** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

nemal f	nent o Rever	of the Treasury nue Service	 Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and 	=		Open to Public Inspection
				ending		
Gheo appl	ck if licable	C Name o	organization		D Employer identificati	ion number
X A	Addres	ss SPEEDW	AY CHILDREN'S CHARITIES			
\square N	Name chang		usiness as		56-1331429	
——Ir	nitial eturn			Room/suite	E Telephone number	
F	inal eturn/	5555 0	,	#302	704-455-4426	
te	ermin ated	1-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,894,683.
A re	Ameno	ded CONTCOR	D, NC 28027		H(a) Is this a group return	n
	Applic ion		nd address of principal officer: MARCUS SMITH		for subordinates?	
р	endir	na	C ABOVE		H(b) Are all subordinates include	
l Tax	x-exe	empt status:	\times 501(c)(3)	or 527	If "No," attach a list.	
			AYCHARITIES.ORG		H(c) Group exemption no	
			X Corporation	L Year o	of formation: 1982 M St	
Part		Summary			•	ŭ
	1	Briefly describ	e the organization's mission or most significant activities: SPEEDW.	AY CHILDR	EN'S CHARITIES'	
Governance			EMPT PURPOSE IS TO RAISE FUNDS AND PROVIDE GRANTS			
la L	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net assets	5.
) Ve					3	14
ීු .			ependent voting members of the governing body (Part VI, line 1b)			14
න ග			of individuals employed in calendar year 2020 (Part V, line 2a)			0
j <u>≓</u>			of volunteers (estimate if necessary)			560
Activities &					7a	0.
٩			business taxable income from Form 990-T, Part I, line 11			0.
\neg			, ,			
	8				Prior Year	Current Year
필 :		Contributions	and grants (Part VIII, line 1h)		Prior Year 384,229.	Current Year 1,593,882.
an I			and grants (Part VIII, line 1h)			
≱ 1	9	Program servi	ce revenue (Part VIII, line 2g)		384,229.	1,593,882.
ايش	9 10	Program servi Investment inc	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		384,229.	1,593,882. 0.
י ן	9 10 11	Program servi Investment ind Other revenue	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		384,229. 0. 0.	1,593,882. 0. 0.
'	9 10 11 12	Program servi Investment in Other revenue Total revenue	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		384,229. 0. 0. 117,253.	1,593,882. 0. 0. 158,471.
1	9 10 11 <u>12</u> 13	Program servi Investment ind Other revenue Total revenue Grants and sir	core revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		384,229. 0. 0. 117,253. 501,482.	1,593,882. 0. 0. 158,471. 1,752,353.
1	9 10 11 <u>12</u> 13	Program servi Investment ind Other revenue Total revenue Grants and sin Benefits paid	core revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4)		384,229. 0. 0. 117,253. 501,482. 2,929,550.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447.
1	9 10 11 <u>12</u> 13 14	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other	core revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		384,229. 0. 0. 117,253. 501,482. 2,929,550. 0.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0.
1	9 10 11 <u>12</u> 13 14 15	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional for	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0.
xbeuses	9 10 11 <u>12</u> 13 14 15 16a b	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fu	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	075.	384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0.
Expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 10 11 12 13 14 15 16a b	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional for Total fundrais Other expense	core revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) - cundraising fees (Part IX, column (A), line 11e) - mg expenses (Part IX, column (D), line 25) - cs (Part IX, column (A), lines 11a-11d, 11f-24e)	075.	384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0. 0.
Expenses 1	9 110 111 112 113 114 115 116a b	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fit Total fundrais Other expense Total expense	cor revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) se (Part IX, column (A), lines 11a-11d, 11f-24e) se Add lines 13-17 (must equal Part IX, column (A), line 25)	075.	384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0. 227,092.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0. 0. 833,246.
Expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 110 111 112 113 114 115 116a b	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fit Total fundrais Other expense Total expense	core revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) - cundraising fees (Part IX, column (A), line 11e) - mg expenses (Part IX, column (D), line 25) - cs (Part IX, column (A), lines 11a-11d, 11f-24e)	075.	384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0. 227,092. 3,156,642. -2,655,160.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0. 0. 0. 833,246. 2,000,693. -248,340.
Expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 10 11 12 13 14 15 16a b 17 18	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Total expense Revenue less	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	075.	384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0. 227,092. 3,156,642.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0. 0. 0. 833,246. 2,000,693.
Expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 10 11 12 13 14 15 16a b 17 18	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fi Total fundrais Other expense Total expense Revenue less	core revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) - cs (Part IX, column (A), lines 11a-11d, 11f-24e) - cs. Add lines 13-17 (must equal Part IX, column (A), line 25) - cexpenses. Subtract line 18 from line 12	075.	384, 229. 0. 0. 117, 253. 501, 482. 2,929, 550. 0. 0. 227, 092. 3,156, 642. -2,655,160. ginning of Current Year	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0. 0. 2,000,693. -248,340. End of Year
nd Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundrais Other expense Total expense Revenue less Total assets (F Total liabilities	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	075.	384,229. 0. 0. 117,253. 501,482. 2,929,550. 0. 0. 227,092. 3,156,6422,655,160. ginning of Current Year 703,015.	1,593,882. 0. 0. 158,471. 1,752,353. 1,167,447. 0. 0. 833,246. 2,000,693. -248,340. End of Year 415,792.

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer			Date						
Here		MARCUS SMITH, VICE CHAIRMAN									
		Type or print name and title									
	Prin	t/Type preparer's name	Preparer's signature /	Date	Check PTIN						
Paid	YONG	ZHANG, CPA	Preparer's signature 4019 Zhang	09/29/21	self-employed P01249785						
Preparer	Firm	's name RSM US LLP			Firm's EIN ▶ 42-0714325						
Use Only	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400										
		MCLEAN, VA 22102	Phone no.703-336-6400								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										

Form	1990 (2020) SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 2
Pai	rt 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 ergenization undertake any eignificant program convices during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	LA_ 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 service	s? 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 o	thers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,178,418. including grants of \$1,167,447.) (R	evenue \$	0.)
	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 FISCAL YEAR ENDING 12/31/20 SPEEDWAY CHILDREN'S CHARITIES		
	DISTRIBUTED OVER \$1.1M TO OVER 180 CHILDREN'S PROGRAMS SUPPORTING AN		
	ESTIMATED 276,113 CHILDREN. SINCE 1982 THE ORGANIZATION HAS		
	DISTRIBUTED MORE THAN \$58 MILLION IN GRANTS, ASSISTING CHILDREN IN NEED		
	WITH THE TOOLS TO BUILD A BETTER, BRIGHTER AND HEALTHIER FUTURE.		
	·		
4b	(Code:) (Expenses \$ including grants of \$) (R	avenue \$	\
	/ Code / Caperises # / (i)		
_			
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,178,418.		
_			

