

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

### A For the 2022 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization SPEEDWAY CHILDREN'S CHARITIES		<b>D</b> Employer identification number 56-1331429	
	Doing business as		E Telephone number 704-455-4426	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite #	<b>G</b> Gross receipts \$ 5,588,123. <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	
	5555 CONCORD PARKWAY SOUTH			
City or town, state or province, country, and ZIP or foreign postal code CONCORD, NC 28027		<b>F</b> Name and address of principal officer: MARCUS SMITH SAME AS C ABOVE		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 <b>J</b> Website: SPEEDWAYCHARITIES.ORG <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other <b>L</b> Year of formation: 1982 <b>M</b> State of legal domicile: NC				

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SPEEDWAY CHILDREN'S CHARITIES' PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS AND PROVIDE GRANTS TO		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	726
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	126,837.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,857,609.	4,190,795.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	315,135.	669,340.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,172,744.	4,860,135.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,053,190.	2,849,619.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	860,822.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	937,972.	1,197,199.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,991,162.	4,046,818.
19	Revenue less expenses. Subtract line 18 from line 12	181,582.	813,317.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	809,434.	1,470,639.
	22	Net assets or fund balances. Subtract line 21 from line 20	340,591.	188,479.
			468,843.	1,282,160.

### Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARCUS SMITH, CHAIRMAN				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	AMANDA E. WATERHOUSE	<i>Amanda E Waterhouse</i>	07/28/23	<input type="checkbox"/>	P02014004
Firm's name RSM US LLP		Firm's EIN 42-0714325			
Firm's address 230 N ELM ST, STE 1100 GREENSBORO, NC 27401		Phone no. 336-272-4551			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO RAISE FUNDS AND PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS THAT MEET THE DIRECT NEEDS OF CHILDREN WITH MEDICAL, EDUCATIONAL, OR SOCIAL CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,860,169. including grants of \$ 2,849,619. ) (Revenue \$ ) FUNDS WERE RAISED THROUGHOUT THE YEAR BY HOLDING AUCTIONS, DINNERS, GOLF OUTINGS, DRAWINGS, AND NUMEROUS OTHER EVENTS. THE FUNDS RAISED FROM THESE EVENTS ALLOWED SPEEDWAY CHILDREN'S CHARITIES TO ISSUE FUNDS TO 501(C)(3) NONPROFIT ORGANIZATIONS THAT COMPLIED WITH OUR EXEMPT PURPOSE.

DURING THE FISCAL YEAR ENDING 12/31/22 SPEEDWAY CHILDREN'S CHARITIES DISTRIBUTED OVER \$2.5M TO OVER 298 CHILDREN'S PROGRAMS SUPPORTING AN ESTIMATED 544,978 CHILDREN. SINCE 1982 THE ORGANIZATION HAS DISTRIBUTED MORE THAN \$64 MILLION IN GRANTS, ASSISTING CHILDREN IN NEED WITH THE TOOLS TO BUILD A BETTER, BRIGHTER, AND HEALTHIER FUTURE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,860,169.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 LINDA MUNSON - 704-455-4426  
 5555 CONCORD PARKWAY SOUTH, #302, CONCORD, NC 28027

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) O. BRUTON SMITH CHAIRMAN UNTIL 6/22	0.20 40.00	X		X				0.	0.	0.
(2) MARCUS SMITH VICE CHAIRMAN - CHAIRMAN 7/22	0.20 40.00	X		X				0.	0.	0.
(3) JESSICA FICKENSCHER MANAGING DIRECTOR	0.30 40.00			X				0.	0.	0.
(4) COREY GLASS TREASURER & ASSISTANT SECRETARY	0.30 40.00			X				0.	0.	0.
(5) CLAUDIA BYRD DIRECTOR	40.00	X						0.	0.	0.
(6) JERRY CALDWELL DIRECTOR	0.20 40.00	X						0.	0.	0.
(7) MARK FABER DIRECTOR	0.20 40.00	X						0.	0.	0.
(8) MATT GRECI DIRECTOR	0.20 40.00	X						0.	0.	0.
(9) JILL GREGORY DIRECTOR	0.20 40.00	X						0.	0.	0.
(10) BRANDON HUTCHISON DIRECTOR	0.02 40.00	X						0.	0.	0.
(11) DAVID MCGRATH DIRECTOR	0.20 40.00	X						0.	0.	0.
(12) CHRIS POWELL DIRECTOR	0.20 40.00	X						0.	0.	0.
(13) MIKE TATOIAN DIRECTOR	0.20 40.00	X						0.	0.	0.
(14) GREG WALTER DIRECTOR	0.20 40.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,872,348.				
	<b>d</b> Related organizations .....	<b>1d</b>	759,089.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,559,358.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 370,038.				
	<b>h Total.</b> Add lines 1a-1f .....		4,190,795.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 1,872,348. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		708,696.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		367,641.				
<b>c</b> Net income or (loss) from fundraising events .....			341,055.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		688,632.				
<b>b</b> Less: direct expenses .....	<b>9b</b>		360,347.				
<b>c</b> Net income or (loss) from gaming activities .....			328,285.	126,837.	201,448.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			4,860,135.	0.	126,837.	542,503.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,849,619.	2,849,619.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	30,140.		30,140.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	2,593.			2,593.
<b>13</b> Office expenses .....	9,858.			9,858.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	11,586.			11,586.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,853.			2,853.
<b>23</b> Insurance .....	18,646.		18,646.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PAYROLL SERVICES	711,334.	10,550.	270,670.	430,114.
<b>b</b> NONCASH EXPENDITURES	370,038.			370,038.
<b>c</b> TAXES & LICENSES	6,371.		6,371.	
<b>d</b> _____				
<b>e</b> All other expenses _____	33,780.			33,780.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,046,818.	2,860,169.	325,827.	860,822.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	638,903.	<b>1</b>	1,002,448.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	0.	<b>3</b>	183,346.
	<b>4</b> Accounts receivable, net .....	103,252.	<b>4</b>	230,420.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	35,122.	<b>9</b>	26,359.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,872.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 34,919.		
		5,807.	<b>10c</b>	2,953.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	26,350.	<b>15</b>	25,113.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	809,434.	<b>16</b>	1,470,639.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	146,438.	<b>17</b>	168,404.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	194,153.	<b>19</b>	20,075.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	340,591.	<b>26</b>	188,479.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	468,843.	<b>27</b>	1,098,814.
	<b>28</b> Net assets with donor restrictions .....	0.	<b>28</b>	183,346.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	468,843.	<b>32</b>	1,282,160.
	<b>33</b> Total liabilities and net assets/fund balances .....	809,434.	<b>33</b>	1,470,639.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,860,135.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,046,818.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	813,317.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	468,843.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,282,160.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,251,843.	384,229.	1,593,882.	2,729,808.	4,190,795.	13,150,557.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,251,843.	384,229.	1,593,882.	2,729,808.	4,190,795.	13,150,557.
<b>5</b> 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) .....						1,628,085.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,522,472.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	4,251,843.	384,229.	1,593,882.	2,729,808.	4,190,795.	13,150,557.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	0.	0.	0.	0.	0.	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,405,451.	351,909.	300,801.	841,850.	1,397,328.	4,297,339.
<b>11 Total support.</b> Add lines 7 through 10						17,447,896.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	66.04 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	65.95 %

