

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

**A For the 2023 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SPEEDWAY CHILDREN'S CHARITIES  <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5555 CONCORD PARKWAY SOUTH #302  City or town, state or province, country, and ZIP or foreign postal code CONCORD, NC 28027  <b>F Name and address of principal officer:</b> MARCUS SMITH SAME AS C ABOVE	<b>D Employer identification number</b> 56-1331429  <b>E Telephone number</b> 704-455-4426  <b>G Gross receipts \$</b> 6,463,262.  <b>H(a) Is this a group return</b> for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> SPEEDWAYCHARITIES.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1982
<b>M State of legal domicile:</b> NC		

**Part I Summary**

<b>1</b>	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		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	10
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1428
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	43,675.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	4,190,795.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	0.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	669,340.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	4,860,135.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	2,849,619.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	770,195.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>	1,200,966.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	1,197,199.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	4,046,818.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	813,317.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	1,470,639.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	188,479.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	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.

<b>Sign Here</b>	Signature of officer MARCUS SMITH, CHAIRMAN Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MEREDITH BELL	Preparer's signature MEREDITH BELL
	Date 08/26/24	Check if self-employed <input type="checkbox"/> PTIN P01696827
	Firm's name RSM US LLP	Firm's EIN 42-0714325
	Firm's address 919 EAST MAIN STREET, SUITE 1800 RICHMOND, VA 23219	Phone no. 804-282-2121

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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  SPEEDWAY CHILDREN'S CHARITIES	Taxpayer identification number (TIN)  56-1331429
	Number, street, and room or suite no. If a P.O. box, see instructions. 5555 CONCORD PARKWAY SOUTH, #302	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONCORD, NC 28027	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of LINDA MUNSON

5555 CONCORD PARKWAY SOUTH, #302 - CONCORD, NC 28027

Telephone No. 704-455-4426

Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 23 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

**Part III** Statement of Program Service AccomplishmentsCheck 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 4,241,068. including grants of \$ 4,230,151. ) (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 12/31/23 SPEEDWAY CHILDREN'S CHARITIES  
DISTRIBUTED OVER \$4.2M TO OVER 415 CHILDREN'S PROGRAMS SUPPORTING AN  
ESTIMATED 478,365 CHILDREN. SINCE 1982 THE ORGANIZATION HAS  
DISTRIBUTED MORE THAN \$68 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 4,241,068.

**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</b> <b>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. See instructions</i>		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> .....	<b>22</b>	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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<b>36</b> <b>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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**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>1a</b>	32
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	14
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 10		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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**

	1a	1b	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 .....		0		
<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, FL, GA, IL, KS, KY, MA, MD

**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) LISA STARNES EXECUTIVE DIRECTOR	40.00 0.00			X				100,569.	0.	8,467.
(2) CLAUDIA BYRD DIRECTOR	40.00 0.00	X						55,090.	0.	6,008.
(3) MARCUS SMITH CHAIRMAN	0.20 40.00	X		X				0.	0.	0.
(4) JESSICA FICKENSCHER MANAGING DIRECTOR	10.00 40.00			X				0.	0.	0.
(5) COREY GLASS TREASURER & ASSISTANT SECRETARY	0.30 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) BRIAN FLYNN DIRECTOR (EFF. 8/1/2023)	0.20 40.00	X						0.	0.	0.
(10) JILL GREGORY DIRECTOR (THRU 7/30/2023)	0.20 40.00	X						0.	0.	0.
(11) BRANDON HUTCHISON DIRECTOR	0.20 40.00	X						0.	0.	0.
(12) DAVID MCGRATH DIRECTOR	0.20 40.00	X						0.	0.	0.
(13) CHRIS POWELL DIRECTOR	0.20 40.00	X						0.	0.	0.
(14) MIKE TATOIAN DIRECTOR	0.20 40.00	X						0.	0.	0.
(15) GREG WALTER DIRECTOR	0.20 40.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....								155,659.	0.	14,475.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								155,659.	0.	14,475.

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

1

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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>	2,022,382.				
	<b>d</b> Related organizations .....	<b>1d</b>	816,558.				
	<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>	1,897,771.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 655,051.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</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 .....						
			(i) Real (ii) Personal				
	<b>6 a</b> Gross rents .....	<b>6a</b>					
	<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) .....						
			(i) Securities (ii) Other				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>					
	<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 \$ 2,022,382. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	927,990.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	514,407.				
	<b>c</b> Net income or (loss) from fundraising events .....			413,583.			413,583.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>	798,561.					
<b>b</b> Less: direct expenses .....	<b>9b</b>	423,385.					
<b>c</b> Net income or (loss) from gaming activities .....			375,176.		43,675.	331,501.	
<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>Business Code</b>				
	<b>11 a</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 .....				5,525,470.	0.	43,675.	745,084.

**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 ...	4,230,151.	4,230,151.		
<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 .....	170,134.	2,411.	67,013.	100,710.
<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 .....	519,209.	7,360.	204,506.	307,343.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	29,073.	412.	11,451.	17,210.
<b>10</b> Payroll taxes .....	51,779.	734.	20,395.	30,650.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	31,648.		31,648.	
<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 .....	2,727.			2,727.
<b>13</b> Office expenses .....	11,466.			11,466.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	27,169.			27,169.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	46,518.			46,518.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,122.			2,122.
<b>23</b> Insurance .....	10,059.		10,059.	
<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> NONCASH EXPENDITURES	655,051.			655,051.
<b>b</b> TAXES & LICENSES	5,161.		5,161.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,792,267.	4,241,068.	350,233.	1,200,966.
<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 .....	1,002,448.	<b>1</b>	740,961.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	183,346.	<b>3</b>	91,857.
	<b>4</b> Accounts receivable, net .....	230,420.	<b>4</b>	334,954.
	<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 .....	26,359.	<b>9</b>	21,674.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,036.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 29,205.		
		2,953.	<b>10c</b>	831.
	<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 .....	25,113.	<b>15</b>	23,923.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,470,639.	<b>16</b>	1,214,200.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	168,404.	<b>17</b>	147,937.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	20,075.	<b>19</b>	50,900.
	<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</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	188,479.	<b>26</b>	198,837.
<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 .....	1,098,814.	<b>27</b>	923,506.
	<b>28</b> Net assets with donor restrictions .....	183,346.	<b>28</b>	91,857.
	<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> <b>Total net assets or fund balances</b> .....	1,282,160.	<b>32</b>	1,015,363.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	1,470,639.	<b>33</b>	1,214,200.

Form **990** (2023)

**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>	5,525,470.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,792,267.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-266,797.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,282,160.
<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>	1,015,363.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	384,229.	1,593,882.	2,729,808.	4,190,795.	4,736,712.	13,635,426.
<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 .....	384,229.	1,593,882.	2,729,808.	4,190,795.	4,736,712.	13,635,426.
<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) .....						2,315,116.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,320,310.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	384,229.	1,593,882.	2,729,808.	4,190,795.	4,736,712.	13,635,426.
<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 .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	351,909.	300,801.	841,850.	1,397,328.	788,759.	3,680,647.
<b>11 Total support.</b> Add lines 7 through 10						17,316,073.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....		<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	65.37	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	66.04	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<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>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>1</b>		
<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>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>1</b>		
<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>2</b>		
<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>3</b>		

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

	Yes	No
<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>2a</b>		
<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>2b</b>		
<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>3a</b>		
<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>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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).		

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

		Current Year
<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 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<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 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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:

## NET INCOME FROM FUNDRAISING/GAMING EVENTS

2019 AMOUNT: \$ 351,909.

2020 AMOUNT: \$ 300,801.

2021 AMOUNT: \$ 841,850.

2022 AMOUNT: \$ 1,397,328.

2023 AMOUNT: \$ 788,759.

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

OMB No. 1545-0047

**2023**

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 350,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 222,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 171,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 124,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 120,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 98,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

56-1331429

## Part II

[illegible]

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

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

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

**SCHEDULE D**  
**(Form 990)**

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

OMB No. 1545-0047

**2023**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 in 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		30,036.	29,205.	831.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				831.