Form 990 (2020) SPEEDWAY CHILDREN'S CHARITIES 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ا مدا	х	
	Part VI	11a	Λ	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Part IV	Checklist of Rec	uired 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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36	х	
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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 3			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) SPEEDWAY CHILDREN'S CHARITIES Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form WA. Transmittal of Wage and Tax Statements. 2a 0					Yes	No				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a_nige See instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e/file_(see instructions) Job Id the organization have unrelated business gross income of \$1,000 or more during the year? Job If "Yes," has if filed a Form \$90 Ti for this year? If "No" to fine 8d, provide an explanation on Schedule O Job Id any trained out in a foreign country (such as a bank account, securities account; or other functional account? Job If "Yes," either the name of the foreign country is business to be a financial account in a foreign country (such as a bank account, securities account, or other functional account? Job If "Yes," either the name of the foreign country is business to the financial accounts (FBAF). Job If any taxable party notify the organization has the sum or in a party to a prohibitions of a single party notify the organization file Form 8898 T? Job Did any taxable party notify the organization file Form 8898 T? Job Id In the sum of the organization file Form 8898 T? Job If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Job Id the organization receive a payment in excess of \$5^* and party the accompany of the payor? Job Id the organization receive apyment in excess of \$5^* and party the accompany of the payor? Job Id the organization receive any think, directly or indirectly, to pay premiums on a personal benefit contract? Job Id the organization received any think, directly or indirectly, to pay premiums on a personal benefit contract? Job Id the organization received any think, directly or indirectly, to a personal benefit contract? Job Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1088-07 Job Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the		filed for the calendar year ending with or within the year covered by this return	2a 0							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b) If I'ves, "has it filed a Form 980 For this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, rid the organization have an interest in, or a signature or other authority over, a francial account in a foreign country. Securities account, a southern a secount, a southern a secount, a southern a secount, a southern a secount, a southern a secount of the financial account in a foreign country. Second in the second in	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b						
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f' Yes," enter the name of the foreign country \ Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c The Sea Se	b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O								
b if "Yes," either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization aparty to a prohibited tax shelter transaction? So Day of any taxable party notify the organization file form 88867. So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? So Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? So Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? So Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? So Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To C X If If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If If Yes a contribution of qualified intellectual property, did the organization file Form 8899 as required? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? To Did the seponsoring organization make any taxable distributions under section 4968? Sonosoring organization have excess business holdings at any time during the year? Section 501(c)(2) organizations included on Part VIII, line 12 If "Yes," inter the amount of tax-except theratesholders If "Yes," inter the amount of	4a									
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10									
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?		15		Х				
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
		If "Yes," complete Form 4720, Schedule O.			000					

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			Х						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 14									
	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.									
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 14									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х						
6	Did the organization have members or stockholders?	6		Х						
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?	7a		x						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD								
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9								
000	tion B. I shows (This Section B requests information about policies not required by the internal Revenue Gode.)		Vaa	Na						
10-	Did the examination have level charters branches as effiliates?	100	Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406	х							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v							
	1 , 10, 90 to	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		Х						
b	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?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, AZ, CA, CO, CT, 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)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LINDA MUNSON - 704-455-4426									
	5555 CONCORD PARKWAY SOUTH, NO. #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

Х

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

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

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

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos			nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_	Cer an	a a a	recto	r/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	ruste	al trus		yee	m pen		(** 2/ 1033 1/1100)		and related
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	-e			organizations
	line)	Indiv	Instit	Officer	Key 6	High emp	Former			
(1) O. BRUTON SMITH	0.20									
CHAIRMAN		Х		Х				0.	0.	0.
(2) MARCUS SMITH	0.20									
VICE CHAIRMAN	40.00	Х		Х				0.	0.	0.
(3) CLAUDIA BYRD	40.00									
DIRECTOR		Х						0.	0.	0.
(4) JERRY CALDWELL	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(5) CONRAD CLEMENT	0.20									
DIRECTOR		Х						0.	0.	0.
(6) RAY EVERNHAM	0.20									
DIRECTOR		Х						0.	0.	0.
(7) EDDIE GOSSAGE	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(8) DON HAWK	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(9) DAVID MCGRATH	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(10) STEVE PAGE	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(11) CHRIS POWELL	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(12) MARK SIMENDINGER	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(13) GREG WALTER	0.20									
DIRECTOR	40.00	Х						0.	0.	0.
(14) DARRELL WALTRIP	0.20									
DIRECTOR		Х						0.	0.	0.
(15) JESSICA FICKENSCHER	0.30									
MANAGING DIRECTOR	40.00			Х				0.	0.	0.
(16) JAMES GREENE III	0.20									
SECRETARY				Х		_		0.	0.	0.
(17) COREY GLASS	0.30									
TREASURER & ASSISTANT SECRETARY	40.00			Х				0.	0.	0.

Form **990** (2020)

Form 990 (2020) SPEEDWAY CHII	DREN'S CHA	RIT	IES						56-133	142	9	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	erage Position Reportable Reportation sper box, unless person is both an box, unless person is both an compensation compens					(E) Reportable compensation from related	1	am	(F) timate nount other			
	(list any hours for related organizations below line)	Individual trustee or director	the organization (W-2/1099-Number or				organizations (W-2/1099-MIS		com fro orga and	pensa om the anizat d relat	e ion ed		
1b Subtotal c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,												Yes	No
 line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х
Section B. Independent Contractors	piete Scrieduis	<i>- 0 1</i> 0	טו אנ	<i>ICIT</i>	Jers	<u> </u>							
Complete this table for your five highest countered the organization. Report compensation for the organization for the organization.										ensat	ion fro	m	
(A) Name and business	(A) (B) Name and business address NONE Description of services						ervices	С	(C omper		n		
Total number of independent contractors (ir \$100,000 of compensation from the organize)	ŭ	ot lin	nited	d to t		se lis	ted	above) who received mo	ore than				

Form 990 (2020)
Part VIII Statement of Revenue

		Check if Schedule O	contair	ns a response	or note to any line	e in this Part VIII			
				•		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
40									300010113 0 12 0 14
nts	1 a								
Sra Iou	b								
S, (C	Fundraising events			224,633.				
를 a	d	Related organizations		1d	18,108.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutior	ns) 1e					
r S	f	All other contributions, gifts,	grants,	, and					
the the		similar amounts not included	above	1f	1,351,141.				
Ę Ó	g	Noncash contributions included in	lines 1a-	-1f 1g \$	53,471.				
San	h	Total. Add lines 1a-1f				1,593,882.			
					Business Code				
•	2 a	1							
Š	b								
še									
M S	C	•							
gra Re	d								
Program Service Revenue	e								
-	f	1 3							
	9								
	3	Investment income (includ	U	,	<i>'</i>				
		other similar amounts)							
	4	Income from investment of			· 1				
	5	Royalties	······						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	C	Rental income or (loss)	6c						
	d	Net rental income or (loss)) <u></u>						
	7 a	Gross amount from sales of	l ⊢	(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
ē	c	Gain or (loss)	7c						
Be		Net gain or (loss)							
ther Revenue		Gross income from fundraisi							
₽		including \$	224,6	33. of					
		contributions reported on							
		Part IV, line 18		·	216,953.				
	b	Less: direct expenses			93,947.				
		Net income or (loss) from				123,006.			123,006.
		Gross income from gamin							·
		Part IV, line 19		I .	83,848.				
	h	Less: direct expenses		I .	'				
		Net income or (loss) from				35,465.			35,465.
		Gross sales of inventory, I							
	10 6								
		and allowances		I .					
		Less: cost of goods sold			DI .				
\dashv		Net income or (loss) from	saies (oi inventory .	Business Code				
S					Business Code				
eor Te	11 a								
Miscellaneous Revenue	b								
3eV	C								
Σ		All other revenue							
		Total. Add lines 11a-11d				4 850 050	-		450 :=:
	12	Total revenue. See instruction	ns		▶	1,752,353.	0.	0.	158,471.

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).