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**Part VI**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING/GAMING EVENTS

2018 AMOUNT: \$ 1,405,451.

2019 AMOUNT: \$ 351,909.

2020 AMOUNT: \$ 300,801.

2021 AMOUNT: \$ 841,850.

2022 AMOUNT: \$ 1,397,328.

PART II PUBLIC SUPPORT

2019 IS A SHORT YEAR SPANNING A THREE MONTH PERIOD FROM OCTOBER TO

DECEMBER 2019. AMOUNTS REFLECT ONLY THOSE REVENUES RECORDED DURING THE

SHORT PERIOD.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  SPEEDWAY CHILDREN ' S CHARITIES	Employer identification number  56-1331429
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 345,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 171,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 164,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 138,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SPEEDWAY CHILDREN ' S CHARITIES	Employer identification number  56-1331429
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**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
2	PRIZE _____ _____ _____	\$ 16,740.	09/23/22
4	PRIZE _____ _____ _____	\$ 14,000.	05/25/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  SPEEDWAY CHILDREN ' S CHARITIES	Employer identification number  56-1331429
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor 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

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,872.	34,919.	2,953.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,953.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,309,644.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	449,509.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	449,509.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,860,135.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,860,135.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,496,327.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	449,509.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	449,509.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,046,818.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,046,818.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

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

GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX

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

BEFORE 2019.

DURING THE YEAR ENDED DECEMBER 31, 2022, THE ORGANIZATION HAD NO UNRELATED

TAXABLE BUSINESS INCOME.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	SMOKE SHOW (event type)	50 (total number)	
Revenue	<b>1</b> Gross receipts .....	1,002,337.	146,400.	1,432,307.	2,581,044.
	<b>2</b> Less: Contributions .....	865,801.	86,865.	919,682.	1,872,348.
	<b>3</b> Gross income (line 1 minus line 2) .....	136,536.	59,535.	512,625.	708,696.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	37,383.	3,437.	60,955.	101,775.
	<b>7</b> Food and beverages .....	106,315.	3,239.	17,320.	126,874.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	30,561.	15,712.	92,719.	138,992.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				367,641.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				341,055.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			688,632.
Direct Expenses	<b>2</b> Cash prizes .....			323,488.	323,488.
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....			36,859.	36,859.
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 91.00 % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				360,347.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				328,285.	

**9** Enter the state(s) in which the organization conducts gaming activities: GA, NV, NH, NC, TN, TX

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	100.00 %
b An outside facility	13b	.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name LINDA MUNSON

Address 5555 CONCORD PARKWAY SOUTH #309 - CONCORD, NC 28027

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name CHAPTER DIRECTORS

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided SEE PART IV.

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

CHAPTER DIRECTORS OVERSEE LOCAL GAMING EVENTS AS PART OF THEIR

POSITIONS WITH SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATED

TO GAMING MANAGER, WHICH REPRESENTS A MINOR PART OF THE

RESPONSIBILITIES.





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ATRIUM HEALTH FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501C(3)	140,000.	0.			CRITICAL NEEDS
SAFE HOUSE PROJECT 9716 REA ROAD CHARLOTTE, NC 28277	82-3487081	501C(3)	100,000.	0.			CRITICAL NEEDS
ON EAGLES WINGS PO BOX 956 CONCORD, NC 28026	74-3253195	501C(3)	50,000.	0.			CRITICAL NEEDS
LXI (JEFF BYRD GRANT RECIPIENT) 1006 SOUTH BROADWAY STREET JOHNSON CITY, TN 37601	47-3719963	501C(3)	50,000.	0.			CRITICAL NEEDS
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - 4981 SHIRLEY STREET - LAS VEGAS, NV 89119	88-0476452	501C(3)	50,000.	0.			CRITICAL NEEDS
PIEDMONT RESIDENTIAL DEVELOPMENT CENTER - 601 COACH STREET - KANNAPOLIS, NC 28083	59-1719434	501C(3)	38,500.	0.			MEDICAL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 181.