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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, line 25, col. (B))	

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>	6,245,223.
<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>	719,753.
<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>	719,753.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	5,525,470.
<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>	5,525,470.

**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>	6,512,020.
<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>	719,753.
<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>	719,753.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	5,792,267.
<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>	5,792,267.

**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 2020.

DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022, THE ORGANIZATION HAD NO

NET UNRELATED TAXABLE BUSINESS INCOME.

[illegible]

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

SPEEDWAY CHILDREN'S CHARITIES

Employer identification number

56-1331429

## Part I

### **Fundraising Activities.**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	GOLF TOURNAMENT	68	
		(event type)	(event type)	(total number)	
	1 Gross receipts .....	1,244,949.	135,164.	1,570,259.	2,950,372.
	2 Less: Contributions .....	978,556.	108,484.	935,342.	2,022,382.
	3 Gross income (line 1 minus line 2) .....	266,393.	26,680.	634,917.	927,990.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	51,749.	6,565.	82,119.	140,433.
	7 Food and beverages .....	116,100.	4,345.	38,191.	158,636.
	8 Entertainment .....	31,748.			31,748.
	9 Other direct expenses .....	30,806.	11,631.	141,153.	183,590.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				514,407.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				413,583.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....			798,561.	798,561.
2	Cash prizes .....			377,446.	377,446.
3	Noncash prizes .....				
4	Rent/facility costs .....				
5	Other direct expenses .....			45,939.	45,939.
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 89.62 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				423,385.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				375,176.

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

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

Name LINDA MUNSONAddress 5555 CONCORD PARKWAY SOUTH - 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 THEIRPOSITIONS WITH SPEEDWAY CHILDREN'S CHARITIES. NO SALARY IS ALLOCATEDTO GAMING MANAGEMENT, WHICH REPRESENTS A MINOR PART OF THEIRRESPONSIBILITIES.

[illegible]

**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

**2023**

**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
A BETTER CHANCE FOR OUR CHILDREN, INC. - 1307 PHILADELPHIA PIKE - WILMINGTON, DE 19809	27-1621216	501(C)(3)	10,000.	0.			CRITICAL NEEDS
ABUSE ALTERNATIVES 104 MEMORIAL DRIVE BRISTOL, TN 37620	54-1101180	501(C)(3)	15,000.	0.			CRITICAL NEEDS
ACADEMIC LEARNING CENTER, INC 300 MCGILL AVENUE/PO BOX 1881 CONCORD, NC 28027	56-1963975	501(C)(3)	7,500.	0.			EDUCATIONAL
ADOPTION SUPPORT ALLIANCE 1501 EAST 7TH ST, UNIT 6 CHARLOTTE, NC 28204	47-1040582	501(C)(3)	30,000.	0.			MEDICAL
ANCORA TN (FORMERLY END SLAVERY TN) - PO BOX 160069 - NASHVILLE, TN 37216	45-4955577	501(C)(3)	12,000.	0.			CRITICAL NEEDS
APPALACHIA SERVICE PROJECT 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501(C)(3)	10,000.	0.			CRITICAL NEEDS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 230.

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

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

**Schedule I (Form 990) 2023**

**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
ASSISTANCE LEAGUE OF CHARLOTTE PO BOX 471112 CHARLOTTE, NC 28247	56-1781080	501(C)(3)	20,000.	0.			CRITICAL NEEDS
ASSISTANCE LEAGUE OF LAS VEGAS 6446 W CHARLESTON BLVD LAS VEGAS, NV 89146	88-0137831	501(C)(3)	10,000.	0.			EDUCATIONAL
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	100,000.	0.			CRITICAL NEEDS
AUTISM CHARLOTTE 2331 CROWNPOINT EXECUTIVE DR #A CHARLOTTE, NC 28227	06-1801739	501(C)(3)	25,000.	0.			EDUCATIONAL
AUTISM DELAWARE, INC. 924 OLD HARMONY ROAD NEWARK, DE 19713	20-2110190	501(C)(3)	8,000.	0.			SOCIAL
BABY'S BOUNTY 3400 WEST DESERT INN RD #24 LAS VEGAS, NV 89102	26-2678979	501(C)(3)	12,500.	0.			MEDICAL
BEDS FOR KIDS INC. 1800 CAMDEN RD, SUITE 107-17 CHARLOTTE, NC 28203	27-4153074	501(C)(3)	25,000.	0.			CRITICAL NEEDS
BEE MIGHTY 338 S. SHARON AMITY RD. #515 CHARLOTTE, NC 28211	82-2967919	501(C)(3)	15,000.	0.			MEDICAL
BEST BUDDIES INTERNATIONAL 10020 MONROE RD. SUITE 210 MATTHEWS, NC 28105	52-1614576	501(C)(3)	10,000.	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
BETHANY CHRISTIAN SERVICES OF EAST TN - 9 BEECHWOOD COURT - JOHNSON CITY, TN 37604	38-2842293	501(C)(3)	6,000.	0.			CRITICAL NEEDS
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 104 UNION STREET SOUTH - CONCORD, NC 28025	56-2264009	501(C)(3)	10,000.	0.			EDUCATIONAL
BLUE RIDGE OPPORTUNITY COMMISSION (BROC) - 710 VETERANS DRIVE - NORTH WILKESBORO, NC 28659	56-0857800	501(C)(3)	25,000.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB GREENEVILLE & GREENE COUNTY - P.O. BOX 1977 - GREENEVILLE, TN 37744	62-1706248	501(C)(3)	10,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF CENTRAL APPALACHIA - P.O. BOX 1505 - GRUNDY, VA 24614	20-5517073	501(C)(3)	12,500.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF ELIZABETHTON/ CARTER COUNTY - 104 HUDSON DRIVE - ELIZABETHTON, TN 37643	62-0502737	501(C)(3)	10,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF JOHNSON CITY/ WASHINGTON COUNTY - P.O. BOX 5219 - JOHNSON CITY, TN 37602	62-0810733	501(C)(3)	12,500.	0.			CRITICAL NEEDS
BOYS & GIRLS CLUB OF MORRISTOWN P.O. BOX 1461 MORRISTOWN, TN 37816	62-0630667	501(C)(3)	11,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF THE MOUNTAIN EMPIRE - P.O. BOX 1074 - BRISTOL, VA 24203	54-0653489	501(C)(3)	12,000.	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
BRANCH HOUSE 313 FOOTHILLS DRIVE BLOUNTVILLE, TN 37617	81-3651394	501(C)(3)	10,000.	0.			CRITICAL NEEDS
BREAD OF LIFE CHILDREN'S MINISTRY 30427 OLD SALTWORKS ROAD MEADOWVIEW, VA 24361	54-2057171	501(C)(3)	10,000.	0.			CRITICAL NEEDS
BRISTOL EMERGENCY FOOD PANTRY 201 OVERBROOK DRIVE BRISTOL, TN 37620	62-0984494	501(C)(3)	6,000.	0.			CRITICAL NEEDS
BRISTOL FAITH IN ACTION 1556 EUCLID AVENUE BRISTOL, VA 24201	54-2038035	501(C)(3)	12,000.	0.			CRITICAL NEEDS
BRISTOL REGIONAL SPEECH & HEARING CENTER - 359 COMMONWEALTH AVENUE SUITE 100 - BRISTOL, VA 24201	62-0556300	501(C)(3)	11,000.	0.			MEDICAL
CABARRUS COOPERATIVE CHRISTIAN MINISTRY - 258 N. CANNON BLVD. - KANNAPOLIS, NC 28083	56-1320818	501(C)(3)	15,000.	0.			CRITICAL NEEDS
CANDLELIGHTERS FOR CHILDHOOD CANCER OF SOUTHERN NEVADA - 8990 SPANISH RIDGE AVE STE 100 - LAS VEGAS, NV 89148	94-2579116	501(C)(3)	7,500.	0.			MEDICAL
CAP THE GAP FOR FOSTER CARE P.O. BOX 3092 KINGSPORT, TN 37664	62-1546506	501(C)(3)	10,000.	0.			CRITICAL NEEDS
CAPABILITY HEALTH & HUMAN SERVICES 7281 W CHARLESTON BLVD LAS VEGAS, NV 89117	94-2815686	501(C)(3)	8,500.	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.)