Do not michalde amounts reported on lines fib., 28, 98, 98, and 100 of Part VIII. I draits and other assistance to dinnestic organizations and constitution general programmes. Programmes and connectic organizations and constitution general programmes. See Part V, line 21 Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, (oreign governments, and foreign individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, (oreign governments, and foreign individuals. See Part IV, line 11 and 16 and 1		Check if Schedule O contains a response or note to any line in this Part IX									
and domestic povernments. Ser Part IV, line 21				Program service	Management and	Fundraising					
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, line 15 and 16 4 Benefits pad to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of included above to disqualified persons (as defined under section 4958(x)(3)) and parsons described in section 4958(x)(3) and 400(x) employee contributions (include section 4958(x)) and 400(x) employees (include 1958(x)) and 400(x) employees (inclu	1	Grants and other assistance to domestic organizations									
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 10 Banefits paid to rifor members Compensation of current officers, directors, trustess, and key employees Compensation or individual shows to disqualifiled persons (as defined under section 4986)(1) and persons described in section 4986(1)(3) and 49(3) employer contributions (include section 401(4)) and 49(4) employer contributions (include section 401(4)) and 49(4) employer contributions (includ		and domestic governments. See Part IV, line 21	1,167,447.	1,167,447.							
3 Grants and other assistance to foreign reginations, foreign governments, and foreign redividuals. 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 of current officers, directors, trustees, and key employees 7 Comber salaries and wages 8 Pension plan accruis and contributions (include section 40 (k) and 403(b) employer committed in section 4958(f(1)) and presson discretion in section 4958(f(1)) and presson discretion in section 4958(f(1)) and presson discretion in section 4958(f(1)) and foreign accruis an expense for a foreign and foreign and foreign accruis an expense for a foreign and foreign accruis an expense for an expense for any federal, state, or local public officials in foreign and promotion and federal state, or local public officials in foreign and promotion and federal state, or local public officials in four any federal, state, or local public officials in four any federal, state, or local public officials in four any federal, state, or local public officials in four any federal, state, or local public officials in four any federal, state, or local public officials in four promoses. Intribut expenses on conved although and promotion and federal state, or local public officials in four promoses. Intribut expenses on conved although and promotion and promotion and promotion and federal state, or local public officials in four promotions. Intribute expenses on conved although and promotion	2	Grants and other assistance to domestic									
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22									
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 from timidude above to disqualified persons (astrofied in section 4980(1/1)) and persons described in section 4980(1/1) and persons described in section 4980(1/1) and persons described in section 4980(1/1) and 4980	3										
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4956(f)(1)) and persons described in section 4956(f)(1) and 403(b) employer contributions; 9 Other employee benefits 10 Payrol taxes 11 Fees for services (nonemployees): 12 Alanagement 13 Legal 14,766, 114,766,		organizations, foreign governments, and foreign									
Compensation of current officers, directors, trustees, and key employees		individuals. See Part IV, lines 15 and 16									
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8) Persons (plan accruals and contributions (include section 401(x) and 403(t)) employer contributions; (include section 401(x)) employer contributions; (include section 401(x)) employer contributions; (include section 401(x)) employer contribution 401(x) employer contribution 401(x) employer contribution 401(x)	4	Benefits paid to or for members									
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan actrals 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 11 Life fees for services (nonemployees): a Management b Legal G Lobbying Professional fundralising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0, 1 1, 673, 1 1,	5	Compensation of current officers, directors,									
persons (as defined under section 4986(r)(1)) and persons described in section 4986(r)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 403(t) employee contributions) 9 Other employee benefits 10 Payroll taxes 1 Fees for services (nonemployees): a Management b Legal		trustees, and key employees									
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 40 (K) and 403(b) employer contributions) 9 Chrise reprojove benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 11, 673. 12 Office expenses 13 Office expenses 14, 765. 15 Royalties 16 Occupancy 16 Royalties 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Revents and management fees 12 Depreciation, depletion, and amortization 13 Appreciate of travel or entertainment expenses for any federal, state, or local public officials for any federal	6	Compensation not included above to disqualified									
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and									
Separation Person plan accruais and contributions (include section 401(k) and 403(b) employer contributions		persons described in section 4958(c)(3)(B)									
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal	7	Other salaries and wages									
9 Other employee benefits 10 Payroll taxes	8	Pension plan accruals and contributions (include									
10 Payroll taxes		section 401(k) and 403(b) employer contributions)									
11 Fees for services (nonemployees): a Management	9	Other employee benefits									
a Management b Legal c Accounting	10	Payroll taxes									
b Legal	11	Fees for services (nonemployees):									
C Accounting	а	Management									
d Lobbying	b	Legal									
Professional fundraising services. See Part IV, line 17 Investment management fees Column (A) amount, list line 11g expenses on Sch O.)	С	Accounting	14,766.		14,766.						
Foundation Transport Tra	d										
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion	е	Professional fundraising services. See Part IV, line 17									
Column (A) amount, list line 11g expenses on Sch 0.) 1,673.	f	Investment management fees									
12 Advertising and promotion 1,673. 1,673. 13 Office expenses 28,795. 28,795. 14 Information technology	g	Other. (If line 11g amount exceeds 10% of line 25,									
13 Office expenses 28,795. 28,795. 14 Information technology		column (A) amount, list line 11g expenses on Sch O.)									
14	12	Advertising and promotion									
15 Royalties 106 Ccupancy 106. 106. 17 Travel 10,306. 7,026. 3,280. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6 6 19 Conferences, conventions, and meetings 6 6 20 Interest 6 6 21 Payments to affiliates 7 7 3,951. 22 Depreciation, depletion, and amortization 3,951. 11,703. 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 0.) 11,703. 756. 24 Other expenses. Itemize expenses on Schedule 0.) 696,290. 10,971. 173,599. 511,720. a PAYROLL SERVICES 696,290. 10,971. 173,599. 511,720. b NONCASH CONTRIBUTION EX 53,471. 53,471. 53,471. c TAXES & LICENSES 6,221. 6,106. 115. d OTHER EXPENSES 5,208. 5,208.	13		28,795.			28,795.					
16 Occupancy 106. 106. 17 Travel 10,306. 7,026. 3,280. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	14	Information technology									
17 Travel 10,306. 7,026. 3,280. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,951. 3,951. 21 Insurance 11,703. 756. 24 Other expenses. Itemize expenses on to 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 0.) 25 A PAYROLL SERVICES 6,290. 10,971. 173,599. 511,720. 26 NONCASH CONTRIBUTION EX 53,471. 53,471. 27 C TAXES & LICENSES 6,221. 6,106. 115. 28 All other expenses 29 All other expenses 20 Interest 10,971. 173,599. 511,720. 20 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	15	Royalties									
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 23 Insurance 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 0.) 25 PAYROLL SERVICES 26 NONCASH CONTRIBUTION EX 27 TAXES & LICENSES 28 OTHER EXPENSES 29 All other expenses 20 Interest 20 Interest 21 Payments of travel or entertainment expenses on line 24e. If line 24e expenses not covered above (List miscellaneous expenses on Schedule 0.) 26 All other expenses 27 Total functional expenses. Add lines 1 through 24e 29 (2000, 693) 21 (178, 418) 213 (200) 30 (201) 40 (201) 41 (201) 42 (2000, 693) 43 (178, 418) 44 (213, 200) 45 (200) 46 (200) 47 (201) 47 (201) 48 (201) 49 (201) 40 (201) 41 (201) 41 (201) 42 (2000, 693) 43 (201) 44 (201) 45 (201) 46 (201) 47 (201) 47 (201) 48 (201) 49 (201) 40 (201) 4	16	Occupancy									
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,951. 23 Insurance 12,459. 11,703. 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 0.) a PAYROLL SERVICES 696,290. 10,971. 173,599. 511,720. b NONCASH CONTRIBUTION EX 53,471. c TAXES & LICENSES 6,221. 6,106. 115. d OTHER EXPENSES 5,208. 5,208. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,000,693. 1,178,418. 213,200. 609,075.	18	· ·									
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,951. 23 Insurance 4 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 0.) a PAYROLL SERVICES b NONCASH CONTRIBUTION EX c TAXES & LICENSES d OTHER EXPENSES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.											
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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 0.) a PAYROLL SERVICES b NONCASH CONTRIBUTION EX c TAXES & LICENSES d OTHER EXPENSES All other expenses 4 Il other expenses 5 Total functional expenses. Add lines 1 through 24e 2,000,693. 25 Total functional expenses. Add lines only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		_	,		11 702	-					
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line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PAYROLL SERVICES 696,290. 10,971. 173,599. 511,720. b NONCASH CONTRIBUTION EX 53,471. 53,471. c TAXES & LICENSES 6,221. 6,106. 115. d OTHER EXPENSES 5,208. 5,208. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,000,693. 1,178,418. 213,200. 609,075. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24										
PAYROLL SERVICES 696,290. 10,971. 173,599. 511,720.		line 24è amount exceeds 10% of line 25, column (A)									
b NONCASH CONTRIBUTION EX TAXES & LICENSES OTHER EXPENSES All other expenses Total functional expenses. Add lines 1 through 24e 2,000,693. 1,178,418. 213,200. 609,075. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			696 290	10 971	173 500	511 720					
C TAXES & LICENSES d OTHER EXPENSES E All other expenses Total functional expenses. Add lines 1 through 24e 2,000,693. 1,178,418. 213,200. 609,075. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				10,5/1.	113,399.						
d OTHER EXPENSES 5,208. 5,208. e All other expenses 2,000,693. 1,178,418. 213,200. 609,075. 25 Total functional expenses. Add lines 1 through 24e 2,000,693. 1,178,418. 213,200. 609,075. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-				6 106						
e All other expenses					0,100.						
25 Total functional expenses. Add lines 1 through 24e 2,000,693. 1,178,418. 213,200. 609,075. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			5,200.			3,200.					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			2 000 693	1 178 418	213 200	609 075					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			2,000,033.	-,1,0,110.	210,200.	005,075.					
educational campaign and fundraising solicitation.	20	· · · · · · · · · · · · · · · · · · ·									
		1,77									
		Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2020) Part X Balance Sheet