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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON HEART, INC PO BOX 2761 INDIAN TRAIL, NC 28079	46-1161476	501C(3)	30,000.	0.			CRITICAL NEEDS
CHARITY LEAGUE, INC. PO BOX 471332 CHARLOTTE, NC 28247	56-0560327	501C(3)	30,000.	0.			CRITICAL NEEDS
BEDS FOR KIDS INC 1800 CAMDEN RD, #107-17 CHARLOTTE, NC 28203	27-4153074	501C(3)	25,000.	0.			CRITICAL NEEDS
PAT'S PLACE CHILD ADVOCACY CENTER 901 EAST BLVD. CHARLOTTE, NC 28203	20-1820596	501C(3)	25,000.	0.			MEDICAL
THE JUNIOR CHARITY LEAGUE OF CONCORD, INC. - 1 BUFFALO AVE, #205 - CONCORD, NC 28025	51-6061166	501C(3)	20,000.	0.			CRITICAL NEEDS
SAFE ALLIANCE 601 EAST 5TH ST, #400 CHARLOTTE, NC 28202	56-0529967	501C(3)	20,000.	0.			CRITICAL NEEDS
ASSISTANCE LEAGUE OF CHARLOTTE PO BOX 471112 CHARLOTTE, NC 28247	56-1781080	501C(3)	20,000.	0.			CRITICAL NEEDS
ISAIAH 117 HOUSE 1705 STATELINE ROAD ELIZABETHTON, TN 37643	82-0631497	501C(3)	20,000.	0.			CRITICAL NEEDS
TRAFFICK911 4575 CLAIRE CHENNAULT ADDISON, TX 75001	27-1111529	501C(3)	20,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRISCO FASTPACS 124 ROSE LANE, SUITE 603 FRISCO, TX 75034	46-4148733	501C(3)	20,000.	0.			CRITICAL NEEDS
CHRISTIAN COMMUNITY ACTION 200 S. MILL STREET LEWISVILLE, TX 75057	23-7319371	501C(3)	20,000.	0.			CRITICAL NEEDS
PEDIPLACE 502 SOUTH OLD ORCHARD LANE SUITE 12 LEWISVILLE, TX 75067	75-2512752	501C(3)	20,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC. - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501C(3)	20,000.	0.			CRITICAL NEEDS
HOPE SUPPLY CO. 10480 SHADY TRAIL, SUITE 104 DALLAS, TX 75220	75-2284779	501C(3)	20,000.	0.			CRITICAL NEEDS
UNDER 1 ROOF 5787 S. HAMPTON RD., SUITE 390 DALLAS, TX 75232	80-0765001	501C(3)	20,000.	0.			CRITICAL NEEDS
CAMP SUMMIT, INC. 17210 CAMPBELL ROAD, SUITE 180-W DALLAS, TX 75252	75-2488486	501C(3)	20,000.	0.			EDUCATIONAL
TARRANT AREA FOOD BANK 2525 CULLEN STREET FORT WORTH, TX 76107	75-1822473	501C(3)	20,000.	0.			CRITICAL NEEDS
ACH CHILD AND FAMILY SERVICES 3712 WICHITA ST FORT WORTH, TX 76119	75-0818140	501C(3)	20,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LINK 300 BELMONT STREET SAGINAW, TX 76179	20-3579283	501C(3)	20,000.	0.			CRITICAL NEEDS
HEALTH SERVICES OF NORTH TEXAS, INC. - 4401 N. I-35, SUITE 312 - DENTON, TX 76207	75-2252866	501C(3)	20,000.	0.			MEDICAL
RANCH HANDS RESCUE 9477 FORT WORTH DRIVE DENTON, TX 76226	26-4610450	501C(3)	20,000.	0.			MEDICAL
FOOD FOR THE SOUL (GOD'S COMPANY) PO BOX 134 KELLER, TX 76244	94-3476983	501C(3)	20,000.	0.			CRITICAL NEEDS
NEURO ASSISTANCE FOUNDATION 2320 BRIDGEWOOD DRIVE KELLER, TX 76262	26-2464596	501C(3)	20,000.	0.			MEDICAL
SPECIAL NEEDS GYMNASTICS PO BOX 822672 NORTH RICHLAND HILLS, TX 76182	27-0697229	501C(3)	19,000.	0.			SOCIAL
MOUNTAIN MISSION SCHOOL 1760 EDGEWATER DRIVE GRUNDY, VA 24614	54-0618173	501C(3)	15,000.	0.			CRITICAL NEEDS
CABARRUS COOPERATIVE CHRISTIAN MINISTRY - PO BOX 1717 - KANNAPOLIS, NC 28026	56-1320818	501C(3)	15,000.	0.			CRITICAL NEEDS
KINDERMOURN INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501C(3)	15,000.	0.			SOCIAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	56-2238007	501C(3)	15,000.	0.			EDUCATIONAL