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CARE CENTER P.O. BOX 24 RICHLANDS, VA 24641	82-4202466	501(C)(3)	12,000.	0.			MEDICAL
CAROLINA CARING 3975 ROBINSON RD NEWTON, NC 28658	56-1242526	501(C)(3)	9,600.	0.			MEDICAL
CARTER COUNTY FOSTER CARE ASSOCIATION - P.O. BOX 604 - ELIZABETHTON, TN 37643	58-2247802	501(C)(3)	6,500.	0.			CRITICAL NEEDS
CASA FOR KIDS 310 SHELBY STREET KINGSPORT, TN 37660	62-1464923	501(C)(3)	12,000.	0.			CRITICAL NEEDS
CASA OF NORTHEAST TENNESSEE P.O. BOX 1021 JOHNSON CITY, TN 37605	45-0515257	501(C)(3)	12,000.	0.			CRITICAL NEEDS
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - 987 AIRWAY COURT - SANTA ROSA, CA 95403	94-2479393	501(C)(3)	10,000.	0.			CRITICAL NEEDS
CHARITY LEAGUE, INC. P.O. BOX 471332 CHARLOTTE, NC 28247	56-0560327	501(C)(3)	30,000.	0.			CRITICAL NEEDS
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVE CHARLOTTE, NC 28215	36-4522499	501(C)(3)	10,000.	0.			EDUCATIONAL
CHEFS FOR KIDS 8050 PARADISE RD STE 100 LAS VEGAS, NV 89123	86-0860581	501(C)(3)	12,500.	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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CHILD ADVOCACY CENTER OF THE 3RD JUDICIAL DISTRICT - P.O. BOX 743 - MOSHEIM, TN 37818	62-1822505	501(C)(3)	10,500.	0.			MEDICAL
CHILDREN'S ADVOCACY ALLIANCE 2310 PASEO DEL PADRE STE A209 LAS VEGAS, NV 89102	88-0394078	501(C)(3)	7,500.	0.			CRITICAL NEEDS
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC. - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	20,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER OF HIGHLANDS COMMUNITY SERVICES - 21451 SUGAR HOLLOW ROAD - BRISTOL, VA 24202	54-0979632	501(C)(3)	10,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER OF SULLIVAN COUNTY - 150 BLOUNTVILLE BYPASS - BLOUNTVILLE, TN 37617	62-1232172	501(C)(3)	15,000.	0.			MEDICAL
CHILDREN'S ADVOCACY CENTER OF THE FIRST JUDICIAL DISTRICT - P.O. BOX 827 - JOHNSON CITY, TN 37605	62-1765785	501(C)(3)	10,000.	0.			MEDICAL
CHILDREN'S ATTENTION HOME, INC. PO BOX 2912 ROCK HILL, SC 29732	57-0527092	501(C)(3)	15,000.	0.			CRITICAL NEEDS
CHILDRENS HEART FOUNDATION 3131 LA CANADA ST STE 110 LAS VEGAS, NV 89169	88-0405506	501(C)(3)	10,000.	0.			SOCIAL
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA - 1300 BAXTER ST, SUITE 264 - CHARLOTTE, NC 28204	56-0529946	501(C)(3)	15,000.	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
CHILDREN'S HOPE ALLIANCE 194 BARIUM SPRINGS DRIVE STATESVILLE, NC 28010	01-0653458	501(C)(3)	20,000.	0.			CRITICAL NEEDS
CHILDREN'S MEDICAL CENTER FOUNDATION, DBA DELL CHILDREN'S FOUNDATION - 4900 MUELLER BLVD - AUSTIN, TX 78723	20-0468031	501(C)(3)	25,000.	0.			MEDICAL
CHRISTIAN COMMUNITY ACTION 200 S. MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	10,000.	0.			CRITICAL NEEDS
CHRISTMAS FOR KIDS, INC. PO BOX 2611 HENDERSONVILLE, TN 37073	62-1452512	501(C)(3)	10,000.	0.			CRITICAL NEEDS
CLARK COUNTY PUBLIC EDUCATION FOUNDATION INC - 4505 S MARYLAND PKWY MS 1077 - LAS VEGAS, NV 89154	88-0275767	501(C)(3)	7,500.	0.			EDUCATIONAL
COALITION FOR KIDS 2423 SUSANNAH STREET JOHNSON CITY, TN 37601	62-1765487	501(C)(3)	12,000.	0.			EDUCATIONAL
COMMITTEE ON THE SHELTER LESS PO BOX 2744 PETALUMA, CA 94953	68-0176855	501(C)(3)	10,000.	0.			EDUCATIONAL
COMMON HEART, INC 116 BUSINESS PARK DR, SUITE A INDIAN TRAIL, NC 28079	46-1161476	501(C)(3)	30,000.	0.			CRITICAL NEEDS
CONFIDENCE PROJECT 601 EAST FIFTH ST., SUITE 510 CHARLOTTE, NC 28202	87-3806405	501(C)(3)	14,000.	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
CRISIS PREGNANCY CENTER OF GASTON COUNTY, INC. - 6514 CHESTNUT GROVE LANE - CHARLOTTE, NC 28210	56-1499208	501(C)(3)	10,000.	0.			EDUCATIONAL
CROSS COUNTRY FOR YOUTH 2407 SIMONTON ROAD STATESVILLE, NC 28625	01-0878480	501(C)(3)	10,000.	0.			EDUCATIONAL
CROSSROADS MEDICAL MISSION 433 SCOTT STREET BRISTOL, VA 24201	54-2038877	501(C)(3)	11,000.	0.			MEDICAL
CULTURE SHOCK LAS VEGAS INC 6280 S VALLE VIEW BLVD STE 110 LAS VEGAS, NV 89118	88-0452583	501(C)(3)	5,641.	0.			SOCIAL
CUMBERLAND YOUTH & FAMILY SERVICES 909 GREENLEE ST. DENTON, TX 76201	75-0878543	501(C)(3)	19,180.	0.			CRITICAL NEEDS
DALE JR FOUNDATION 349 CAYUGA DR MOORESVILLE, NC 28117	20-8353637	501(C)(3)	50,000.	0.			SOCIAL
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PL LAS VEGAS, NV 89106	94-2943891	501(C)(3)	7,500.	0.			EDUCATIONAL
DOVE HOUSE CHILDREN'S ADVOCACY CENTER - 4012 CENTRAL AVE - CHARLOTTE, NC 28205	20-0640600	501(C)(3)	10,000.	0.			EDUCATIONAL
DOWN SYNDROME ASSOCIATION OF GREATER CHARLOTTE - 3900 PARK RD, SUITE C - CHARLOTTE, NC 28209	56-1541529	501(C)(3)	20,000.	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
EAST TENNESSEE CHRISTIAN HOME AND ACADEMY - P.O. BOX 1147 - ELIZABETHTON, TN 37644	62-0517558	501(C)(3)	10,000.	0.			EDUCATIONAL
EBENEZER CHRISTIAN CHILDRNS HOME PO BOX 1434 NORTH WILKESBORO, NC 28659	56-1861709	501(C)(3)	45,000.	0.			CRITICAL NEEDS
EMERALD SCHOOL OF EXCELLENCE INC. 5971 NORTH PATRIOT DRIVE OWASSO, OK 74055	81-4981412	501(C)(3)	15,000.	0.			EDUCATIONAL
EPICUREAN CHARITABLE FOUNDATION 6765 S EASTERN AVE STE 1 LAS VEGAS, NV 89119	88-0514126	501(C)(3)	7,500.	0.			EDUCATIONAL
EYE CARE FOR KIDS 6150 W SMOKE RANCH RD LAS VEGAS, NV 89108	81-0712998	501(C)(3)	10,000.	0.			MEDICAL
FAMILY CRISIS SUPPORT SERVICES 701 KENTUCKY AVENUE SE NORTON, VA 24273	52-1284719	501(C)(3)	10,000.	0.			CRITICAL NEEDS
FAMILY CRISIS SUPPORT SERVICES (JEFF BYRD GRANT) - 701 KENTUCKY AVENUE SE - NORTON, VA 24273	52-1284719	501(C)(3)	50,000.	0.			CRITICAL NEEDS
FLORENCE CRITTENTON SERVICES INC. DBA CRITTENTON - 3350 HOLABIRD LN - CHARLOTTE, NC 28208	56-0577626	501(C)(3)	15,000.	0.			CRITICAL NEEDS
FOOD FOR THOUGHT 6550 RAILROAD AVENUE FORESTVILLE, CA 95436	68-0181095	501(C)(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.)

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FOSTER 180 INC. PO BOX 171 LEBANON, TN 37088	87-2502982	501(C)(3)	20,000.	0.			CRITICAL NEEDS
FOSTER KINSHIP 3925 W CHEYENNE AVE STE 401 N LAS VEGAS, NV 89032	45-4242425	501(C)(3)	12,500.	0.			EDUCATIONAL
FOUNDATION FOR POSITIVELY KIDS INC 701 N PECOS RD BLDG M LAS VEGAS, NV 89101	88-0419638	501(C)(3)	10,000.	0.			MEDICAL
FOUNDATION FOR RELEVANT EDUCATION ABOUT THE LAW PROJECT REAL - 6325 S JONES BLVD #300 - LAS VEGAS, NV 89118	43-2074467	501(C)(3)	7,500.	0.			EDUCATIONAL
FREEDOM REIGNS RANCH 2080 ARTHUR HARDISON ROAD COLUMBIA, TN 38401	81-4634781	501(C)(3)	6,500.	0.			SOCIAL
FREEDOM SCHOOL PARTNERS PO BOX 37363 CHARLOTTE, NC 28237	56-2169158	501(C)(3)	10,000.	0.			EDUCATIONAL
FRIENDS IN SONOMA HELPING P O BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	10,000.	0.			CRITICAL NEEDS
G4G MINISTRIES, INC. 2227 SALISBURY HWY STATESVILLE, NC 28677	61-1616310	501(C)(3)	15,000.	0.			CRITICAL NEEDS
GATE PREGNANCY RESOURCE CENTERS P.O. BOX 11811 CHARLOTTE, NC 28220	27-0870114	501(C)(3)	8,425.	0.			EDUCATIONAL

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

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GHA AUTISM SUPPORTS P. O. BOX 2487 ALBEMARLE, NC 28002	56-1218105	501(C)(3)	9,400.	0.			MEDICAL
GIRLS INCORPORATED OF BRISTOL 885 CLINTON AVENUE BRISTOL, VA 24201	62-0514164	501(C)(3)	12,500.	0.			EDUCATIONAL
GIRLS INCORPORATED OF JOHNSON CITY/WASHINGTON CO. - P.O. BOX 1435 - JOHNSON CITY, TN 37605	62-0493392	501(C)(3)	12,500.	0.			CRITICAL NEEDS
GIRLS INCORPORATED OF KINGSPORT P.O. BOX 981 KINGSPORT, TN 37662	62-6064042	501(C)(3)	11,560.	0.			SOCIAL
GIRLS ON THE RUN OF NORTHEAST TENNESSEE - P.O. BOX 5622 - JOHNSON CITY, TN 37602	20-8559320	501(C)(3)	9,000.	0.			SOCIAL
GODS COMPANY (DBA FOOD FOR THE SOUL) - PO BOX 134 - KELLER, TX 76244	94-3476983	501(C)(3)	10,000.	0.			CRITICAL NEEDS
GOOD SAMARITAN MINISTRIES P.O. BOX 2441 JOHNSON CITY, TN 37605	62-1233320	501(C)(3)	15,000.	0.			CRITICAL NEEDS
GOODIE TWO SHOES FOUNDATION INC 10620 SOUTHERN HIGHLANDS PKWY #110- LAS VEGAS, NV 89141	20-8862386	501(C)(3)	7,500.	0.			CRITICAL NEEDS
GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660	58-1564232	501(C)(3)	10,000.	0.			CRITICAL NEEDS

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HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	10,000.	0.			EDUCATIONAL
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)	15,000.	0.			MEDICAL
HEALTH SERVICES OF NORTH TEXAS, INC. (HSNT) - 4401 N. I-35, SUITE 312 - DENTON, TX 76207	75-2252866	501(C)(3)	10,000.	0.			MEDICAL
HEART MATH TUTORING, INC. 1100 S. MINT ST., SUITE 107 CHARLOTTE, NC 28203	46-4366030	501(C)(3)	10,000.	0.			EDUCATIONAL
HELPING HANDS OF VEGAS VALLEY 3640 N 5TH ST STE 130 N LAS VEGAS, NV 89032	88-0466726	501(C)(3)	10,000.	0.			CRITICAL NEEDS
HOLSTON UNITED METHODIST HOME FOR CHILDREN - P.O. BOX 188 - GREENEVILLE, TN 37744	62-0515531	501(C)(3)	15,000.	0.			MEDICAL
HOPE HOUSE OF SCOTT COUNTY P.O. BOX 1992 GATE CITY, VA 24251	54-1893016	501(C)(3)	10,000.	0.			CRITICAL NEEDS
HOPE SUPPLY CO 10480 SHADY TRAIL, SUITE 104 DALLAS, TX 75220	75-2284779	501(C)(3)	15,000.	0.			CRITICAL NEEDS
HOPELINK OF SOUTHERN NEVADA 178 WESTMINSTER WY HENDERSON, NV 89015	94-3202139	501(C)(3)	10,000.	0.			CRITICAL NEEDS

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HOSPICE & PALLIATIVE CARE CHARLOTTE REGION (D/B/A VIA HEALTH PARTNERS) - PO BOX 470408 - CHARLOTTE, NC 28247	56-1219017	501(C)(3)	15,000.	0.			MEDICAL
HOSPICE OF CABARRUS COUNTY, INC. 5003 HOSPICE LANE KANNAPOLIS, NC 28081	58-1584842	501(C)(3)	10,000.	0.			EDUCATIONAL
HOSPICE OF IREDELL COUNTY, INC. 2347 SIMONTON ROAD STATESVILLE, NC 28625	56-1346577	501(C)(3)	15,000.	0.			MEDICAL
INDIVIDUALS NOW, INC. DBA SOCIAL ADVOCATES FOR YOUTH - 2447 SUMMERFIELD ROAD - SANTA ROSA, CA 95405	94-1711490	501(C)(3)	10,000.	0.			CRITICAL NEEDS
INREACH 4530 PARK ROAD, SUITE 300 CHARLOTTE, NC 28209	52-1084075	501(C)(3)	25,000.	0.			CRITICAL NEEDS
ISAIAH 117 HOUSE P.O. BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)(3)	20,000.	0.			CRITICAL NEEDS
JEREMIAH SCHOOL 1502 KNOB CREEK ROAD JOHNSON CITY, TN 37604	47-3549152	501(C)(3)	15,000.	0.			MEDICAL
JERICHO SHRINE CENTER P.O. BOX 5548 KINGSPORT, TN 37663	36-2193608	501(C)(3)	10,000.	0.			MEDICAL
JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404	94-3386103	501(C)(3)	7,500.	0.			MEDICAL

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JOHNSON COUNTY SAFE HAVEN 311 SOUTH CHURCH STREET MOUNTAIN CITY, TN 37683	62-1719057	501(C)(3)	12,000.	0.			CRITICAL NEEDS
JOSH PAUL MINISTRIES DBA ANCHOR RIDGE - 1137 RIVER RD LIBERTY GROVE RD - NORTH WILKESBORO, NC 28659	90-0855391	501(C)(3)	10,000.	0.			CRITICAL NEEDS
JOURNEY TO DREAM FOUNDATION 579 NORTH VALLEY PKWY #200 LEWISVILLE, TX 75077	20-1209865	501(C)(3)	10,000.	0.			EDUCATIONAL
JUNIOR ACHIEVEMENT OF SOUTHERN NEVADA - 1921 N RAINBOW BLVD FLOOR 2 - LAS VEGAS, NV 89108	88-0354481	501(C)(3)	10,000.	0.			EDUCATIONAL
JUNIOR CHARITY LEAGUE OF CONCORD, INC. - 1 BUFFALO AVE, SUITE 205 - CONCORD, NC 28025	51-6061166	501(C)(3)	20,000.	0.			CRITICAL NEEDS
KEVIN HARVICK FOUNDATION 6900 HUDSPETH RD HARRISBURG, NC 28075	27-2014610	501(C)(3)	44,444.	0.			SOCIAL
KINDERMOURN 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)(3)	15,000.	0.			SOCIAL
KIWANIS FOUNDATION OF NORTH WILKESBORO - PO BOX 131 - NORTH WILKESBORO, NC 28659	56-6095442	501(C)(3)	8,000.	0.			EDUCATIONAL
LAS VEGAS AREA COUNCIL 7220 S PARADISE RD LAS VEGAS, NV 89119	88-0059265	501(C)(3)	8,500.	0.			SOCIAL

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LAS VEGAS CHAPTER OF NATIONAL AMBUCS INC - 1000 RANCHO CIR - LAS VEGAS, NV 89107	90-1109753	501(C)(3)	10,000.	0.			SOCIAL
LAS VEGAS ROTARY FOUNDATION INC PO BOX 15152 LAS VEGAS, NV 89114	88-0403571	501(C)(3)	10,000.	0.			CRITICAL NEEDS
LEARNING HELP CENTERS OF CHARLOTTE P O BOX 471534 CHARLOTTE, NC 28247	45-5097492	501(C)(3)	10,000.	0.			CRITICAL NEEDS
LEAST OF THESE CAROLINAS, INC 4100 EAST FRANKLIN BLVD. GASTONIA, NC 28056	46-2326191	501(C)(3)	7,500.	0.			SOCIAL
MAKE-A-WISH FOUNDATION OF SOUTHERN NEVADA - 9950 COVINGTON CROSS DR - LAS VEGAS, NV 89144	88-0371088	501(C)(3)	10,000.	0.			MEDICAL
MCCLURE RIVER VALLEY DEVELOPMENT 121 RITTER CIRCLE MCCLURE, VA 24269	54-1509759	501(C)(3)	10,000.	0.			SOCIAL
MECKED 330 CAMP ROAD, B74 CHARLOTTE, NC 28206	56-1752043	501(C)(3)	10,000.	0.			EDUCATIONAL
MIRACLE FLIGHTS 5740 S EASTERN AVE #240 LAS VEGAS, NV 89119	88-0209952	501(C)(3)	8,000.	0.			MEDICAL
MISSIONARY ATHLETES INTERNATIONAL (DBA CHARLOTTE EAGLES) - 8510 MCALPINE PARK DR., #109 - CHARLOTTE, NC 28211	33-0017152	501(C)(3)	24,000.	0.			SOCIAL

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MISTY MEADOWS MITEY RIDERS, INC 455 PROVIDENCE ROAD SOUTH WAXHAW, NC 28173	56-2045099	501(C)(3)	15,000.	0.			EDUCATIONAL
MITCHELL BAYS TURNER PEDIATRIC FUND (AKA MITCHELL'S FUND) - 428 E. 4TH STREET, SUITE 204 - CHARLOTTE, NC 28202	83-3595158	501(C)(3)	20,000.	0.			MEDICAL
MJ 4 HOPE 545 NORTH MOUNT JULIET ROAD SUITE 1 MT. JULIET, TN 37122	47-4607039	501(C)(3)	7,500.	0.			EDUCATIONAL
MONARCH 350 PEE DEE AVENUE, SUITE 100 ALBEMARLE, NC 28001	56-1326126	501(C)(3)	20,000.	0.			MEDICAL
MOORESVILLE AREA CHRISTIAN MISSION PO BOX 62 MOORESVILLE, NC 28115	56-0667685	501(C)(3)	10,000.	0.			CRITICAL NEEDS
MORRISON SCHOOL 400 EDGEWOOD LANE BRISTOL, VA 24202	54-1053329	501(C)(3)	9,000.	0.			CRITICAL NEEDS
MORRISTOWN HAMBLIN CENTRAL SERVICES - P.O. BOX 1622 - MORRISTOWN, TN 37816	62-0808245	501(C)(3)	7,500.	0.			CRITICAL NEEDS
MOUNTAIN KIDS INC 630 ESTATES DRIVE POUNDING MILL, VA 24637	56-2509157	501(C)(3)	10,000.	0.			EDUCATIONAL
MOUNTAIN MISSION SCHOOL 1760 EDGEWATER DRIVE GRUNDY, VA 24614	54-0618173	501(C)(3)	20,000.	0.			CRITICAL NEEDS

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MOUNTAIN REGION SPEECH AND HEARING 301 LOUIS STREET SUITE 101 KINGSPORT, TN 37660	51-0141536	501(C)(3)	11,000.	0.			MEDICAL
NATHAN ADELSON HOSPICE FOUNDATION 4141 UNIVERSITY CENTER DR LAS VEGAS, NV 89119	88-0197147	501(C)(3)	8,222.	0.			MEDICAL
NAZARETH CHILDREN'S HOME 725 CRESCENT ROAD ROCKWELL, NC 28138	56-0556754	501(C)(3)	20,000.	0.			MEDICAL
NETWORK OF COMMUNITY MINISTRIES 1500 INTERNATIONAL PARKWAY, SUITE 3 RICHARDSON, TX 75081	75-2060900	501(C)(3)	7,000.	0.			CRITICAL NEEDS
NEURO ASSISTANCE FOUNDATION 2320 BRIDGEWOOD DRIVE ROANOKE, TX 76262	26-2464596	501(C)(3)	10,000.	0.			MEDICAL
NEVADA DIABETES ASSOCIATION FOR CHILDREN AND ADULTS - 6585 HIGH ST STE 219 - LAS VEGAS, NV 89113	88-0386000	501(C)(3)	13,000.	0.			MEDICAL
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - P O BOX 20135 - LAS VEGAS, NV 89112	88-0476452	501(C)(3)	8,500.	0.			CRITICAL NEEDS
NISWONGER CHILDREN'S FOUNDATION 400 N STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604	62-0476282	501(C)(3)	8,000.	0.			MEDICAL
NORTH CAROLINA BAPTIST STATE CONVENTION/WILKES MINISTRY OF HOPE - 1519 RIVER ST - WILKESBORO, NC 28697	56-0556746	501(C)(3)	20,000.	0.			CRITICAL NEEDS

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NOVANT HEALTH 200 HAWTHORNE LANE CHARLOTTE, NC 28204	56-0928089	501(C)(3)	100,000.	0.			MEDICAL
NOW OUTREACH (CROWDERS CAMPS) 130 CAMP ROTARY RD GASTONIA, NC 28056	37-1733200	501(C)(3)	7,000.	0.			SOCIAL
OLIVE CREST 4285 N RANCHO DR STE 160 LAS VEGAS, NV 89130	95-2877102	501(C)(3)	10,000.	0.			CRITICAL NEEDS
ONE7 MINISTRIES PO BOX 220346 CHARLOTTE, NC 28222	26-3700660	501(C)(3)	15,000.	0.			SOCIAL
PALMETTO CITIZENS AGAINST SEXUAL ASSAULT - 106 NORTH YORK STREET - LANCASTER, SC 29720	57-0811359	501(C)(3)	10,000.	0.			MEDICAL
PAT'S PLACE CHILD ADVOCACY CENTER 901 EAST BLVD. CHARLOTTE, NC 28203	20-1820596	501(C)(3)	25,000.	0.			SOCIAL
PEDIPLACE 502 SOUTH OLD ORCHARD LANE, SUITE 1 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	10,000.	0.			MEDICAL
PETALUMA POLICING FOUNDATION 969 PETALUMA BLVD. NORTH PETALUMA, CA 94952	46-5547348	501(C)(3)	7,500.	0.			EDUCATIONAL
PIEDMONT RESIDENTIAL DEVELOPMENT CENTER - 601 COACH STREET - KANNAPOLIS, NC 28083	59-1719434	501(C)(3)	75,000.	0.			MEDICAL

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POLICE ATHLETIC LEAGUE OF SOUTHERN NEVADA - 3065 S JONES BLVD - LAS VEGAS, NV 89146	86-0857333	501(C)(3)	10,000.	0.			EDUCATIONAL
POWER CROSS MINISTRIES 1133 W. FRONT STREET STATESVILLE, NC 28677	14-1989435	501(C)(3)	80,000.	0.			EDUCATIONAL
PRESENT AGE MINISTRIES (PAM) 280 CONCORD PARKWAY SOUTH CONCORD, NC 28027	45-1728287	501(C)(3)	150,000.	0.			SOCIAL
RANCH HANDS RESCUE PO BOX 1047 ARGYLE, TX 76226	26-4610450	501(C)(3)	10,000.	0.			MEDICAL
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	15,000.	0.			CRITICAL NEEDS
RIDIN' HIGH THERAPEUTIC HORSE PROGRAM - 5722 LONG CREEK ROAD - MORRISTOWN, TN 37813	62-1752021	501(C)(3)	10,000.	0.			MEDICAL
RISE UP P.O. BOX 4426 JOHNSON CITY, TN 37602	62-1641099	501(C)(3)	15,000.	0.			CRITICAL NEEDS
RIVER TO COAST CHILDREN'S SERVICES 16300 FIRST ST., PO BOX 16 GUERNEVILLE, CA 95446	94-2378459	501(C)(3)	10,000.	0.			CRITICAL NEEDS
RONALD MCDONALD HOUSE CHARITIES OF GREATER CHARLOTTE, INC. - 1613 E. MOREHEAD STREET - CHARLOTTE, NC 28207	20-4671570	501(C)(3)	15,000.	0.			CRITICAL NEEDS

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RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS, INC. - 2323 POTOSI ST - LAS VEGAS, NV 89146	94-3108570	501(C)(3)	10,000.	0.			MEDICAL
S A F E HOUSE 921 AMERICAN PACIFIC DR #300 HENDERSON, NV 89014	88-0314066	501(C)(3)	10,000.	0.			CRITICAL NEEDS
SAFE ALLIANCE, INC 601 EAST 5TH ST, SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)(3)	20,000.	0.			CRITICAL NEEDS
SAFE HOUSE PROJECT 4513 PIPER GLEN DR. CHARLOTTE, NC 28277	82-3487081	501(C)(3)	110,000.	0.			CRITICAL NEEDS
SAFE KIDS WILKES COUNTY 381 EXECUTIVE DRIVE WILKESBORO, NC 28697	26-1179051	501(C)(3)	7,500.	0.			EDUCATIONAL
SAINT ANTHONY'S BREAD FOOD PANTRY 833 WEST MAIN STREET MOUNTAIN CITY, TN 37683	10-0266615	501(C)(3)	8,000.	0.			CRITICAL NEEDS
SANTA PAL PO BOX 212 BRISTOL, VA 24201	31-1794923	501(C)(3)	7,000.	0.			SOCIAL
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 1020 JERICHO DRIVE - KINGSPOUT, TN 37663	62-1303822	501(C)(3)	15,000.	0.			CRITICAL NEEDS
SERVING OUR KIDS FOUNDATION INC 121 INDUSTRIAL PARK RD STE 110 HENDERSON, NV 89015	30-0747568	501(C)(3)	10,000.	0.			CRITICAL NEEDS

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SHINING HOPE FARMS 328 WHIPPOORWILL LANE MT. HOLLY, NC 28120	30-0067482	501(C)(3)	18,000.	0.			MEDICAL
SLEEP IN HEAVENLY PEACE 1560 ELDRIDGE AVENUE TWIN FALLS, ID 83301	46-4346568	501(C)(3)	10,000.	0.			CRITICAL NEEDS
SMALL MIRACLES THERAPEUTIC EQUESTRIAN CENTER - 1026 ROCK SPRINGS DRIVE - KINGSPORT, TN 37664	62-1603341	501(C)(3)	10,000.	0.			MEDICAL
SMILE SIMPLE METHODS OF LOVING EVERYONE - 1401 PROSPECT DRIVE - KINGSPORT, TN 37664	83-1546375	501(C)(3)	10,000.	0.			CRITICAL NEEDS
SOMERSET ACADEMY OF LAS VEGAS 6630 SURREY ST LAS VEGAS, NV 89119	27-5393412	501(C)(3)	10,000.	0.			EDUCATIONAL
SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES - 418 N STATE OF FRANKLIN ROAD - JOHNSON CITY, TN 37604	62-1578123	501(C)(3)	10,000.	0.			MEDICAL
SOUTHERN NEVADA CO-OPERATIVE ENRICHMENT PROGRAMS - 4948 S MOUNTAIN VISTA #20852 - LAS VEGAS, NV 89121	81-1076780	501(C)(3)	7,500.	0.			EDUCATIONAL
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC DR STE 160 HENDERSON, NV 89074	22-3829041	501(C)(3)	7,500.	0.			EDUCATIONAL
ST JUDES RANCH FOR CHILDREN-NEVADA REGION - 200 WILSON CIR - BOULDER CITY, NV 89005	20-2917263	501(C)(3)	8,891.	0.			SOCIAL

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STANLY COMMUNITY CHRISTIAN MINISTRY, INC. - 506 SOUTH FIRST STREET - ALBEMARLE, NC 28001	58-1659198	501(C)(3)	30,000.	0.			CRITICAL NEEDS
SULLIVAN COUNTY SHERIFF'S AUXILIARY - 140 BLOUNTVILLE BYPASS - BLOUNTVILLE, TN 37617	27-0052413	501(C)(3)	10,000.	0.			SOCIAL
SYNERGY FOUNDATION PO BOX 2503 COEBURN, VA 24230	83-4618135	501(C)(3)	10,000.	0.			CRITICAL NEEDS
TARRANT AREA FOOD BANK 2525 CULLEN STREET FORT WORTH, TX 76107	75-1822473	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THE CHILD ABUSE PREVENTION TEAM OF WILKES COUNTY (OUR HOUSE) - 203 E MAIN STREET - WILKESBORO, NC 28697	56-1693784	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THE ELIZABETH W. MURPHEY SCHOOL 42 KINGS HIGHWAY NE DOVER, DE 19901	51-0064321	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THE GARRETT THOMAS FOUNDATION INC PO BOX 907 CONCORD, NC 28026	45-2683144	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THE GREEN BERET PROJECT 375 SIMON CIR DOVER, DE 19904	82-1215032	501(C)(3)	7,500.	0.			EDUCATIONAL
THE LEARNING COLLABORATIVE PO BOX 220488 CHARLOTTE, NC 28222	56-1668333	501(C)(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
THE LIVING ROOM LIFE CENTER 1335 NORTH DUTTON AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THE LULLABY CONNECTION PO BOX 50210 HENDERSON, NV 89016	88-0500044	501(C)(3)	12,000.	0.			CRITICAL NEEDS
THE MASSACHUSETTS COALITION FOR THE HOMELESS - 73 BUFFUM STREET - LYNN, MA 01902	22-2599662	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THE NATIONAL HEMOPHILIA FOUNDATION 222 S RAINBOW BLVD STE 203 LAS VEGAS, NV 89145	13-5641857	501(C)(3)	8,000.	0.			SOCIAL
THE RELATIVES INC. 2219 FREEDOM DRIVE CHARLOTTE NC 28208, NC 28208	86-1082022	501(C)(3)	15,000.	0.			CRITICAL NEEDS
THE SHEPHERD'S INN P.O. BOX 2214 ELIZABETHTON, TN 37644	62-1690064	501(C)(3)	9,000.	0.			CRITICAL NEEDS
THE STUDIO 6150 MILLER ROAD KANNAPOLIS, NC 28081	35-2622358	501(C)(3)	10,000.	0.			CRITICAL NEEDS
THREE SQUARE 4190 N PECOS RD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	6,555.	0.			CRITICAL NEEDS
TLC COMMUNITY CENTER 145 JUDGE DON LEWIS BLVD SUITE 7 ELIZABETHTON, TN 37643	32-0039948	501(C)(3)	12,000.	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
TRAFFICK911 4575 CLAIRE CHENNAULT ADDISON, TX 75001	27-1111529	501(C)(3)	20,000.	0.			CRITICAL NEEDS
TRANSFORMATIONS BY CHARLOTTE ANGELS - PO BOX 77755 - CHARLOTTE, NC 28271	84-4893067	501(C)(3)	10,000.	0.			SOCIAL
UNDER 1 ROOF 5787 S. HAMPTON RD., SUITE 390 DALLAS, TX 75232	80-0765001	501(C)(3)	15,000.	0.			CRITICAL NEEDS
UNICOI FAMILY YMCA 601 LOVE STREET ERWIN, TN 37650	62-0478092	501(C)(3)	10,000.	0.			EDUCATIONAL
UNIFIED CITY CHURCH-JUSTICE PROJECT - 801 CHERRY ST. - NORTH WILKESBORO, NC 28697	47-1287692	501(C)(3)	20,000.	0.			CRITICAL NEEDS
UNION COUNTY COMMUNITY SHELTER DBA COMMUNITY SHELTER OF UNION COUNTY - 160 MEADOW STREET - MONROE, NC 28110	58-2121860	501(C)(3)	25,000.	0.			CRITICAL NEEDS
UNITED SERVICE ORGANIZATIONS, INC PO BOX 11362 LAS VEGAS, NV 89111	13-1610451	501(C)(3)	6,500.	0.			SOCIAL
VERITY - COMPASSION.SAFETY.SUPPORT 1311 W. STEELE LANE SANTA ROSA, CA 95403	94-2437947	501(C)(3)	10,000.	0.			CRITICAL NEEDS
WAITING TO HEAR 4260 FORT HENRY DRIVE KINGSPORT, TN 37663	47-1332019	501(C)(3)	13,000.	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
WILKES COMMUNITY COLLEGE FOUNDATION - PO BOX 120 - WILKESBORO, NC 28697	23-7338790	501(C)(3)	10,000.	0.			EDUCATIONAL
WILKES COMMUNITY PARTNERSHIP FOR CHILDREN - 1915 W PARK DRIVE, SUITE 107 - NORTH WILKESBORO, NC 28659	56-1875083	501(C)(3)	20,000.	0.			EDUCATIONAL
WILKES YOUTH LIFE DEVELOPMENT 1865 LITHIA SPRINGS RD MORAVIAN FALLS, NC 28654	87-3532079	501(C)(3)	20,000.	0.			CRITICAL NEEDS
WILLIAMSON COUNTY CASA 1205 COLUMBIA AVENUE FRANKLIN, TN 37064	62-1583334	501(C)(3)	12,000.	0.			CRITICAL NEEDS
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	56-2100632	501(C)(3)	50,000.	0.			MEDICAL
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	56-2100632	501(C)(3)	15,000.	0.			MEDICAL
YMCA OF BRISTOL 400 MARTIN LUTHER KING BLVD BRISTOL, TN 37620	62-0521204	501(C)(3)	12,000.	0.			EDUCATIONAL
YMCA OF GREATER CHARLOTTE 7901 S NC HIGHWAY 18 BOOMER, NC 28606	56-1045299	501(C)(3)	10,000.	0.			SOCIAL
YMCA OF SOUTHERN NEVADA 4141 MEADOWS LN LAS VEGAS, NV 89107	88-0059266	501(C)(3)	10,000.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOKEFELLOW MINISTRY OF GREATER STATESVILLE - 1380 SHELTON AVE - STATESVILLE, NC 28677	56-1010615	501(C)(3)	15,000.	0.			CRITICAL NEEDS
YOUNG LIFE BRISTOL P.O. BOX 548 BRISTOL, TN 37621	84-0385934	501(C)(3)	10,000.	0.			SOCIAL
YOUNG LIFE KINGSPORT P.O. BOX 3374 KINGSPORT, TN 37664	84-0385934	501(C)(3)	9,000.	0.			SOCIAL
YOUNG LIFE UPPER EAST TENNESSEE P.O. BOX 4716 JOHNSON CITY, TN 37602	84-0385934	501(C)(3)	10,000.	0.			CRITICAL NEEDS
YOUTH OUTDOOR UNITY 3231 N. DECATUR BLVD#125 LAS VEGAS, NV 89130	80-0435476	501(C)(3)	9,900.	0.			EDUCATIONAL
YOUTH VILLAGES 8604 CLIFF CAMERON DR, SUITE 152 CHARLOTTE, NC 28269	58-1716970	501(C)(3)	20,000.	0.			CRITICAL NEEDS
YWCA OF NORTHEAST TENNESSEE AND SOUTHWEST VA - 106 STATE STREET - BRISTOL, TN 37620	62-0488044	501(C)(3)	15,000.	0.			CRITICAL NEEDS
YWCA SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	10,000.	0.			CRITICAL NEEDS

Schedule I (Form 990)

**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 AND MEASURES

THE ACHIEVEMENTS OF SUPPORTED PROJECTS THROUGH VARIOUS SITE VISITS AND

GRANT EVALUATION FORMS, WHICH ARE COMPLETED BY THE GRANT RECIPIENT.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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 .....	X	34	136,163.	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( PRIZES / RAFFLE )	X	620	518,888.	SELLING PRICE
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

0

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	
33		

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

Schedule M (Form 990) 2023

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 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

**2023**

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:

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

AND OFFICERS TO SIGN AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST.

DISCLOSURES ARE REVIEWED BY THE BOARD OF DIRECTORS AND VOTED ON TO

DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INTERESTED INDIVIDUAL MAY

MAKE A PRESENTATION AT THE BOARD MEETING, BUT MUST LEAVE THE MEETING DURING

THE DISCUSSION OF AND VOTE ON THE TRANSACTION OR ARRANGEMENT.

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

AL, AR, AZ, CA, CO, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK

OR, PA, SC, TN, UT, VA, WA, WI, WV, DC, AK

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. THE

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

Schedule O (Form 990) 2023

Name of the organization SPEEDWAY CHILDREN'S CHARITIES	Employer identification number 56-1331429
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ORGANIZATION ALSO MAKES ITS FORM 990, FINANCIAL STATEMENTS, AND CONFLICT OF

INTEREST POLICY AVAILABLE ON ITS WEBSITE.

FORM 990, PART VII:

SPEEDWAY CHILDREN'S CHARITIES DID NOT ISSUE FORMS W-2 UNDER THE

ORGANIZATION'S EIN. W-2S FOR THE ORGANIZATION'S EMPLOYEES WERE ISSUED

BY COMMON PAYMASTER AND RELATED ORGANIZATION, SMI SYSTEMS, LLC. THE

NUMBER OF EMPLOYEES REPORTED IN PART I, LINE 5, AND PART V, LINE 2A,

REPRESENT THE ORGANIZATION'S EMPLOYEES PAID THROUGH THE COMMON

PAYMASTER. THE COMPENSATION AMOUNTS REPORTED IN PART VII, SECTION A

COLUMN (D) REPRESENT THE AMOUNTS PAID TO THE ORGANIZATION'S EMPLOYEES

THROUGH THE COMMON PAYMASTER.

THE ORGANIZATION'S UNCOMPENSATED DIRECTORS AND OFFICERS REPORTED IN

PART VII SERVED AS VOLUNTEERS TO THE 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

**2023**

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

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) 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
AMERICAN GENERAL ADVERTISING INC. - 56-1364130, 5401 E. INDEPENDENCE BLVD, CHARLOTTE, NC 28212	INACTIVE	NC	SONIC FINANCIAL CORPORATION	C CORP					X
CHARTOWN - 56-1459003 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	REAL ESTATE	NC	SONIC FINANCIAL CORPORATION	C CORP					X
DALLAS MOTOR SPEEDWAY INC. - 56-1979369 5245 HIGHWAY 49 S. CHARLOTTE, NC 28212	INACTIVE	NC	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
INEX CORPORATION - 56-1861546 5245 HIGHWAY 49 S. HARRISBURG, NC 28075	AUTO RACING SANCTIONING BODY	NC	SONIC FINANCIAL CORPORATION	C CORP					X

**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
NASHVILLE SPEEDWAY USA INC. - 62-1587868 1131 N DUPONT HIGHWAY DOVER, DE 19901	MOTORSPORTS PROMOTER	TN	DOVER MOTORSPORTS LLC	C CORP					X
NEW HAMPSHIRE MOTOR SPEEDWAY INC. - 01-0443099, 1122 ROUTE 106 N, LOUDON, NH 03307	MOTORSPORTS PROMOTER	NH	SONIC FINANCIAL CORPORATION	C CORP					X
NORTH WILKESBORO SPEEDWAY INC. - 56-0622079 381 SPEEDWAY LANE N. WILKESBORO, NC 28659	INACTIVE	NC	SONIC FINANCIAL CORPORATION	C CORP					X
OIL-CHEM RESEARCH CORPORATION - 36-3608293 5283 HIGHWAY 49 S. HARRISBURG, NC 28075	MANUFACTURER OF LUBRICANTS	IL	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
SONIC AUTOMOTIVE INC. - 56-2010790 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	VEHICLE SALES	NC	SONIC FINANCIAL CORPORATION	C CORP					X
SONIC FINANCIAL CORPORATION - 51-0363307 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	MOTORSPORTS PROMOTER	NC	N/A	C CORP					X
SONICIAN MARINE LLC - 88-3518175 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	YACHT OPERATIONS	FL	SONIC FINANCIAL CORPORATION						X
SPEEDWAY CONSULTING AND DESIGN INC. - 56-1802347, 5401 E. INDEPENDENCE BLVD, CHARLOTTE, NC 28212	INACTIVE	NC	SONIC FINANCIAL CORPORATION	C CORP					X
SPEEDWAY FUNDING II INC. - 84-3060646 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	BOND GUARANTOR	NC	SONIC FINANCIAL CORPORATION	C CORP					X
TRANSTAR MARKETING GROUP INC. - 56-2089177 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212	INACTIVE	NC	SONIC FINANCIAL CORPORATION	C CORP					X

<b>Part IV</b>	<b>Continuation of Identification of Related Organizations Taxable as a Corporation or Trust</b>
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[illegible]

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]



# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

# 2023

Department of the Treasury  
Internal Revenue Service

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) SPEEDWAY CHILDREN'S CHARITIES  Number, street, and room or suite no. If a P.O. box, see instructions. 5555 CONCORD PARKWAY SOUTH, #302  City or town, state or province, country, and ZIP or foreign postal code CONCORD, NC 28027	<b>D</b> Employer identification number  56-1331429  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... 1,214,200.	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of LINDA MUNSON Telephone number 704-455-4426			

## Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 Trusts. Section 199A deduction. See instructions .....	9	
10 Total deductions. Add lines 8 and 9 .....	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

## Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 Proxy tax. See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax .....	5	
6 Tax on noncompliant facility income. See instructions .....	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

## Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b Other credits (see instructions) .....	1b		
c General business credit. Attach Form 3800 (see instructions) .....	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	1d		
e Total credits. Add lines 1a through 1d .....	1e		
2 Subtract line 1e from Part II, line 7 .....	2		0.
3a Amount due from Form 4255 .....	3a		
b Amount due from Form 8611 .....	3b		
c Amount due from Form 8697 .....	3c		
d Amount due from Form 8866 .....	3d		
e Other amounts due (see instructions) .....	3e		
f Total amounts due. Add lines 3a through 3e .....	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5		0.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  SPEEDWAY CHILDREN'S CHARITIES	Taxpayer identification number (TIN)  56-1331429
	Number, street, and room or suite no. If a P.O. box, see instructions. 5555 CONCORD PARKWAY SOUTH, #302	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONCORD, NC 28027	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of LINDA MUNSON

5555 CONCORD PARKWAY SOUTH, #302 - CONCORD, NC 28027

Telephone No. 704-455-4426

Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 23 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

**Part III Tax and Payments** (continued)

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MEREDITH BELL	MEREDITH BELL	08/26/24	
	Firm's name	Firm's EIN		PTIN
	RSM US LLP	42-0714325		P01696827
	Firm's address	Phone no.		
	919 EAST MAIN STREET, SUITE 1800 RICHMOND, VA 23219	804-282-2121		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2023**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <div style="text-align: center;">SPEEDWAY CHILDREN'S CHARITIES</div>	<b>B</b> Employer identification number <div style="text-align: center;">56-1331429</div>
<b>C</b> Unrelated business activity code (see instructions)      713200	<b>D</b> Sequence:      1      of      1

**E** Describe the unrelated trade or business      50/50 RAFFLES HELD USING PAID VOLUNTEERS.

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales      43,675.			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> 43,675.		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b> 43,675.		43,675.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>		
<b>6</b> Rent income (Part IV) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>		
<b>11</b> Advertising income (Part IX) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> 43,675.		43,675.

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>	
<b>2</b> Salaries and wages .....	<b>2</b>	
<b>3</b> Repairs and maintenance .....	<b>3</b>	
<b>4</b> Bad debts .....	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>	
<b>6</b> Taxes and licenses .....	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>	
<b>9</b> Depletion .....	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>	
<b>11</b> Employee benefit programs .....	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>	
<b>14</b> Other deductions (attach statement)      SEE STATEMENT 1	<b>14</b>	43,675.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>	43,675.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>	0.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year .....	<b>1</b>	
<b>2</b>	Purchases .....	<b>2</b>	
<b>3</b>	Cost of labor .....	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) .....	<b>4</b>	
<b>5</b>	Other costs (attach statement) .....	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	
<b>7</b>	Inventory at end of year .....	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	<b>8</b>	
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
<b>c</b>	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
<b>3</b>	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
<b>4</b>	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
<b>5</b>	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Gross income from or allocable to debt-financed property .....	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement) .....				
<b>b</b>	Other deductions (attach statement) .....				
<b>c</b>	Total deductions (add lines 3a and 3b, columns A through D) .....				
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
<b>6</b>	Divide line 4 by line 5 .....	%	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 .....				
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 .....				
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
<b>11</b>	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

  

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b> .....	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: .....		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Schedule A (Form 990-T) 2023

## Schedule A (Form 990-T) 2023

DESCRIPTION	AMOUNT
PRINTING	770.
GENERAL FUNDRAISING EXPENSES	3,371.
BANK FEES	210.
CHAPTER GRANTS	29,746.
PRIZES	9,520.
POSTAGE	58.
TOTAL TO SCHEDULE A, PART II, LINE 14	43,675.