Га	rt X	Check if Schedule O contains a response or r	note to a	ny line in this Part Y			
		Official in Octificable O Contains a response of t	iote to a	IY III IE II TUIIS I ALL X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			341,890.	1	229,458.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			170,843.	3	87,484.
	4	Accounts receivable, net			121,137.	4	53,236.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified p				
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	Duran alid accompany and alate was all also accomp			29,988.	9	10,408.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	42,593.			
	b			33,737.	12,807.	10c	8,856.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		ı		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 e	703,015.	16	415,792.		
	17	Accounts payable and accrued expenses			138,925.	17	108,910.
	18	Grants payable			4,800.	18	0.
	19	Deferred revenue			38,887.	19	34,819.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ø	22	Loans and other payables to any current or fo	rmer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
abi		controlled entity or family member of any of the	nese per	sons		22	
	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on lin	nes 17-2	I). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			182,612.	26	143,729.
		Organizations that follow FASB ASC 958, c	heck he	re ▶ 🗓			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				520,403.	27	183,993.
Ba	28	Net assets with donor restrictions			0.	28	88,070.
P L		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
S.	29	Capital stock or trust principal, or current fund				29	
se	30	Paid-in or capital surplus, or land, building, or	equipm	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		Г		31	
Š	32	Total net assets or fund balances			520,403.	32	272,063.
	33	Total liabilities and net assets/fund balances			703,015.	33	415,792.

Form **990** (2020)

Pa	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	752,	353.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,	000,	693.
3	Revenue less expenses. Subtract line 2 from line 1	3			248,	340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			520,	403.
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			272,	063.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
review, or compilation of its financial statements and selection of an independent accountant?					Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?	-		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	lit [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number 56-1331429

Pa	art I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	H	A school described in sect i					יאריאיזי	
	H						::\	
3	\vdash	A hospital or a cooperative						
4	Ш	A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	inction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	,g · - · g · · ·			···-,	,	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees and	d gross receipts from
		activities related to its exen						
		income and unrelated busin		•				•
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.
44		See section 509(a)(2). (Col	•	valu to toot for public on	fatu Caa	aaatian E(20(=)(4)	
11	H	An organization organized a						
12	ш	An organization organized a	· ·	•	-		•	
		more publicly supported or	~					Sneck the box in
		lines 12a through 12d that					, ,	
a	· L		· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
k	,		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	
c	i 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	veness
		requirement (see instructi	-		-			
e	, _	Check this box if the orga	•	= '				
		functionally integrated, or					31 · 7 31 · 7 31 ·	
1	Ente	er the number of supported of	• •	nan, musgratsa sappera				
		vide the following information		d organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
T-4	_1							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,064,331.	3,861,155.	4,251,843.	384,229.	1,593,882.	14,155,440.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	4,064,331.	3,861,155.	4,251,843.	384,229.	1,593,882.	14,155,440.
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)						1,799,497.
	Public support. Subtract line 5 from line 4.						12,355,943.
	etion B. Total Support	() 22/2	# N 22.4=	() 22/2		() 2222	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	4,064,331.	3,861,155.	4,251,843.	384,229.	1,593,882.	14,155,440.
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						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,216,110.	1,192,954.	1,405,451.	351,909.	300,801.	4,467,225.
11	Total support. Add lines 7 through 10	2,220,220.	2,252,551.	1,100,101.	552,553.	555,551.	18,622,665.
	Gross receipts from related activities,	etc (see instruction	ine)			12	
	First 5 years. If the Form 990 is for the	<u></u>		ourth or fifth tax v		1	
10	organization, check this box and stor			•			ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			olumn (f))		14	66.35 %
	Public support percentage from 2019					15	64.63 %
	33 1/3% support test - 2020. If the					ore, check this box	and
	stop here. The organization qualifies						. 77
b	33 1/3% support test - 2019. If the	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	-		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
9	90 or 99	0-EZ)	2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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? 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.	1		
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? 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.	2		
Sect	tion 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)? 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).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		I

Pai	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.						
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
_3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

	Type in item i unouonany integrated cook	aj(o, capporting crga	inzations (continu	<i>ieu)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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
2016 AMOUNT: \$ 1,216,110.
2017 AMOUNT: \$ 1,192,954.
2018 AMOUNT: \$ 1,405,451.
2019 AMOUNT: \$ 351,909.
2020 AMOUNT: \$ 300,801.
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, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

SPEEDWAY CHILDREN'S CHARITIES 56-1331429								
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	X 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							
Note: Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.						
General Rule								
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special Rules								
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from						
contributor, during literary, or educat	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 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 \bigsim \frac{1}{2}								
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo							

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions \$39,655.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$108,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPEEDWAY CHILDREN'S CHARITIES

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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	ganization			Employer identification number
SPEEDWAY	CHILDREN'S CHARITIES			56-1331429
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 cm.	entry. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) N/a			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, al	(e) Transfer of g		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	SPEEDWAY CHILDREN'S CHARITI				56-1333	
Pai	t I Organizations Maintaining Donor Advise	d Funds or Othe	er Similar F	unds or Ac	counts. Complete	e if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor ad	dvised funds	(b) Funds and other a	ccounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ts held in donc	or advised fund	le	
Ū	are the organization's property, subject to the organization's	•				s No
6	Did the organization of property, subject to the organization of Did the organization inform all grantees, donors, and donor a					.5110
Ü	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?	•		•		s No
Pa	t II Conservation Easements. Complete if the org					5110
				11 990, 1 211 14,	iiie 7.	
1	Purpose(s) of conservation easements held by the organization	•	· <u>~</u>	ation of a biota	wiaally impartant land	
	Preservation of land for public use (for example, recrea	mon or education)			orically important land	
	Protection of natural habitat		Preserv	ation of a certif	fied historic structure	
•	Preservation of open space	6'	. 4 . 21 42 2 41.			and the stand
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation coi	ntribution in th	e form of a cor		
	day of the tax year.					of the Tax Year
a	Total number of conservation easements				2a	
b					2b	
С	Number of conservation easements on a certified historic str				2c	
d	Number of conservation easements included in (c) acquired a	•				
	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished	, or terminated	by the organiz	zation during the tax	
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	spection, hand	ling of		
	violations, and enforcement of the conservation easements it	t holds?			Ye	s No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violation	s, and enforci	ng conservation	n easements during t	he year
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing co	nservation eas	sements during the ye	ear
	> \$					
8	Does each conservation easement reported on line 2(d) above				(i)	
	and section 170(h)(4)(B)(ii)?				Ye	s No
9	In Part XIII, describe how the organization reports conservation	on easements in its i	revenue and ex	kpense statem	ent and	
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	ion's financial	statements tha	at describes the	
	organization's accounting for conservation easements.	CA 3 112-1-2-11		0110	·	
Pal	t III Organizations Maintaining Collections of		reasures,	or Other S	imiiar Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub				ice of public	
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its rev	enue statemer	nt and balance	sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research	in furtherance	of public service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
					> \$	
2	If the organization received or held works of art, historical tre	asures, or other simi	lar assets for f	inancial gain, p	orovide	
	the following amounts required to be reported under FASB A	SC 958 relating to the	nese items:			
а	Revenue included on Form 990, Part VIII, line 1				> \$	
b	Assets included in Form 990, Part X				> \$	

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sig	gnificant ı	use of its	•		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organ	nization's co	llection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	contribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII					
Pai	T V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	j, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	ed for the	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								,		
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990,	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investn			or other (other)		cumulate reciation	l l	(d) Book	k valu	ie
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				42,593.		33,	737.		8	,856.
_	l. Add lines 1a through 1e. (Column (d) must ed		X. colum	nn (B), line 1	0c.)					8	,856.