INREACH 4530 PARK ROAD, #300 CHARLOTTE, NC 28209	52-1084075	501C(3)	15,000.	0.			MEDICAL
BEE MIGHTY 338 S. SHARON AMITY RD., #515 CHARLOTTE, NC 28211	82-2967919	501C(3)	15,000.	0.			MEDICAL
SAFE HOUSE PROJECT 9716 REA ROAD, SUITE B-206 CHARLOTTE, NC 28277	82-3487081	501C(3)	15,000.	0.			CRITICAL NEEDS
HOSPICE OF IREDELL COUNTY, INC. 2347 SIMONTON ROAD STATESVILLE, NC 28625	56-1376577	501C(3)	15,000.	0.			EDUCATIONAL
YOKEFELLOW MINISTRY OF GREATER STATESVILLE - 1380 SHELTON AVE - STATESVILLE, NC 28677	56-1016150	501C(3)	15,000.	0.			CRITICAL NEEDS
CHILDREN'S ATTENTION HOME, INC. PO BOX 2912 ROCK HILL, SC 29732	57-0527092	501C(3)	15,000.	0.			CRITICAL NEEDS
OPERATION LUNCHBOX 113 PARK 42 DRIVE LOCUST GROVE, GA 30248	46-4930034	501C(3)	15,000.	0.			CRITICAL NEEDS
HOLSTON UNITED METHODIST HOME FOR CHILDREN - P.O. BOX 188 - GREENEVILLE, TN 37744	62-0515531	501C(3)	15,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS COALITION FOR THE HOMELESS INC - 73 BUFFUM STREET, 1ST FLOOR - LYNN, MA 01902	22-2599662	501C(3)	15,000.	0.			CRITICAL NEEDS
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501C(3)	13,500.	0.			CRITICAL NEEDS
RESCUE 1 GLOBAL 6688 NOLENSVILLE RD, SUITE 108-167 BRENTWOOD, TN 37027	46-3971862	501C(3)	12,000.	0.			CRITICAL NEEDS
NETWORK OF COMMUNITY MINISTRIES 1500 INTERNATIONAL PARKWAY, SUITE 3 RICHARDSON, TX 75081	75-2060900	501C(3)	12,000.	0.			CRITICAL NEED
BRAVE LIKE WYATT FOUNDATION 5359 RABBIT FARM LOGANVILLE, GA 30052	85-0956972	501C(3)	11,208.	0.			MEDICAL
BRISTOL REGIONAL SPEECH & HEARING CENTER - 359 COMMONWEALTH AVENUE SUITE 100 - BRISTOL, VA 24201	62-0556300	501C(3)	10,000.	0.			MEDICAL
GIRLS INCORPORATED OF BRISTOL 885 CLINTON AVENUE BRISTOL, VA 24201	62-0514164	501C(3)	10,000.	0.			EDUCATIONAL
CHILDREN'S ADVOCACY CENTER OF HIGHLANDS COMMUNITY SERVICES - 2141 SUGAR HOLLOW ROAD - BRISTOL, VA 24202	54-0979632	501C(3)	10,000.	0.			MEDICAL
BOYS & GIRLS CLUB OF THE MOUNTAIN EMPIRE - P.O. BOX 1074 - BRISTOL, VA 24203	54-0653489	501C(3)	10,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS MEDICAL MISSION P.O. BOX 16852 BRISTOL, VA 24209	54-2038877	501C(3)	10,000.	0.			MEDICAL
FEEDING SOUTHWEST VIRGINIA P.O. BOX 2579 ABINGDON, VA 24211	54-1939556	501C(3)	10,000.	0.			CRITICAL NEEDS
SYNERGY FOUNDATION 1012 LAUREL AVENUE COEBURN, VA 24230	83-4618135	501C(3)	10,000.	0.			CRITICAL NEEDS
FAMILY CRISIS SUPPORT SERVICES 701 KENTUCKY AVENUE SE NORTON, VA 24273	52-1284719	501C(3)	10,000.	0.			CRITICAL NEEDS
BREAD OF LIFE CHILDREN'S MINISTRY 30427 OLD SALTWORK ROAD SALTVILLE, VA 24370	54-2057171	501C(3)	10,000.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB OF CENTRAL APPALACHIA - P.O. BOX 1505 - GRUNDY, VA 25614	20-5517073	501C(3)	10,000.	0.			EDUCATIONAL
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 104 UNION STREET SOUTH - CONCORD, NC 28025	56-2264009	501C(3)	10,000.	0.			EDUCATIONAL
PUT ON THE B.R.A.K.E.S., INC. 7148 WEDDINGTON RD, NW #150 CONCORD, NC 28027	26-2176362	501C(3)	10,000.	0.			EDUCATIONAL
CRISIS PREGNANCY CENTER OF GASTON COUNTY - 700 ROBINSON ROAD - GASTONIA, NC 28056	56-1499208	501C(3)	10,000.	0.			CRITICAL

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHINING HOPE FARMS 328 WHIPPOORWILL LANE MT. HOLLY, NC 28120	30-0067482	501C(3)	10,000.	0.			MEDICAL
MISTY MEADOWS MITEY RIDERS, INC 455 PROVIDENCE RD S WEDDINGTON, NC 28173	56-2045099	501C(3)	10,000.	0.			MEDICAL
THE LEARNING COLLABORATIVE PO BOX 220488 CHARLOTTE, NC 28222	56-1668333	501C(3)	10,000.	0.			CRITICAL NEEDS
YOUTH VILLAGES, INC 8604 CLIFF CAMERON DRIVE CHARLOTTE, NC 28269	58-1716970	501C(3)	10,000.	0.			CRITICAL NEEDS
BLUE RIDGE OPPORTUNITY COMMISSION, INC. - 710 VETERANS DRIVE - NORTH WILKESBORO, NC 28659	56-0857800	501C(3)	10,000.	0.			CRITICAL NEEDS
EBENEZER CHRISTIAN CHILDREN'S HOME 1006 BYRD RIDGE RD NORTH WILKESBORO, NC 28659	56-1861709	501C(3)	10,000.	0.			CRITICAL NEEDS
CHILDREN'S HOPE ALLIANCE 194 BARIUM SPRINGS DRIVE STATESVILLE, NC 28677	01-0653458	501C(3)	10,000.	0.			CRITICAL NEEDS
BAPTIST STATE CONVENTION OF NORTH CAROLINA, INC. - 1519 RIVER ST - WILKESBORO, NC 28697	56-0556746	501C(3)	10,000.	0.			CRITICAL NEEDS
SAFESPOT ADVOCACY CENTER OF WILKES 1260 COLLEGE AVE, STE #5 WILKESBORO, NC 28697	85-3991767	501C(3)	10,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN CHILDREN'S HOME 115 CHILDREN'S WAY DUNCAN, SC 29334	23-7061916	501C(3)	10,000.	0.			CRITICAL NEEDS
LXI 1006 SOUTH BROADWAY STREET JOHNSON CITY, TN 37601	47-3719963	501C(3)	10,000.	0.			CRITICAL NEEDS
RISE UP P.O. BOX 4426 JOHNSON CITY, TN 37602	62-1641099	501C(3)	10,000.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB OF JOHNSON CITY/ WASHINGTON COUNTY - P.O. BOX 5219 - JOHNSON CITY, TN 37604	62-0810733	501C(3)	10,000.	0.			CRITICAL NEEDS
JEREMIAH SCHOOL 1502 KNOB CREEK ROAD JOHNSON CITY, TN 37604	47-3549152	501C(3)	10,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER OF THE FIRST JUDICIAL DISTRICT - P.O. BOX 827 - JOHNSON CITY, TN 37605	62-1765785	501C(3)	10,000.	0.			MEDICAL
GIRLS INCORPORATED OF JOHNSON CITY/WASHINGTON CO. - P.O. BOX 1435 - JOHNSON CITY, TN 37605	62-0493392	501C(3)	10,000.	0.			CRITICAL NEEDS
CHILDREN'S ADVOCACY CENTER OF SULLIVAN COUNTY - 150 BLOUNTVILLE BYPASS - BLOUNTVILLE, TN 37617	62-1232172	501C(3)	10,000.	0.			MEDICAL
ABUSE ALTERNATIVES 104 MEMORIAL DRIVE BRISTOL, TN 37620	54-1101180	501C(3)	10,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501C(3)	10,000.	0.			MEDICAL
YMCA OF BRISTOL 400 MARTIN LUTHER KING BLVD BRISTOL, TN 37620	62-0521204	501C(3)	10,000.	0.			EDUCATIONAL
YWCA OF NORTHEAST TENNESSEE AND SOUTHWEST VA - 106 STATE STREET - BRISTOL, TN 37620	62-0488044	501C(3)	10,000.	0.			CRITICAL NEEDS
TLC COMMUNITY CENTER 145 JUDGE DON LEWIS BLVD SUITE 7 ELIZABETHTON, TN 37644	32-0039948	501C(3)	10,000.	0.			CRITICAL NEEDS
CASA FOR KIDS 310 SHELBY STREET KINGSPORT, TN 37660	62-1464923	501C(3)	10,000.	0.			CRITICAL NEEDS
GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660	58-1564232	501C(3)	10,000.	0.			CRITICAL NEEDS
MOUNTAIN REGION SPEECH AND HEARING 301 LOUIS STREET SUITE 101 KINGSPORT, TN 37660	51-0141536	501C(3)	10,000.	0.			MEDICAL
BOYS & GIRLS CLUB OF GREATER KINGSPORT - P.O. BOX 784 - KINGSPORT, TN 37662	62-0481370	501C(3)	10,000.	0.			CRITICAL NEEDS
GIRLS INCORPORATED OF KINGSPORT P.O. BOX 981 KINGSPORT, TN 37662	62-6064042	501C(3)	10,000.	0.			EDUCATIONAL

