,000.	0.			CRITICAL NEEDS
IANNA BOYS CENTER							
17000 ARNOLD DRIVE	04 1156480	5019(2)	10.000	0			
SONOMA, CA 95476	94-1156478	5010(3)	10,000.	0.			EDUCATIONAL
CATHOLIC CHARITIES OF THE DIOCESE							
OF SANTA ROSA - 987 AIRWAY COURT -							
SANTA ROSA CA 95403	94-2479393	501C(3)	10,000.	0.			CRITICAL NEEDS
	51 21,5555	5010(0)	10,000.				
PETALUMA POLICING FOUNDATION							
969 PETALUMA BLVD N							
PETALUMA, CA 94952	46-5547348	501C(3)	10,000.	0.			EDUCATIONAL
INDIVIDUALS NOW, INC. DBA SOCIAL			,				
ADVOCATES FOR YOUTH - 2447							
SUMMERFIELD RD SANTA ROSA, CA							
95405	94-1711490	501C(3)	10,000.	0.			CRITICAL NEEDS
FOOD FOR THOUGHT							
PO BOX 1608							
FORESTVILLE, CA 95436	68-0181095	501C(3)	10,000.	0.			CRITICAL NEEDS
REDWOOD EMPIRE FOOD BANK							
3990 BRICKWAY BLVD.				_			
SANTA ROSA, CA 95403	68-0121855	501C(3)	10,000.	Ο.			CRITICAL NEEDS

Schedule I (Form 990) SPEEDWAY CHILDREN'S CHARITIES

56-1331429 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILDREN'S ADVOCACY CENTER FOR							
NORTH TEXAS, INC 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501C(3)	18,000.	0.			SOCIAL
CHRISTIAN COMMUNITY ACTION							
LEWISVILLE, TX 75057	23-7319371	501C(3)	20,000.	0.			CRITICAL NEEDS
POOD FOR THE SOUL PO BOX 134							
KELLER, TX 76244	94-3476983	501C(3)	20,000.	0.			CRITICAL NEEDS
METROCREST SERVICES, INC. L3801 HUTTON DRIVE #150 , TX FARMERS BRANCH, TX 75234	75-1548334	F010(2)	20.000	0.			CRITICAL NEEDS
NORTHWEST ISD EDUCATION FOUNDATION 2001 TEXAN DRIVE	73 1340334	5010(3)	20,000.				
JUSTIN, TX 76247	75-2678804	501C(3)	20,000.	0.			CRITICAL NEEDS
PEDIPLACE 02 SOUTH OLD ORCHARD LANE SUITE 12 EWISVILLE, TX 75067	2 75-2512752	5010(3)	20,000.	0.			MEDICAL
PEROT MUSEUM OF NATURE AND SCIENCE	/5 2512/52	5010(3)	20,000.				
2201 N. FIELD ST. DALLAS, TX 75201	75-6067569	501C(3)	10,000.	0.			EDUCATIONAL
ANCH HANDS RESCUE 477 FORT WORTH DRIVE							
DENTON, TX 76226	26-4610450	501C(3)	18,000.	0.			SOCIAL
CONALD MCDONALD HOUSE OF FORT NORTH - 1001 8TH AVENUE - FORT							
WORTH, TX 76104	75-1754490	501C(3)	15,000.	0.			MEDICAL

Schedule I (Form 990)	SPEEDWAY	CHILDREN'S	CHARITIES
Deut II O outinuetion o	f Owents and	Oth	

56-1331429 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PECIAL NEEDS GYMNASTICS (SNG)							
O BOX 822672							
ORTH RICHLAND HILLS, TX 76182	27-0697229	501C(3)	17,500.	0.			EDUCATIONAL
ARRANT AREA FOOD BANK							
525 CULLEN STREET							
ORT WORTH, TX 76107	75-1822473	501C(3)	20,000.	0.			CRITICAL NEEDS
IPE OUT KIDS CANCER							
349 EMPIRE CENTRAL DRIVE, SUITE 10	)						
ALLAS, TX 75247	, 75-2712117	501C(3)	10,000.	0.			MEDICAL
,							

Schedule I (Form 990) 2021

SPEEDWAY CHILDREN'S CHARITIES

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SPEEDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH

VARIOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE

GRANT RECIPIENT.

Page 2

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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.

2021 Open to Public Inspection

Employer identification number 56-1331429

SPEEDWAY	CHILDREN'S	CHARITIES

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d			_
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution an	lounts	ذ
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Austral Australia Au Australia Australia Austr							
1 <del>4</del> 15	Real estate - Residential							
15 16	Real estate - Commercial							
17 10	Real estate - Other							
18 10	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24		v	272	101 206	CELLING DDIGE			
25	Other ( <u>AUCTION ITEMS</u> )	X	373	121,320.	SELLING PRICE			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		T		
							Yes	No
30a	During the year, did the organization receive by		•••••					
	must hold for at least three years from the date			·				v
_	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							х
31		Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
						32a	X	
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r tor which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990	).	Schedule I	M (Form	ı 990)	2021

Schedule M (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiza ination of both. Also com	tion
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE		
NUMBER OF ITEMS CONTRIBUTED.		
SCHEDULE M, LINE 32B:		
ON OCCASION, AUCTIONEERS MAY BE USED TO SELL ITEMS DURING FUNDRAISING		
EVENTS.		