(a) Decerin			11b. See Form 990, Part X, line 1	
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
) Financia	al derivatives			
) Closely	held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	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		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(8) (9) tal. (Col. (Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 1	5. (b) Book value
(8) (9) tal. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) tal. (Col. (Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) tal. (Col.	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) (1) OTE (2) (3)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) (1) OTH (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) OTH (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) OTE (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) OTH (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	(b) Book value
(8) (9) (1) OTE (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 1	
(8) (9) (1) OTE (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description		(b) Book value
(8) (9) tal. (Col. (Part IX) (1) OTE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" (a) HER ASSETS Temporary (b) must equal Form 990, Part X, col. (B) line	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTE (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Other Liabilities.	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTE (2) (3) (4) (5) (6) (7) (8) (9) Part X	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS TIME (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a)	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTF (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation of the Columnation	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTF (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation) (1) Feed (2)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTH (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation X) (1) Fed (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTH (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation (Column	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. () (1) OTH (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (2) (3) (4) (5) (4) (5) (6) (7) (8) (9) otal. (Column (2) (3) (4) (5) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. () (2) (3) (4) (5) (6) (7) (8) (9) cotal. (Columnation) (1) Feed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (Part IX) (1) OTE (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35
(8) (9) tal. (Col. (1) (2) (3) (4) (5) (6) (7) (8) (9) cotal. (Columnation X (1) Feed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) IER ASSETS Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)		(b) Book value 26,35

Sche	dule D (Form 990) 2020 SPEEDWAY CHILDREN'S CHARITIES			56-1331429	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,004,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	1 1	252,427.		
c	Recoveries of prior year grants		•		
d	6.1. (5	1 - 1			
				20	252,427.
e				2e	1,752,353.
3	Subtract line 2e from line 1			3	1,752,555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,752,353.
Pa	T XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per P	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,253,120.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	252,427.		
b	Prior year adjustments				
c	Other losses	1 _ 1			
d	Other (Describe in Part XIII.)				
				20	252,427.
e				2e 3	2,000,693.
3	Subtract line 2e from line 1			3	2,000,055.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,000,693.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	•		; Part X, line 2; F	art XI,
PART	X, LINE 2:				
MANA	GEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDE	D THAT			
THE	ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE	1			
ADJU	STMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIO	ONS OF			
THE	GUIDANCE UNDER THE ACCOUNTING TOPIC FOR UNCERTAINTY IN INCOME	TAXES.			
GENE	CRALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX				
EXAN	INATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES F	OR YEARS			
BEFO	RE 2017.				
DURI	NG THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATION HAD NO U	INRELATED			
BUSI	NESS TAXABLE INCOME.				

Schedule D (Form 990) 2020 Part XIII Supplemental Info	SPEEDWAY CHILDREN'S CHARITIES	56-1331429	Page 5
Part XIII Supplemental Info	ormation _(continued)		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

SPEEDWAY CI	HILDREN'S CHARITIES				56-13314	29
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-E	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees, or Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from r	egistration
·						

Schedule G (Form 990 or 990-EZ) 2020 SPEEDWAY CHILDREN'S CHARITIES Page 2 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 GOLF EVENT AUCTION col. (c)) (event type) (event type) (total number) 119,983. 40,845. 280,758. 441,586. 1 Gross receipts 2 Less: Contributions 82,845. 20,915. 120,873. 224,633. **3** Gross income (line 1 minus line 2) 37,138. 19,930. 159,885. 216,953. 4 Cash prizes 5 Noncash prizes 48,419. 48,419. Direct Expenses 5,650. 1,924. 7,574. 6 Rent/facility costs 1,020. 38. 2,152, 3,210. 7 Food and beverages 8 Entertainment 310. 7,967. 26,467. 34,744. 9 Other direct expenses 93,947. **10** Direct expense summary. Add lines 4 through 9 in column (d) 123,006. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 83,848, 83,848. 35,547. 35,547. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 12,836. 12,836. Other direct expenses X Yes % 100 % % Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 48,383. 35,465. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: CA,GA,NC,NV,TN,TX a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 SPEEDWAY CHILDREN'S CHARITIES 56	5-1331429	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Х ү	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Y	es X No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	.00 %
	o An outside facility		100.00 %
	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Y	es X No
b	o 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:		
.0			
	Name CHAPTER DIRECTORS		
	Gaming manager compensation ▶ \$0.		
	Description of services provided SEE PART IV.		
	X 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		
•		X Y	es No
	retain the state gaming license? Description of De		
L	organization's own exempt activities during the tax year \(\bigs\) \$ 35,465.		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. linov	0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, IIIIes	5 9, 90, 100,
SCH	HEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:		
СНА	APTER DIRECTORS OVERSEE LOCAL GAMING EVENTS AS PART OF THEIR		
POS	SITIONS WITH SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATED		
то	GAMING MANAGER, WHICH REPRESENTS A MINOR PART OF THE		
RES	SPONSIBILITIES.		
	·		

Schedule G	G (Form 990 or 990-EZ)	SPEEDWAY CHILDREN'S	CHARITIES	56-1331429	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			

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.

2020 Open to Public

Inspection

Name of the organization **Employer identification number** 56-1331429 SPEEDWAY CHILDREN'S CHARITIES Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) FOOD FOR THE SOUL PO BOX 134 94-3476983 501C(3) CRITICAL NEEDS 25,000. 0 KELLER, TX 76244 KIWANIS CLUB OF DENTON COUNTY 1001 N. ELM 81-3642738 501C(3) 0. MEDICAL DENTON, TX 76201 25,000 NEURO ASSISTANCE FOUNDATION (NAF) 2320 BRIDGEWOOD DRIVE 26-2464596 501C(3) KELLER, TX 76262 25,000 0 MEDICAL PAT'S PLACE CHILD ADVOCACY CENTER 901 EAST BOULEVARD 20-1820596 501(C)3 CRITICAL NEEDS CHARLOTTE NC 28203 25 000 0. PEDIPLACE, INC. 502 SOUTH OLD ORCHARD LANE, SUITE LEWISVILLE TX 75067 75-2512752 501C(3) 0. MEDICAL 25 000 PIEDMONT RESIDENTIAL DEVELOPMENT CENTER, INC. - 601 COACH STREET -KANNAPOLIS NC 28083 59-1719434 501(C)3 25 000 0 MEDICAL 93. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. 3 Enter total number of other organizations listed in the line 1 table

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEDS FOR KIDS, INC.							
1800 CAMDEN ROAD, SUITE 107-17							
CHARLOTTE, NC 28203	27-4153074	501(C)3	21,000.	0.			CRITICAL NEEDS
ATRIUM HEALTH FOUNDATION							
208 EAST BOULEVARD							
CHARLOTTE, NC 28203	56-6060481	501(C)3	20,000.	0.			MEDICAL
GILL CHILDREN'S SERVICES							
555 HEMPHILL STREET STE. 200							
FORT WORTH, TX 76104	75-1642083	501C(3)	16,000.	0.			MEDICAL
RONALD MCDONALD HOUSE OF FORT							
WORTH - 1001 8TH AVENUE - FORT WORTH, TX 76104	75-1754490	5010(3)	16,000.	0.			MEDICAL
MORIII, IA 70104	73 173430	5010(5)	10,000.	· ·			HIDICHI
CAMP SUMMIT, INC.							
17210 CAMPBELL ROAD, SUITE 180-W							
DALLAS, TX 75252	75-2488486	501C(3)	15,000.	0.			MEDICAL
CHARITY LEAGUE, INC.							
PO BOX 471332							
CHARLOTTE, NC 28247	56-0560327	501(C)3	15,000.	0.			CRITICAL NEEDS
CHILDREN'S ASSESSMENT ON HOME							
CHILDREN'S ATTENTION HOME PO BOX 2912							
ROCK HILL, SC 29732	57-0527092	501(C)3	15,000.	0.			CRITICAL NEEDS
SAFE ALLIANCE, INC							
601 EAST 5TH STREET, SUITE 400							
CHARLOTTE, NC 28202	56-0529967	501(C)3	15,000.	0.			CRITICAL NEEDS
EMILY'S PLACE, INC.							
P.O. BOX 860911							
PLANO, TX 75074	04-3726675	501C(3)	13,000.	0.			CRITICAL NEEDS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT HALLIBURTON FOUNDATION 5390 LBJ FREEWAY, SUITE 100 DALLAS, TX 75240	20-5643050	501c(3)	13,000.	0.			EDUCATIONAL
SAFEHAVEN OF TARRANT COUNTY 1010 NORTH CENTER STREET ARLINGTON, TX 76011	75-1670281	501C(3)	13,000.	0.			CRITICAL NEEDS
FEAMCONNOR CHILDHOOD CANCER FOUNDATION - 5420 LBJ FREEWAY, STE. 1300 - DALLAS, TX 75240	26-2000047	501C(3)	13,000.	0.			MEDICAL
BEE MIGHTY 338 S. SHARON AMITY ROAD, #515 CHARLOTTE, NC 28211	82-2967919	501(C)3	12,000.	0.			MEDICAL
NEXUS RECOVERY CENTER INCORPORATED 8733 LA PRADA DRIVE DALLAS, TX 75228	23-7169388	501C(3)	11,000.	0.			CRITICAL NEEDS
WIPE OUT KIDS' CANCER 1349 EMPIRE CENTRAL DRIVE, 100 DALLAS, TX 75247	75-1892051	501C(3)	11,000.	0.			MEDICAL
ISAIAH 117 HOUSE P.O. BOX 842 ELIZABETHTON, TN 37644	82-0631497	501C(3)	10,500.	0.			CRITICAL NEEDS
CABARRUS COOPERATIVE CHRISTIAN MINISTRY - PO BOX 1717 - CONCORD, NC 28026	56-1320818	501(C)3	10,000.	0.			CRITICAL NEEDS
DOVE HOUSE CHILDREN'S ADVOCACY CENTER - 2407 SIMONTON ROAD - STATESVILLE, NC 28625	20-0840600	501(C)3	10,000.	0.			EDUCATIONAL

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMETTO CITIZENS AGAINST SEXUAL ASSAULT - 106 NORTH YORK STREET - LANCASTER, SC 29720	57-0811359	501(C)3	10,000.	0.			MEDICAL
PREVENT CHILD ABUSE ROWAN CHILD ADVOCACY CENTER - 130 WOODSON STREET - SALISBURY, NC 28144	56-2200514	501(C)3	10,000.	0.			MEDICAL
THE LEARNING COLLABORATIVE PO BOX 220488 CHARLOTTE, NC 28222	56-1668333	501(C)3	10,000.	0.			CRITICAL NEEDS
THE RELATIVES, INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	10,000.	0.			CRITICAL NEEDS
YOKEFELLOW MINISTRY OF GREATER STATESVILLE, INC - PO BOX 5384 - STATESVILLE, NC 28687	56-1010615	501(C)3	10,000.	0.			CRITICAL NEEDS
CROSSROADS MEDICAL MISSION P.O. BOX 16852 BRISTOL, VA 24209	54-2038877	501C(3)	9,500.	0.			MEDICAL
RANCH HANDS RESCUE 9477 FORT WORTH DRIVE DENTON, TX 76226	26-4610450	501C(3)	9,000.	0.			MEDICAL
SPECIAL NEEDS GYMNASTICS (SNG) PO BOX 822672 NORTH RICHLAND HILLS, TX 76182	27-0697229	501C(3)	9,000.	0.			MEDICAL
YWCA OF NORTHEAST TENNESSEE AND SOUTHWEST VA - 106 STATE STREET - BRISTOL, TN 37620	62-0488044	501C(3)	9,000.	0.			CRITICAL NEEDS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	, ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING SOUTHWEST VIRGINIA							
P.O. BOX 2579							
ABINGDON, VA 24211	54-1939556	501C(3)	8,800.	0.			CRITICAL NEEDS
JOHNSON COUNTY SAFE HAVEN P.O. BOX 167							
MOUNTAIN CITY, TN 37683	62-1719057	501C(3)	8,500.	0.			CRITICAL NEEDS
ABUSE ALTERNATIVES 104 MEMORIAL DRIVE	E4 1101100	E010(2)	8 000				ODITION NEEDS
BRISTOL, TN 37620	54-1101180	5010(3)	8,000.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB OF CENTRAL APPALACHIA - P.O. BOX 1505 - GRUNDY, VA 25614	20-5517073	501C(3)	8,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF ELIZABETHTON/ CARTER COUNTY - 104 HUDSON DRIVE - ELIZABETHTON, TN 37643	62-0502737	5010(3)	8,000.	0.			EDUCATIONAL
BELLINDEINION, IN 37043	02 0302737	5010(57	0,000.	· ·			EDUCATIONAL
BOYS & GIRLS CLUB OF GREATER KINGSPORT - P.O. BOX 784 - KINGSPORT, TN 37662	62-0481370	501C(3)	8,000.	0.			CRITICAL NEEDS
CHILDREN'S ADVOCACY CENTER OF HIGHLANDS COMMUNITY SERVICES - 2141 SUGAR HOLLOW ROAD - BRISTOL,			,				
VA 24202	54-0979632	501C(3)	8,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER OF SULLIVAN COUNTY - 150 BLOUNTVILLE	62-1232172	E010(2)	9 000				MEDICAL
BYPASS - BLOUNTVILLE, TN 37617	02-12321/2	5010(3)	8,000.	0.			HEDICAL
CHILDREN'S ADVOCACY CENTER OF THE FIRST JUDICIAL DISTRICT - P.O.BOX							
827 - JOHNSON CITY, TN 37605	62-1765785	501C(3)	8,000.	0.			MEDICAL

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	50-1331429 F
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INCORPORATED OF BRISTOL							
BRISTOL, VA 24201	62-0514164	501C(3)	8,000.	0.			EDUCATIONAL
GIRLS INCORPORATED OF JOHNSON CITY/WASHINGTON CO P.O. BOX 1435 - JOHNSON CITY, TN 37605	62-0493392	501C(3)	8,000.	0.			CRITICAL NEEDS
GIRLS INCORPORATED OF KINGSPORT P.O. BOX 981	62-6064042	E01C(2)	8,000.	0.			FINANCIAL
GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY			,				
KINGSPORT, TN 37660	58-1564232	501C(3)	8,000.	0.			MEDICAL
KIPP CHARLOTTE 931 WILANN DRIVE							
CHARLOTTE, NC 28215	20-5664061	501(C)3	8,000.	0.			EDUCATIONAL
ON EAGLES WINGS, INC PO BOX 956							
CONCORD, NC 28026	74-3253195	501(C)3	8,000.	0.			CRITICAL NEEDS
SANTA PAL P.O.BOX 212							
BRISTOL, VA 24203	31-1794923	501C(3)	8,000.	0.			SOCIAL
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 1020 JERICHO							
DRIVE - KINGSPORT, TN 37663	62-1303822	501C(3)	8,000.	0.			CRITICAL NEEDS
YMCA OF BRISTOL 400 MARTIN LUTHER KING BLVD							
BRISTOL, TN 37620	62-0521204	501C(3)	8,000.	0.			EDUCATIONAL

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB GREENEVILLE &							
GREENE COUNTY - P.O. BOX 1977 -							
GREENEVILLE, TN 37744	62-1706248	501C(3)	7,500.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF JOHNSON CITY/			1,555				
WASHINGTON COUNTY - 2210 WEST							
MARKET STREET - JOHNSON CITY, TN							
37604	62-0810733	501C(3)	7,500.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB OF MORRISTOWN							
P.O. BOX 1461							
MORRISTOWN, TN 37816	62-0630667	501C(3)	7,500.	0.			EDUCATIONAL
CHELMED HEALMH CEDVICES INC							
SHELTER HEALTH SERVICES, INC. 534 SPRATT STREET							
CHARLOTTE, NC 28206	20-3041985	E01/G\2	7,500.	0.			MEDICAL
SMALL MIRACLES THERAPEUTIC	20-3041903	501(0/5	7,500.	0.			MEDICAL
EQUESTRIAN CENTER - 1026 ROCK							
SPRINGS DRIVE - KINGSPORT, TN							
37664	62-1603341	501C(3)	7,500.	0.			MEDICAL
			1				
AMERICAN RED CROSS OF NE TENNESSEE							
660 EASTERN STAR ROAD							
KINGSPORT, TN 37663	53-0196605	501C(3)	7,200.	0.			EDUCATIONAL
RIDIN' HIGH THERAPEUTIC HORSE							
PROGRAM - 1525 MORNINGSIDE DRIVE -							
MORRISTOWN, TN 37814	62-1752021	501C(3)	7,100.	0.			MEDICAL
SULLIVAN COUNTY SHERIFF'S							
AUXILIARY - P.O. BOX 589 -	07 0050440	E010(3)		2			GOGTAT
BLOUNTVILLE, TN 37617	27-0052413	DUIC(3)	7,100.	0.			SOCIAL
BIG BROTHERS BIG SISTERS OF EAST							
TENNESSEE - 301 LOUIS STREET SUITE							
302 - KINGSPORT, TN 37660	62-0842531	501C(3)	7,000.	0.			CRITICAL NEEDS

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T dg
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOL FAITH IN ACTION							
1534 EUCLID AVENUE							
BRISTOL, VA 24201	54-2038035	5010(3)	7,000.	0.			CRITICAL NEEDS
BRISION, VA 24201	34-2030033	5010(3)	7,000.	0.			CRITICAL NEEDS
BRISTOL REGIONAL SPEECH & HEARING							
CENTER - 111 COMMONWEALTH AVENUE							
SUITE 100 - BRISTOL, VA 24201	62-0556300	501C(3)	7,000.	0.			MEDICAL
BRISTON, VA 24201	02 0330300	5010(5)	7,000.	٠.			HEDICAL
CARE CENTER							
P.O. BOX 24							
RICHLANDS, VA 24641	82-4202466	501C(3)	7,000.	0.			MEDICAL
RICHIANDS, VA 24041	02 4202400	5010(5)	7,000.	0.			HEDICAL
CHILD ADVOCACY CENTER OF THE 3RD							
JUDICIAL DISTRICT - P.O. BOX 743 -							
MOSHEIM, TN 37818	62-1822505	501C(3)	7,000.	0.			MEDICAL
HOBIETH, IN 37010	02 1022505	5010(5)	7,000.	0.			HEDICAL
COMMUNITIES IN SCHOOLS SWVA							
220 LEE STREET							
	46-1775208	E010/3\	7 000	0.			CRITICAL NEEDS
BRISTOL, VA 24201	46-1775206	5010(3)	7,000.	٠.			CRITICAL NEEDS
CRISIS PREGNANCY CENTER OF GASTON							
COUNTY, INC - 700 ROBINSON ROAD -							
	56-1499208	E01/G\2	7 000	,			ODIMICAL MEEDS
GASTONIA, NC 28056	56-1499206	501(C)3	7,000.	0.			CRITICAL NEEDS
SOUTHERN APPALACHIAN RONALD							
MCDONALD HOUSE CHARITIES - 418 N							
STATE OF FRANKLIN ROAD - JOHNSON							
CITY, TN 37604	62-1578123	501C(3)	7,000.	0.			MEDICAL
UNICOI FAMILY YMCA							
601 LOVE STREET							
ERWIN, TN 37650	62-0478092	501C(3)	7,000.	0.			CRITICAL NEEDS
CASA FOR KIDS							
310 SHELBY STREET				_			
KINGSPORT, TN 37660	62-1464923	501C(3)	6,800.	0.			CRITICAL NEEDS

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	, ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPABILITY HEALTH AND HUMAN							
SERVICES - 7281 W. CHARLESTON							
BLVD LAS VEGAS, NV 89117	94-2815686	501C(3)	6,570.	0.			 FINANCIAL
HEALING HANDS HEALTH CENTER							
245 MIDWAY MEDICAL PARK	60 160000	E01 (7/2)	6 500				Language Control of the Control of t
BRISTOL, TN 37620	62-1677000	501C(3)	6,500.	0.			MEDICAL
MOUNTAIN REGION SPEECH AND HEARING							
301 LOUIS STREET							
KINGSPORT, TN 37663	51-0141536	501C(3)	6,500.	0.			MEDICAL
NEW HORIZONS CENTER FOR LEARNING							
6701 WEST CHARLESTON BLVD.							
LAS VEGAS, NV 89146	88-0124435	501C(3)	6,500.	0.			SOCIAL
SYNERGY FOUNDATION							
1012 LAUREL AVENUE							
COEBURN, VA 24230	83-4618135	501C(3)	6,500.	0.			CRITICAL NEEDS
			1,222				
UNITED WAY OF SOUTHWEST VIRGINIA							
P.O.BOX 644							
ABINGDON, VA 24210	54-0718860	501C(3)	6,500.	0.			CRITICAL NEEDS
JEREMIAH SCHOOL							
P.O. BOX 6024	47-3549152	E010(2)	6 400				MIDICAL
JOHNSON CITY, TN 37602	47-3549152	5010(3)	6,400.	0.			MEDICAL
CHRISTMAS BOX OF NORTHEAST							
TENNESSEE - 644 MARTIN STREET -							
ERWIN, TN 37650	62-1544669	501C(3)	6,000.	0.			CRITICAL NEEDS
FAMILY CRISIS SUPPORT SERVICES							
701 KENTUCKY AVENUE SE							
NORTON, VA 24273	52-1284719	501C(3)	6,000.	0.			CRITICAL NEEDS

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARRETT THOMAS FOUNDATION 1700 UNIVERSITY COMMERCIAL PLACE CHARLOTTE, NC 28213	46-2683114	501(C)3	6,000.	0.			CRITICAL NEEDS
GIRLS ON THE RUN OF NORTHEAST TENNESSEE - P.O. BOX 5622 - JOHNSON CITY, TN 37602	20-8559320	501C(3)	6,000.	0.			FINANCIAL
HELPING HANDS OF VEGAS VALLEY 3640 N. 5TH ST., STE.130 N. LAS VEGAS, NV 89032	88-0466726	501C(3)	6,000.	0.			SOCIAL
RISE UP P.O. BOX 4426 JOHNSON CITY, TN 37602	62-1641099	501C(3)	6,000.	0.			CRITICAL NEEDS
YOUNG LIFE UPPER EAST TENNESSEE P.O. BOX 4716 JOHNSON CITY, TN 37601	84-0385934	501C(3)	5,900.	0.			SOCIAL
CAP THE GAP FOR FOSTER CARE P.O. BOX 3092 KINGSPORT, TN 37664	62-1546506	501C(3)	5,600.	0.			CRITICAL NEEDS
YOUNG LIFE BRISTOL P.O. BOX 37621 BRISTOL, TN 37621	84-0385934	501C(3)	5,600.	0.			SOCIAL
ACH CHILD AND FAMILY SERVICES 3712 WICHITA STREET FORT WORTH, TX 76119	75-0818140	501c(3)	5,500.	0.			CRITICAL NEEDS
HOPE HOUSE P.O. BOX 5821 KINGSPORT, TN 37663	56-2277775	501C(3)	5,500.	0.			CRITICAL NEEDS