Schedule I (Form 990)

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

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JERICHO SHRINE CENTER P.O. BOX 5548 KINGSPORT, TN 37663	36-2193608	501C(3)	10,000.	0.			MEDICAL
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 1020 JERICHO DRIVE - KINGSPORT, TN 37663	62-1303822	501C(3)	10,000.	0.			CRITICAL NEEDS
WAITING TO HEAR 4260 FORT HENRY DRIVE #178 KINGSPORT, TN 37663	47-1332019	501C(3)	10,000.	0.			MEDICAL
CAP THE GAP FOR FOSTER CARE P.O. BOX 3092 KINGSPORT, TN 37664	62-1546506	501C(3)	10,000.	0.			CRITICAL NEEDS
JOHNSON COUNTY SAFE HAVEN P.O. BOX 167 MOUNTAIN CITY, TN 37683	62-1719057	501C(3)	10,000.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB GREENEVILLE & GREENE COUNTY - P.O. BOX 1977 - GREENEVILLE, TN 37744	62-1706248	501C(3)	10,000.	0.			EDUCATIONAL
RIDIN' HIGH THERAPEUTIC HORSE PROGRAM - 5722 LONG CREEK ROAD - MORRISTOWN, TN 37813	62-1752021	501C(3)	10,000.	0.			MEDICAL
BOYS & GIRLS CLUB OF MORRISTOWN P.O. BOX 1461 MORRISTOWN, TN 37816	62-0630667	501C(3)	10,000.	0.			EDUCATIONAL
MANEGAIT THERAPEUTIC HORSEMANSHIP 4261 E. UNIVERSITY DR. #30-253 PROSPER, TX 75078	26-1525268	501C(3)	10,000.	0.			MEDICAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR CHILDREN 3609 MARQUITA DRIVE FORT WORTH, TX 76116	75-2363035	501C(3)	10,000.	0.			SOCIAL
NEVADA BLIND CHILDREN'S FOUNDATION 95 S ARROYO GRANDE BLVD HENDERSON, NV 89012	20-4388240	501C(3)	10,000.	0.			SOCIAL
S A F E HOUSE INC. 921 AMERICAN PACIFIC DR. #300 HENDERSON, NV 89014	88-0314066	501C(3)	10,000.	0.			EDUCATION
THE LULLABY CONNECTION PO BOX 50210 HENDERSON, NV 89016	88-0500044	501C(3)	10,000.	0.			CRITICAL NEEDS
FOSTER KINSHIP 3925 W CHEYENNE SUITE 400 NORTH LAS VEGAS, NV 89032	45-4242425	501C(3)	10,000.	0.			EDUCATION
HELPING HANDS OF VEGAS VALLEY 3640 N. 5TH STREET SUITE 130 NORTH LAS VEGAS, NV 89032	88-0466726	501C(3)	10,000.	0.			SOCIAL
LAS VEGAS CHAPTER OF NATIONAL AMBUCS - 1000 RANCHO CIRCLE - LAS VEGAS, NV 89107	90-1109753	501C(3)	10,000.	0.			SOCIAL
YMCA OF SOUTHERN NEVADA 4141 MEADOWS LANE LAS VEGAS, NV 89107	88-0059266	501C(3)	10,000.	0.			EDUCATION
EYE CARE 4 KIDS 6150 W. SMOKE RANCH RD. LAS VEGAS, NV 89108	81-0712998	501C(3)	10,000.	0.			MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA DIABETES ASSOCIATION FOR CHILDREN AND ADULTS - 6585 HIGH ST. SUITE 219 - LAS VEGAS, NV 89113	88-0386000	501C(3)	10,000.	0.			MEDICAL
ROTARY CLUB P.O. BOX 15152 LAS VEGAS, NV 89114	88-0403571	501C(3)	10,000.	0.			CRITICAL NEEDS
POSITIVELY ARTS 4455 W SUNSET RD LAS VEGAS, NV 89118	45-2847061	501C(3)	10,000.	0.			SOCIAL
SOMERSET ACADEMY 6630 SURREY STREET LAS VEGAS, NV 89119	27-5393412	501C(3)	10,000.	0.			EDUCATION
NEVADA CHILDHOOD CANCER FOUNDATION 3711 E. SUNSET RD. LAS VEGAS, NV 89120	88-0302673	501C(3)	10,000.	0.			EDUCATION
ASSISTANCE LEAGUE 6446 W CHARLESTON BLVD. LAS VEGAS, NV 89135	88-0137831	501C(3)	10,000.	0.			CRITICAL NEEDS
MAKE-A-WISH FOUNDATION 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	88-0371088	501C(3)	10,000.	0.			MEDICAL
THE POLICY ATHLETIC LEAGUE OF SOUTHERN NEVADA - 3065 S JONES BLVD. #100 - LAS VEGAS, NV 89146	86-0857333	501C(3)	10,000.	0.			SOCIAL
RONALD MCDONALD HOUSE CHARITIES 2323 POTOSI ST LAS VEGAS, NV 89146	94-3108570	501C(3)	10,000.	0.			MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS FOUNDATION OF LAS VEGAS 4045 S. BUFFALO DR. SUITEA-101-160 LAS VEGAS, NV 89147	94-2920606	501C(3)	10,000.	0.			CRITICAL NEEDS
CHILDREN'S HEART FOUNDATION 3131 LA CANADA STREET SUITE 110 LAS VEGAS, NV 89169	88-0405506	501C(3)	10,000.	0.			MEDICAL
COMMITTEE ON THE SHELTERLESS 900 HOPPER STREET PETALUMA, CA 94952	68-0176855	501C(3)	10,000.	0.			CRITICAL NEEDS
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - 987 AIRWAY COURT - SANTA ROSA, CA 95403	94-2479393	501C(3)	10,000.	0.			CRITICAL NEEDS
YOUNG WOMENS CHRISTIAN ASSOCIATION (YWCA) OF SONOMA COUNTY - 811 3RD STREET - SANTA ROSA, CA 95404	94-2347428	501C(3)	10,000.	0.			CRITICAL NEEDS
FOOD FOR THOUGHT 6550 RAILROAD AVENUE FORESTVILLE, CA 95436	68-0181095	501C(3)	10,000.	0.			CRITICAL NEEDS
NEW HAMPSHIRE CATHOLIC CHARITIES, INC. - 100 WILLIAM LOEB DRIVE UNIT 3 - MANCHESTER, NH 03109	02-0222163	501C(3)	10,000.	0.			CRITICAL NEEDS
BABY'S BOUNTY 3400 W DESERT INN ROAD #24 LAS VEGAS, NV 89102	26-2678979	501C(3)	9,750.	0.			CRITICAL NEEDS
CHEF FOR KIDS INC 8050 PARADISE ROAD, STE. 100 LAS VEGAS, NV 89123	86-0860581	501C(3)	9,550.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SOUTHERN NV 1921 N. RAINBOW BLVD. FLOOR 2 LAS VEGAS, NV 89108	88-0354481	501C(3)	9,500.	0.			EDUCATION
AFTER-SCHOOL ALL-STARS LAS VEGAS 8485 W. SUNSET ROAD SUITE 106 LAS VEGAS, NV 89113	88-0348811	501C(3)	9,250.	0.			EDUCATION
CAPABILITY HEALTH AND HUMAN SERVICES - 7281 W CHARLESTON BLVD - LAS VEGAS, NV 89117	94-2815686	501C(3)	9,241.	0.			MEDICAL
HOPE HOUSE OF SCOTT COUNTY P.O. BOX 1992 GATE CITY, VA 24251	54-1893016	501C(3)	9,000.	0.			CRITICAL NEEDS
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	56-2100632	501C(3)	9,000.	0.			MEDICAL
YOUNG LIFE BRISTOL P.O. BOX 548 BRISTOL, TN 37621	84-0385934	501C(3)	9,000.	0.			SOCIAL
YOUNG LIFE KINGSPORT P.O. BOX 3374 KINGSPORT, TN 37664	84-0385934	501C(3)	9,000.	0.			SOCIAL
CHILD ADVOCACY CENTER OF THE 3RD JUDICIAL DISTRICT - P.O. BOX 743 - MOSHEIM, TN 37818	62-1822505	501C(3)	9,000.	0.			MEDICAL
LAS VEGAS NATURAL HISTORY MUSEUM 900 LAS VEGAS BOULEVARD NORTH LAS VEGAS, NV 89101	88-0256389	501C(3)	9,000.	0.			EDUCATION