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

FORM 990

# 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ 2021 Open to Public Inspection Employer identification number

OMB No. 1545-0047

56-1331429

NON-PROFIT ORGANIZATIONS THAT MEET THE DIRECT NEEDS OF CHILDREN WITH

SPEEDWAY CHILDREN'S CHARITIES

DESCRIPTION OF ORGANIZATION MISSION:

MEDICAL, EDUCATIONAL, OR SOCIAL CHALLENGES.

FORM 990, PART VI, SECTION A, LINE 2:

PART I, LINE 1,

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

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
SPEEDWAY CHILDREN'S CHARITIES	56-1331429
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	
ONLINE AT SPEEDWAYCHARITIES.ORG.	
FORM 990, PART VII:	
SPEEDWAY CHILDREN'S CHARITIES DOES NOT ISSUE W2S. REIMBURSEMENT IS MADE	
TO ITS RELATED ORGANIZATION FOR PAYROLL SERVICES. OFFICERS ARE	
VOLUNTEERING THEIR TIME, THEREFORE OFFICER SALARIES ARE NOT REIMBURSED	
BUT INSTEAD CONSIDERED DONATED SERVICES BY THE RELATED ORGANIZATION.	

SCH	EDULE R
	1

## (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.

Attach to Form 990.

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

**ZUZ I** Open to Public

Employer identification number

56-1331429

OMB No. 1545-0047

Inspection

#### Name of the organization

Department of the Treasury Internal Revenue Service

SPEEDWAY CHILDREN'S CHARITIES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(f)</b> Direct controlling entity	cont	<b>(g)</b> n 512(b)(13) ntrolled ntity?	
		Legal domicile (state or         Exempt Code         Public charity         Direct controlling	Yes	No			
					-		
	]						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

organizationo troatea ao a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F ging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	-											
	-											
	-											
	1											
	1											
									I	1		

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 organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
NORTH WILKESBORO SPEEDWAY INC 56-0622079	4								
381 SPEEDWAY LANE									
NORTH WILKESBORO, NC 28659	INACTIVE	NC		S CORP					х
US LEGEND CARS INTERNATIONAL INC									
56-1780351, 5245 HIGHWAY 49 S., HARRISBURG,	MANUFACTURER OF RACE								
NC 28075	CARS	NC		S CORP					х
INEX CORPORATION - 56-1861546									
5245 HIGHWAY 49 S.	AUTO RACING								
HARRISBURG, NC 28075	SANCTIONING BODY	NC		S CORP					х
OIL CHEM RESEARCH CORPORATION - 36-3608293									
5283 HIGHWAY 49 S.	MANUFACTURER OF								
HARRISBURG, NC 28075	LUBRICANTS	IL		S CORP					х
SPEEDWAY MOTORSPORTS LLC - 51-0363307									
5401 E. INDEPENDENCE BLVD									
CHARLOTTE, NC 28212	MOTORSPORTS PROMOTER	DE		S CORP					х

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		or trust)		assets		Yes	
SPEEDWAY FUNDING II INC 84-3060646									
5401 E. INDEPENDENCE BLVD									
CHARLOTTE, NC 28212	BOND GUARANTOR	NC		S CORP					Х
SPEEDWAY CONSULTING AND DESIGN LLC -									
56-1802347, 5401 E. INDEPENDENCE BLVD,									
CHARLOTTE, NC 28212	INACTIVE	NC		S CORP					х
SMI SYSTEMS LLC - 56-2114978									
5401 E. INDEPENDENCE BLVD	7								
CHARLOTTE, NC 28212	PAYROLL PROVIDER	NV		S CORP					х
SMI TRACKSIDE LLC - 11-3663310									
5401 E. INDEPENDENCE BLVD	1								
CHARLOTTE, NC 28212	SOUVENIR VENDOR	NC		S CORP					x
NEW HAMPSHIRE MOTOR SPEEDWAY INC									<u> </u>
01-0443099, 1122 ROUTE 106 N, LOUNDON, NH	1								
03307	MOTORSPORTS PROMOTER	NH		S CORP					x
	-								
	-								
	-								
	-								
	-								

### Schedule R (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		х
	Gift, grant, or capital contribution from related organization(s)	1c	x	
	Loans or loan guarantees to or for related organization(s)	1d		х
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	x	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	x	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) SPEEDWAY MOTORSPORTS LLC	S	144,350.	COST
(2) SPEEDWAY MOTORSPORTS LLC	с	387,477.	соят
(3) SPEEDWAY MOTORSPORTS LLC	N	344,411.	COST
(4) SPEEDWAY MOTORSPORTS LLC	м	15,220.	COST
(5) SPEEDWAY MOTORSPORTS LLC	0	30,715.	COST
(6) SPEEDWAY MOTORSPORTS LLC	Р	665,065.	COST

\_

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

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(7) OIL CHEM RESEARCH CORPORATION	S	960.	соят
(8) OIL CHEM RESEARCH CORPORATION	С	6,540.	COST
(9) OIL CHEM RESEARCH CORPORATION	Р	3,146.	COST
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

# Schedule R (Form 990) 2021 SPEEDWAY CHILDREN'S CHARITIES

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Dispro tion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership