

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SPEEDWAY CHILDREN'S CHARITIES		D Employer identification number 56-1331429
	Doing business as		E Telephone number 704-455-4426
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite #	
	5555 CONCORD PARKWAY SOUTH CONCORD, NC 28027		G Gross receipts \$ 3,583,844.
F Name and address of principal officer: MARCUS SMITH SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: ▶ SPEEDWAYCHARITIES.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1982		M State of legal domicile: NC	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPEEDWAY CHILDREN'S CHARITIES' PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS AND PROVIDE GRANTS TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	898
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,593,882.	2,857,609.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,471.	315,135.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,752,353.	3,172,744.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,167,447.	2,053,190.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 695,145.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	833,246.	937,972.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,000,693.	2,991,162.
19 Revenue less expenses. Subtract line 18 from line 12	-248,340.	181,582.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 415,792.	End of Year 809,434.
	21 Total liabilities (Part X, line 26)	143,729.	340,591.
	22 Net assets or fund balances. Subtract line 21 from line 20	272,063.	468,843.

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 Here	Signature of officer	Date			
	MARCUS SMITH, VICE CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMANDA E. WATERHOUSE	Preparer's signature <i>Amanda E Waterhouse</i>	Date 08/24/22	Check if self-employed <input type="checkbox"/>	PTIN P02014004
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 336-272-4551		
	Firm's address ▶ 230 N ELM ST, STE 1100 GREENSBORO, NC 27401				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 FROM THESE EVENTS ALLOWED SPEEDWAY CHILDREN'S CHARITIES TO ISSUE FUNDS 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.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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, FL, GA, IL, KS, KY, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records **LINDA MUNSON - 704-455-4426**
5555 CONCORD PARKWAY SOUTH, #302, CONCORD, NC 28027

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES GREENE III SECRETARY UNTIL 1/21	0.20			X				0.	0.	0.
(19) COREY GLASS TREASURER & ASSISTANT SECRETARY	0.30 40.00			X				0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	765,461.		
	d	Related organizations	1d	394,017.		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,698,131.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 121,326.		
	h	Total. Add lines 1a-1f		2,857,609.		
	Program Service Revenue	2 a	_____	Business Code		
b		_____				
c		_____				
d		_____				
e		_____				
f		All other program service revenue				
g		Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses ...	6b			
	6 c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses	7b			
	7 c	Gain or (loss)	7c			
	d	Net gain or (loss)				
8 a	Gross income from fundraising events (not including \$ 765,461. of contributions reported on line 1c). See Part IV, line 18					
		8a	332,672.			
8 b	Less: direct expenses	8b	208,071.			
c	Net income or (loss) from fundraising events		124,601.		124,601.	
9 a	Gross income from gaming activities. See Part IV, line 19					
		9a	393,563.			
9 b	Less: direct expenses	9b	203,029.			
c	Net income or (loss) from gaming activities		190,534.		190,534.	
10 a	Gross sales of inventory, less returns and allowances					
		10a				
		10b				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	_____	Business Code			
	b	_____				
	c	_____				
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		3,172,744.	0.	0.	315,135.

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,408.	9	35,122.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,872.		
	b Less: accumulated depreciation	10b 32,065.		
		8,856.	10c	5,807.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		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 equal line 33)	415,792.	16	809,434.	
Liabilities	17 Accounts payable and accrued expenses	108,910.	17	146,438.
	18 Grants payable		18	
	19 Deferred revenue	34,819.	19	194,153.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	143,729.	26	340,591.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	183,993.	27	468,843.
	28 Net assets with donor restrictions	88,070.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.

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	3,172,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,991,162.
3	Revenue less expenses. Subtract line 2 from line 1	3	181,582.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	272,063.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	453,645.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

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.	2,729,808.	12,820,917.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,861,155.	4,251,843.	384,229.	1,593,882.	2,729,808.	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) ►	(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.	2,729,808.	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.	841,850.	4,092,965.
11 Total support. Add lines 7 through 10						16,913,882.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

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 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	66.35 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that 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) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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 organization(s).</i>		
1		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c 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)			
j 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
 (See instructions.)

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

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

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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 ▶ \$ _____

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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 358,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 185,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 360,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 63,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 238,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PRIZE _____ _____ _____	\$ 14,190.	01/06/21
6	PRIZE _____ _____ _____	\$ 14,240.	02/20/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a-1b: Reporting requirements for art collections. 2: Reporting requirements for art collections held for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,872.	32,065.	5,807.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,807.

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.

1. (a) Description of liability	(b) Book value
(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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,677,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	489,542.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,187,942.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:		
a	Donated services and use of facilities	2a	489,542.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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.

Part 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 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF EVENT (event type)	DIRT JAR SALE (event type)	30 (total number)	
Revenue	1 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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,030.		46,815.	52,845.
	7 Food and beverages			5,998.	5,998.
	8 Entertainment				
	9 Other direct expenses	1,614.	35,153.	112,461.	149,228.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				208,071.
11 Net income summary. Subtract line 10 from line 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			393,563.
Direct Expenses	2 Cash prizes			188,819.	188,819.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			14,210.	14,210.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No		
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 Enter the state(s) in which the organization conducts gaming activities: NH, GA, NC, NV, TN, TX

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	100.00 %
b An outside facility	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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ CHAPTER DIRECTORS

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ SEE PART IV.

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

CHAPTER DIRECTORS OVERSEE LOCAL GAMING EVENTS AS PART OF THEIR
 POSITIONS WITH SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATED
 TO GAMING MANAGER, WHICH REPRESENTS A MINOR PART OF THE
 RESPONSIBILITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FLINT CIRCUIT COUNCIL ON FAMILY VIOLENCE, INC. - PO BOX 1150 - MCDONOUGH, GA 30253	58-1851423	501C(3)	7,000.	0.			CRITICAL NEEDS
GIGI'S HOUSE, INC. 7147 JONESBORO ROAD, SUITE 870051 MORROW, GA 30287	81-3818377	501C(3)	9,500.	0.			CRITICAL NEEDS
HENRY COUNTY PARKS & RECREATION - MCDONOUGH, GA - 10 CLEVELAND STREET - LOCUST GROVE, GA 30248	23-7201676	501C(3)	7,000.	0.			SOCIAL
OPERATION LUNCHBOX INC 113 PARK 42 DRIVE LOCUST GROVE, GA 30248	46-4930034	501C(3)	9,500.	0.			CRITICAL NEEDS
RISE UP! P.O. BOX 4426 JOHNSON CITY, TN 37602	62-1641099	501C(3)	50,000.	0.			SOCIAL
YMCA OF BRISTOL 400 MLK JR. BLVD BRISTOL, TN 37620	62-0521204	501C(3)	10,000.	0.			EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 260.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

Part 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) 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.	0.			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
FEEDING AMERICA SOUTHWEST VIRGINIA 21452 GRAVEL LAKE ROAD, P.O. BOX 25 ABINGDON, VA 24211	54-1939556	501C(3)	10,000.	0.			CRITICAL

Part 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INCORPORATED OF BRISTOL 885 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	501C(3)	10,000.	0.			SOCIAL
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
TLC COMMUNITY CENTER/ABORTION ALTERNATIVES AND WOMEN'S CENTER - 145 JUDGE DON LEWIS RD SUITE 5-7 - ELIZABETHTON, TN 37643	32-0039948	501C(3)	10,000.	0.			CRITICAL
YWCA NETN AND SWVA 106 STATE ST. BRISTOL, TN 37620	62-0488044	501C(3)	10,000.	0.			EDUCATIONAL
CHILDREN'S ADVOCACY CENTER OF SULLIVAN CO. - 150 BLOUNTVILLE BYPASS - BLOUNTVILLE, TN 37617	62-1232172	501C(3)	9,500.	0.			CRITICAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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JEREMIAH SCHOOL 1502 KNOB CREEK ROAD JOHNSON CITY, TN 37604	47-3549152	501C(3)	9,500.	0.			SOCIAL
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 JOHNSON CITY, TN 37605	45-0515257	501C(3)	9,000.	0.			EDUCATIONAL
CHILD ADVOCACY CENTER OF THE 3RD JUDICIAL DISTRICT - P.O. BOX 743 - MOSHEIM, TN 37818	62-1822505	501C(3)	9,000.	0.			CRITICAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITIES IN SCHOOLS OF SOUTHWEST VIRGINIA - 220 LEE STREET - BRISTOL, VA 24201	46-1775208	501C(3)	9,000.	0.			CRITICAL
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.	0.			EDUCATIONAL
HOPE HOUSE P.O. BOX 5821 KINGSPORT, TN 37663	56-2277775	501C(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.	0.			MEDICAL
LXI P.O. BOX 1784 JOHNSON CITY, TN 37605	47-3719963	501C(3)	9,000.	0.			SOCIAL
MORRISON SCHOOL 400 EDGEWOOD LANE BRISTOL, VA 24201	54-1053329	501C(3)	9,000.	0.			EDUCATIONAL
MOUNTAIN REGION SPEECH AND HEARING CENTER - 301 LOUIS ST. SUITE 101 - KINGSPORT, TN 37660	51-0141536	501C(3)	9,000.	0.			MEDICAL