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR KIDS 2423 SUSANNAH STREET JOHNSON CITY, TN 37601	62-1765487	501C(3)	8,500.	0.			EDUCATIONAL
BRISTOL FAITH IN ACTION 1556 EUCLID AVENUE BRISTOL, VA 24201	54-2038035	501C(3)	8,000.	0.			CRITICAL NEEDS
FLINT CIRCUIT COUNCIL ON FAMILY VIOLENCE, INC. DBA HAVEN HOUSE - P. O. BOX 1150 - MCDONOUGH, GA 30253	58-1851426	501C(3)	8,000.	0.			CRITICAL NEEDS
APPALACHIA SERVICE PROJECT 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501C(3)	8,000.	0.			CRITICAL NEEDS
NISWONGER CHILDREN'S FOUNDATION 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604	62-0476282	501C(3)	8,000.	0.			CRITICAL NEEDS
ASSISTANCE AND RESOURCE MINISTRIES 214 WEST C STREET ELIZABETHTON, TN 37643	62-1538942	501C(3)	8,000.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB OF ELIZABETHTON/ CARTER COUNTY - 104 HUDSON DRIVE - ELIZABETHTON, TN 37643	62-0502737	501C(3)	8,000.	0.			EDUCATIONAL
UNICOI FAMILY YMCA 601 LOVE STREET ERWIN, TN 37650	62-0478092	501C(3)	8,000.	0.			EDUCATIONAL
SMALL MIRACLES THERAPEUTIC EQUESTRIAN CENTER - 1026 ROCK SPRINGS DRIVE - KINGSPOINT, TN 37664	62-1603341	501C(3)	8,000.	0.			MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT ANTHONY'S BREAD FOOD PANTRY 833 WEST MAIN STREET MOUNTAIN CITY, TN 37683	10-0266615	501C(3)	8,000.	0.			CRITICAL NEEDS
ST. JUDE'S RANCH FOR CHILDREN 200 WILSON CIRCLE BOULDER CITY, NV 89005	20-2917263	501C(3)	8,000.	0.			SOCIAL
NATHAN ADELSON HOSPICE 4131 UNIVERSITY CENTER DRIVE LAS VEGAS, NV 89119	88-0197147	501C(3)	8,000.	0.			SOCIAL
YOUTH OUTDOOR UNITY 3231 N DECATUR BLVD SUITE 125 LAS VEGAS, NV 89130	80-0435476	501C(3)	8,000.	0.			EDUCATION
NEW HORIZONS CENTER FOR LEARNING 6701 W CHARLESTON BLVD LAS VEGAS, NV 89146	88-0124435	501C(3)	8,000.	0.			EDUCATION
PALACE THEATRE TRUST 80 HANOVER STREET MANCHESTER, NH 03101	23-7356019	501C(3)	8,000.	0.			SOCIAL
GOOD SAMARITAN MINISTRIES P.O. BOX 2441 JOHNSON CITY, TN 37605	62-1233320	501C(3)	7,600.	0.			CRITICAL NEEDS
THREE SQUARE 4190 NORTH PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501C(3)	7,600.	0.			CRITICAL NEEDS
HELP OF SOUTHERN NEVADA 1640 E. FLAMINGO RD SUITE #100 LAS VEGAS, NV 89119	88-0108496	501C(3)	7,525.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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JOSEPH SAMS SCHOOL 280 BRANDYWINE BLVD. FAYETTEVILLE, GA 30214	58-1584379	501C(3)	7,500.	0.			MEDICAL
WILDERNESS WORKS, INC. 644 MEMORIAL DRIVE, SE ATLANTA, GA 30312	20-0445312	501C(3)	7,500.	0.			SOCIAL
MORRISTOWN HAMBLEN CENTRAL SERVICES - P.O. BOX 1622 - MORRISTOWN, TN 37816	62-0808245	501C(3)	7,500.	0.			CRITICAL NEEDS
HOPELINK OF SOUTHERN NEVADA 178 WESTMINSTER WAY HENDERSON, NV 89015	94-3202139	501C(3)	7,500.	0.			CRITICAL NEEDS
SERVING OUR KIDS FOUNDATION INC 121 INDUSTRIAL PARK RD STE 110 HENDERSON, NV 89015	30-0747568	501C(3)	7,500.	0.			CRITICAL NEEDS
EL-SHADDAI REFUGE HOMES 542 ANA RAQUEL AVE NORTH LAS VEGAS, NV 89031	82-3294530	501C(3)	7,500.	0.			SOCIAL
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC SUITE 160 HENDERSON, NV 89074	22-3829041	501C(3)	7,500.	0.			EDUCATION
DISCOVERY CHILDREN'S MUSEUM 360 PROMENADE PLACE LAS VEGAS, NV 89106	94-2943891	501C(3)	7,500.	0.			EDUCATION
THE JUST ONE PROJECT 711 N RANCHO DRIVE SUITE 100 LAS VEGAS, NV 89106	47-2348577	501C(3)	7,500.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