ı		if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIWANIS CLUB OF MCKINNEY							
P.O. BOX 667							
MCKINNEY, TX 75070	27-3890253	501C(3)	5,500.	0.			MEDICAL
TLC COMMUNITY CENTER							
L45 JUDGE DON LEWIS BLVD SUITE 7							
ELIZABETHTON, TN 37644	32-0039948	501C(3)	5,400.	0.			CRITICAL NEEDS
YOUNG LIFE KINGSPORT							
532 RAMBLING ROAD							
KINGSPORT, TN 37663	84-0385934	501C(3)	5,300.	0.			SOCIAL
PINECREST ACADEMY OF							
NEVADA-HORIZON CAMPUS - 1360 SOUTH							
BOULDER HIGHWAY - HENDERSON, NV							
39015	45-5065099	501C(3)	5,295.	0.			EDUCATIONAL
AMERICAN RED CROSS OF SW VIRGINIA							
L4298 LEE HIGHWAY							
BRISTOL, VA 24202	53-0196605	501C(3)	5,200.	0.			CRITICAL NEEDS
SHEPHERD'S INN							
P.O. BOX 2214							
ELIZABETHTON, TN 37644	62-1690064	501c(3)	5,200.	0.			CRITICAL NEEDS
	02 200000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			

I, LINE 2: DWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH DUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE	(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
I, LINE 2: WAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH OUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE						
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EDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH IOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE						
EDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH COUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE						
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Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. T I, LINE 2: EDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH IOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE NT RECIPIENT.						
TI, LINE 2: EDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH TOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE	rt IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	
IOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE						
·	EDWAY CHILDREN'S CHARITIES MONITORS THE USE	OF GRANT FUNDS T	HROUGH			
NT RECIPIENT.	IOUS SITE VISITS AND GRANT EVALUATION FORMS	S, WHICH ARE COMPL	ETED BY THE			
	NT RECIPIENT.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

► 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 Employer identification number SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Types of Property

		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	noncash contrib	etermin	•	s
	Ask Masks of ask		items contributed	Form 990, Part VIII, line	1g			
	Art - Works of art							
	Art - Historical treasures							
	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 $_{\dots}$							
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)	Х	120	48,41	9. SELLING PRICE			
26	Other (FOOD/BEVERAGE)	Х	8	3,25	2. SELLING PRICE			
27	Other (PRIZES)	Х	6	1,80	0. SELLING PRICE			
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions	•			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement 29			0	
			· ·				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard contr	butions?	31		х
	Does the organization hire or use third parties					1		
	contributions?					32a	х	
b	If "Yes," describe in Part II.					5_4		
33	If the organization didn't report an amount in c	column (c) foi	a type of property	for which column (a) is o	hecked.			
-	describe in Part II.	(5, 101	-, p, p, p, y	(4)	· · · · · · · · · · · · · · · · · · ·			

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service 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 QQN DADM VI CECMION C IINE 1Q.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 56-1331429

Identification of Disregarded Entities. Comp	plete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o	r Total inco	ome End-of-year	assets			g
Identification of Related Tax-Exempt Organia organizations during the tax year.	izations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	because it had one	or more rela	ated tax-exer	mpt	
(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	Direct c	ontrolling	(g) Section 512(b)(13) controlled entity?	
, and the second		Torongir obuiltiy)		501(c)(3))		,		No
	(a) Name, address, and EIN (if applicable) of disregarded entity Identification of Related Tax-Exempt Organications during the tax year.	(a) Name, address, and EIN (if applicable) of disregarded entity Primary activity Identification of Related Tax-Exempt Organizations. Complete if the organization organizations during the tax year. (a) Name, address, and EIN (b) Primary activity	(a) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state of foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990 organizations during the tax year. (a) (b) (c) Name, address, and EIN Primary activity Legal domicile (state or Legal domicile (state or Legal domicile) (state or Legal domicile)	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, lorganizations during the tax year. (a) Name, address, and EIN Primary activity Legal domicile (state or foreign country) Legal domicile (state or Exempt Organization answered "Yes" on Form 990, Part IV, line 34, lorganizations during the tax year.	(a) (b) (c) Legal domicile (state or foreign country) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or foreign country) Total income End-of-year Primary activity Legal domicile (state or foreign country) Total income End-of-year Primary activity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one organizations during the tax year. (a) (b) (c) (d) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) status (if section status (if section section status (if section section status (if section section section section section status (if section section section section section status (if section se	(a) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Total income End-of-year assets End-of-year assets 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 organizations during the tax year. (a) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country)	(a) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct or entity End-of-year assets	(a) Name, address, and EIN (if applicable) Primary activity 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) Co Legal domicile (state or foreign country) Primary activity (c) Legal domicile (state or foreign country) Primary activity (d) Find income End-of-year assets Direct controlling End-of-year assets Direct controlling entity Entity Direct controlling entity Section entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t	o)(13) rolled ity?
		country)		·				Yes	No
SPEEDWAY MOTORSPORTS LLC - 51-0363307									ĺ
5401 E. INDEPENDENCE BLVD									ĺ
CHARLOTTE, NC 28212	MOTORSPORTS PROMOTER	DE	N/A	C CORP					Х
NEW HAMPSHIRE MOTOR SPEEDWAY INC									
01-0443099, 1122 ROUTE 106 N, LOUNDON, NH									ĺ
03307	MOTORSPORTS PROMOTER	NH	N/A	C CORP					Х
OIL CHEM RESEARCH CORPORATION - 36-3608293									
5283 HIGHWAY 49 S.	MANUFACTURER OF								ĺ
HARRISBURG, NC 28075	LUBRICANTS	IL	N/A	C CORP					Х
US LEGEND CARS INTERNATIONAL INC									
56-1780351, 5245 HIGHWAY 49 S., HARRISBURG,	MANUFACTURER OF RACE								1
NC 28075	CARS	NC	N/A	C CORP					Х
NORTH WILKESBORO SPEEDWAY INC 56-0622079									
381 SPEEDWAY LANE									ĺ
NORTH WILKESBORO, NC 28659	INACTIVE	NC	N/A	C CORP					Х

SPEEDWAY CHILDREN'S CHARITIES

Schedule R (Form 990)

56-1331429

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	en	(i) ction (b)(13) trolled tity?
INEX CORPORATION - 56-1861546		Country)						Yes	No
5245 HIGHWAY 49 S.	AUTO RACING								
HARRISBURG, NC 28075	SANCTIONING BODY	NC	N/A	C CORP					х
SPEEDWAY FUNDING II INC 84-3060646	SANCTIONING BODI	NC NC	N/A	C CORP					├ ^
5401 E. INDEPENDENCE BLVD									
CHARLOTTE, NC 28212	BOND GUARANTOR	NC	N/A	C CORP					х
SPEEDWAY CONSULTING AND DESIGN LLC -	BOND GUARANTOR	NC NC	N/A	C CORP					├ ^
56-1802347, 5401 E. INDEPENDENCE BLVD,									
CHARLOTTE, NC 28212	INACTIVE	NC	N/A	C CORP					х
SMI SYSTEMS LLC - 56-2114978	INACTIVE	NC NC	N/A	C CORI					A
5401 E. INDEPENDENCE BLVD									
CHARLOTTE, NC 28212	PAYROLL PROVIDER	NV	N/A	C CORP					X
SMI TRACKSIDE LLC - 11-3663310	IMMODE TROVIDER	- 111	147.11	C COM					- A
5401 E. INDEPENDENCE BLVD									
CHARLOTTE, NC 28212	SOUVENIR VENDOR	NC	N/A	C CORP					х
		1.5	1,	0 00111					+
									T
									1
									1
									1
									1

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s	Х	
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	N	151,592.	FAIR MARKET VALUE
(2) SPEEDWAY MOTORSPORTS LLC	0	96,319.	COST
(3) SPEEDWAY MOTORSPORTS LLC	P	702,920.	COST
(4) NEW HAMPSHIRE MOTOR SPEEDWAY INC.	P	47,266.	COST
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2020 SPEEDWAY CHILDREN'S CHARITIES 56-1331429 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									