Schedule I (Form 990)

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SANTA PAL P.O. BOX 212 BRISTOL, VA 24203	31-1794923	501C(3)	9,000.	0.			SOCIAL
SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE - 418 N STATE OF FRANKLIN ROAD - JOHNSON CITY, TN 37604	62-1578123	501C(3)	8,700.	0.			SOCIAL
CHRISTMAS BOX OF NORTHEAST TENNESSEE - 644 MARTIN STREET - ERWIN, TN 37650	62-1545469	501C(3)	8,500.	0.			CRITICAL
CRUMLEY HOUSE BRAIN INJURY REHAB CENTER - 300 URBANA RD. - LIMESTONE, TN 37681	58-1988511	501C(3)	8,500.	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 - MCCLURE, VA 24269	54-1509759	501C(3)	8,500.	0.			SOCIAL
AMERICAN RED CROSS OF NORTHEAST TENNESSEE - 660 EASTERN STAR ROAD - KINGSPORT, TN 37663	53-0196605	501C(3)	8,000.	0.			MEDICAL

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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

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READING BUDDIES 147 CHARLTON COURT BLUFF CITY, TN 37618	20-5005906	501C(3)	7,500.	0.			EDUCATIONAL
RIVER'S WAY OUTDOOR ADVENTURE CENTER - 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 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.			CRITICAL
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. - MEADOWVIEW, VA 24361	54-2057171	501C(3)	6,000.	0.			CRITICAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ASSISTANCE AND RESOURCE MINISTRY (ARM) - 209 W F ST - ELIZABETHTON, TN 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. PO 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.	0.			EDUCATIONAL

Schedule I (Form 990)

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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	501C(3)	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)

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PUT ON THE BRAKES, INC. DBA: B.R.A.K.E.S. - 7148 WEDDINGTON RD NW STE 150 - CONCORD, NC 28027	26-2176362	501C(3)	10,000.	0.			EDUCATIONAL
SAFE ALLIANCE, INC. 601 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 1700 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. 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501C(3)	6,000.	0.			CRITICAL
BEDS FOR KIDS INC. 1800 CAMDEN ROAD, SUITE 107-17 CHARLOTTE, NC 28203	27-4153074	501C(3)	10,000.	0.			CRITICAL
ASSISTANCE LEAGUE OF LAS VEGAS 6446 W CHARLESTON BLVD. LAS VEGAS, NV 89135	88-0137831	501C(3)	10,000.	0.			CRITICAL NEEDS
BABY'S BOUNTY 3400 W DESERT INN ROAD #24 LAS VEGAS, NV 89102	26-2678979	501C(3)	10,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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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	501C(3)	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)

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NEVADA DIABETES ASSOCIATION FOR CHILDREN AND ADULTS - 6585 HIGH ST. SUITE 129 - LAS VEGAS, NV 89113	88-0386000	501C(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
SERVING OUR KIDS FOUNDATION 121 INDUSTRIAL PARK RD STE 110 HENDERSON, NV 89015	30-0747568	501C(3)	10,000.	0.			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. LAS VEGAS, NV 89119	27-5393412	501C(3)	9,845.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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.	0.			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.	0.			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 LAS VEGAS, NV 89134	94-2427112	501C(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.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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 LAS VEGAS, NV 89119	88-0209952	501C(3)	6,000.	0.			MEDICAL
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA, INC. - 4285 NORTH RANCHO DRIVE - LAS VEGAS, NV 89130	88-0326450	501C(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.	0.			EDUCATIONAL