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EPICUREAN CHARITABLE FOUNDATION 6765 S EASTERN AVE. LAS VEGAS, NV 89119	88-0514126	501C(3)	7,500.	0.			EDUCATION
MIRACLE FLIGHTS 5740 S. EASTERN AVENUE SUITE 240 LAS VEGAS, NV 89119	88-0209952	501C(3)	7,500.	0.			MEDICAL
FOUNDATION FOR POSITIVELY KIDS 2080 E. TOMPKINS AVENUE SUITE 222 LAS VEGAS, NV 89121	88-0419638	501C(3)	7,500.	0.			MEDICAL
OLIVE CREST 4285 NORTH RANCHO DRIVE, SUITE 160 LAS VEGAS, NV 89130	95-2877102	501C(3)	7,500.	0.			CRITICAL NEEDS
GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PKWY, #110 LAS VEGAS, NV 89141	20-8862386	501C(3)	7,500.	0.			CRITICAL NEEDS
CANDLELIGHTERS FOR CHILDHOOD CANCER - 8990 SPANISH RIDGE AVE, SUITE 100 - LAS VEGAS, NV 89148	94-2579116	501C(3)	7,500.	0.			MEDICAL
JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404	94-3386103	501C(3)	7,500.	0.			MEDICAL
EASTER SEALS NH INC. 555 AUBURN STREET MANCHESTER, NH 03103	20-2728250	501C(3)	7,500.	0.			CRITICAL NEEDS
WAYPOINT 464 CHESTNUT STREET MANCHESTER, NH 03105	02-0222164	501C(3)	7,500.	0.			CRITICAL NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF APPALACHIAN HIGHLANDS - 220 LEE STREET - BRISTOL, VA 24201	46-1775208	501C(3)	7,000.	0.			CRITICAL NEEDS
MORRISON SCHOOL 400 EDGEWOOD LANE BRISTOL, VA 24201	54-1053329	501C(3)	7,000.	0.			EDUCATIONAL
SANTA PAL P.O.BOX 212 BRISTOL, VA 24203	31-1794923	501C(3)	7,000.	0.			SOCIAL
SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES - 418 N STATE OF FRANKLIN ROAD - JOHNSON CITY, TN 37604	62-1578123	501C(3)	7,000.	0.			MEDICAL
SULLIVAN COUNTY SHERIFF'S AUXILIARY - P.O. BOX 589 - BLOUNTVILLE, TN 37617	27-0052413	501C(3)	7,000.	0.			SOCIAL
NATIONAL HEMOPHILIA FOUNDATION 222 SO. RAINBOW SUITE 202 LAS VEGAS, NV 89145	13-5641857	501C(3)	7,000.	0.			MEDICAL
CHILDREN'S MUSEUM OF NEW HAMPSHIRE 6 WASHINGTON STREET DOVER, NH 03820	02-0363746	501C(3)	6,500.	0.			EDUCATIONAL
G4G MINISTRIES, INC. 2227 SALISBURY HWY STATESVILLE, NC 18677	61-1616310	501C(3)	6,400.	0.			CRITICAL NEEDS
MOUNTAIN KIDS INC 630 ESTATES DRIVE POUNDING MILL, VA 24637	56-2509157	501C(3)	6,000.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GARRETT THOMAS FOUNDATION INC PO BOX 907 CONCORD, NC 28026	45-2683114	501C(3)	6,000.	0.			CRITICAL NEEDS
CROSSWALK MINISTRIES P.O. BOX 1613 MCDONOUGH, GA 30253	61-1522813	501C(3)	6,000.	0.			SOCIAL
CARTER COUNTY FOSTER CARE ASSOCIATION - P.O. BOX 604 - ELIZABETHTON, TN 37643	58-2247802	501C(3)	6,000.	0.			SOCIAL
SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF NV - 4285 NORTH RANCHO DRIVE SUITE 130 - LAS VEGAS, NV 89130	88-0326450	501C(3)	6,000.	0.			SOCIAL

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

SPEEDWAY CHILDREN'S CHARITIES MONITORS THE USE OF GRANT FUNDS THROUGH  
VARIOUS SITE VISITS AND GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE  
GRANT RECIPIENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	557	311,908.	SELLING PRICE
26 Other ( EVENT FOOD & BE )	X	2	58,130.	FMV
27 Other ( )				
28 Other ( )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2022



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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

ON OCCASION, AUCTIONEERS MAY BE USED TO SELL ITEMS DURING FUNDRAISING EVENTS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

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

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

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

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

CLAUDIA BYRD AND JERRY CALDWELL HAVE A FAMILY RELATIONSHIP.

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization SPEEDWAY CHILDREN'S CHARITIES	Employer identification number 56-1331429
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GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. DOCUMENTS MAY BE MAILED OR EMAILED TO PERSON REQUESTING DOCUMENTS. DOCUMENTS ARE ALSO AVAILABLE ONLINE AT SPEEDWAYCHARITIES.ORG.

FORM 990, PART VII:  
SPEEDWAY CHILDREN'S CHARITIES DOES NOT ISSUE W2S. REIMBURSEMENT IS MADE TO ITS RELATED ORGANIZATION FOR PAYROLL SERVICES. OFFICERS ARE VOLUNTEERING THEIR TIME, THEREFORE OFFICER SALARIES ARE NOT REIMBURSED BUT INSTEAD CONSIDERED DONATED SERVICES BY THE RELATED ORGANIZATION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SPEEDWAY FUNDING II INC. - 84-3060646 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	BOND GUARANTOR	NC	SONIC FINANCIAL CORPORATION	C CORP					X
SPEEDWAY CONSULTING AND DESIGN LLC - 56-1802347, 5401 E. INDEPENDENCE BLVD, CHARLOTTE, NC 28212	INACTIVE	NC	SONIC FINANCIAL CORPORATION	C CORP					X
SMI SYSTEMS LLC - 56-2114978 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	PAYROLL PROVIDER	NV	SONIC FINANCIAL CORPORATION	C CORP					X
SMI TRACKSIDE LLC - 11-3663310 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	SOUVENIR VENDOR	NC	SONIC FINANCIAL CORPORATION	C CORP					X
NEW HAMPSHIRE MOTOR SPEEDWAY INC. - 01-0443099, 1122 ROUTE 106 N, LOUNDON, NH 03307	MOTORSPORTS PROMOTER	NH	SONIC FINANCIAL CORPORATION	C CORP					X
NASHVILLE SPEEDWAY USA - 62-1587868 1131 N DUPONT HIGHWAY DOVER, DE 19901	MOTORSPORTS PROMOTER	TN	SONIC FINANCIAL CORPORATION	C CORP					X
DOVER MOTORSPORTS LLC - 51-0357525 1131 N DUPONT HIGHWAY DOVER, DE 19901	MOTORSPORTS PROMOTER	TN	SONIC FINANCIAL CORPORATION	C CORP					X

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OIL CHEM RESEARCH CORPORATION	S	480.	COST
(2) OIL CHEM RESEARCH CORPORATION	C	7,065.	COST
(3) SONIC FINANCIAL CORPORATION	S	10,415.	COST
(4) SONIC FINANCIAL CORPORATION	C	741,693.	COST
(5) SONIC FINANCIAL CORPORATION	N	377,531.	COST
(6) SONIC FINANCIAL CORPORATION	M	12,020.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SONIC FINANCIAL CORPORATION	O	30,625.	COST
(8) SONIC FINANCIAL CORPORATION	P	691,204.	COST
(9) NEW HAMPSHIRE MOTOR SPEEDWAY INC	C	5,000.	COST
(10) DOVER MOTOR SPEEDWAY LLC	C	5,031.	COST
(11) NASHVILLE SPEEDWAY USA INC	C	300.	COST
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