Schedule I (Form 990)

Part 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALACE THEATRE TRUST 80 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
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501C(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
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.	0.			CRITICAL NEEDS

Schedule I (Form 990)

Part 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC. - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501C(3)	18,000.	0.			SOCIAL
CHRISTIAN COMMUNITY ACTION 200 S MILL ST. LEWISVILLE, TX 75057	23-7319371	501C(3)	20,000.	0.			CRITICAL NEEDS
FOOD FOR THE SOUL PO BOX 134 KELLER, TX 76244	94-3476983	501C(3)	20,000.	0.			CRITICAL NEEDS
METROCREST SERVICES, INC. 13801 HUTTON DRIVE #150 , TX FARMERS BRANCH, TX 75234	75-1548334	501C(3)	20,000.	0.			CRITICAL NEEDS
NORTHWEST ISD EDUCATION FOUNDATION 2001 TEXAN DRIVE JUSTIN, TX 76247	75-2678804	501C(3)	20,000.	0.			CRITICAL NEEDS
PEDIPLACE 502 SOUTH OLD ORCHARD LANE SUITE 12 LEWISVILLE, TX 75067	75-2512752	501C(3)	20,000.	0.			MEDICAL
PEROT MUSEUM OF NATURE AND SCIENCE 2201 N. FIELD ST. DALLAS, TX 75201	75-6067569	501C(3)	10,000.	0.			EDUCATIONAL
RANCH HANDS RESCUE 9477 FORT WORTH DRIVE DENTON, TX 76226	26-4610450	501C(3)	18,000.	0.			SOCIAL
RONALD MCDONALD HOUSE OF FORT WORTH - 1001 8TH AVENUE - FORT WORTH, TX 76104	75-1754490	501C(3)	15,000.	0.			MEDICAL

Part 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL NEEDS GYMNASTICS (SNG) PO BOX 822672 NORTH RICHLAND HILLS, TX 76182	27-0697229	501C(3)	17,500.	0.			EDUCATIONAL
TARRANT AREA FOOD BANK 2525 CULLEN STREET FORT WORTH, TX 76107	75-1822473	501C(3)	20,000.	0.			CRITICAL NEEDS
WIPE OUT KIDS CANCER 1349 EMPIRE CENTRAL DRIVE, SUITE 10 DALLAS, TX 75247	75-2712117	501C(3)	10,000.	0.			MEDICAL

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	373	121,326.	SELLING PRICE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NON-PROFIT ORGANIZATIONS THAT MEET THE DIRECT NEEDS OF CHILDREN WITH
MEDICAL, EDUCATIONAL, OR SOCIAL CHALLENGES.

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

O. BRUTON SMITH AND MARCUS SMITH HAVE A FAMILY RELATIONSHIP.

CLAUDIA BYRD AND JERRY CALDWELL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE NATIONAL BOARD OF DIRECTORS AND AUDIT COMMITTEE
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO BOARD MEMBERS,
KEY EMPLOYEES AND OFFICERS TO SIGN. IF A CONFLICT OF INTEREST IS
DISCLOSED, IT IS REVIEWED BY THE BOARD AND VOTED ON TO DETERMINE IF A
CONFLICT OF INTEREST EXISTS. THE INDIVIDUAL HAS THE OPPORTUNITY TO EXPLAIN
THE ALLEGED FAILURE. IF THE BOARD DETERMINES A CONFLICT OF INTEREST
EXISTS, CORRECTIVE ACTION IS TAKEN.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DC, AK

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

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

Schedule O (Form 990) 2021

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPEEDWAY MOTORSPORTS LLC	S	144,350.	COST
(2) SPEEDWAY MOTORSPORTS LLC	C	387,477.	COST
(3) SPEEDWAY MOTORSPORTS LLC	N	344,411.	COST
(4) SPEEDWAY MOTORSPORTS LLC	M	15,220.	COST
(5) SPEEDWAY MOTORSPORTS LLC	O	30,715.	COST
(6) SPEEDWAY MOTORSPORTS LLC	P	665,065.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) OIL CHEM RESEARCH CORPORATION	S	960.	COST
(8) OIL CHEM RESEARCH CORPORATION	C	6,540.	COST
(9) OIL CHEM RESEARCH CORPORATION	P	3,146.	COST
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
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