Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 2	2021 calen	dar year, or tax year begin	ning	, 2021,	and ending	3		, 2	U	
В	Check if ap	plicable:	С) Employ	er identific	ation number	
	Addres	ss change	Avout Racing Inc	_				46-4	101671	16	
		change	5420 S Quebec St				Ī	E Telepho			
	Initial	-	Greenwood Villag					303-	-378-6	S/17	
			_	•			-	303	370	7411	
		urn/terminated					l.	•		0.0	0 004
	-	ded return	F			1.		Gross re		1 1	2,224.
	Applica	ation pending		I officer:			H(a) Is this a			ш.,	H 1
			Same As C Above				H(b) Are all su If "No," a	ttach a list.	See instru	ıctions. Ye	es No
<u> </u>	Tax-exen	npt status:	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527					
J	Websit	te: ► N/	Ä			ı	H(c) Group ex	emption nu	mber >		
K	Form of o	organization:	X Corporation Trust	Association Other ►	LY	ear of formation	n: 2013	M s	tate of lega	al domicile: C	:0
Pa	art I	Summar	У								
	1 Bri	efly descri	be the organization's miss	ion or most significant	activities:Pro	motion	of cyc	ling 1	for in	nterest	ed
d)			als through a rad								
Š											
Ë											
Š	2 Ch	eck this bo	ox ► if the organizatio	n discontinued its oper	rations or dispo	osed of mo	re than 25	% of its r	net asse	ts.	
Ğ	3 Nu		oting members of the gover						3		4
აგ თ	4 Nu	mber of in	dependent voting members	s of the governing bod	y (Part VI, line	1b)		[4		0
≞	5 To		of individuals employed in						5		0
Activities & Governance	6 To		of volunteers (estimate if						6		0
Ă			ed business revenue from						7a		0.
	b Ne	t unrelated	business taxable income	from Form 990-T, Part	: I, line 11				7b		0.
								or Year		Current	
<u>o</u>			and grants (Part VIII, line								8,975.
Revenue			vice revenue (Part VIII, line							16	3,249.
ě			ncome (Part VIII, column (A	·							
ш			e (Part VIII, column (A), lir		•						
			e – add lines 8 through 11							22	2,224.
			imilar amounts paid (Part								
			to or for members (Part I)								
ģ	15 Sa	laries, othe	er compensation, employed	e benefits (Part IX, col	umn (A), lines	5-10)				4	5,444.
Expenses	16a Pro	ofessional	fundraising fees (Part IX, o	column (A), line 11e)							
- be	b To	tal fundrais	sing expenses (Part IX, col	umn (D), line 25) ►		1,244.					
û	17 Oth		ses (Part IX, column (A), li	_						8	2,309.
		•	es. Add lines 13-17 (must	•							7,753.
			expenses. Subtract line 1	•							4,471.
- S							Beginning	of Current	Voar	End of `	
ance	20 To	tal assets	(Part X, line 16)				Deginning	62,4			9,368.
\sse	21 To		es (Part X, line 26)					02,4	0.		2,482.
Net Assets Fund Balanc	22 Ne		fund balances. Subtract li					62.4			
Z ii				THE ZT HOTH HITE ZU				62,4	15.	15	6,886.
		Signatur									
com	er penalties plete. Declar	of perjury, I de ation of prepa	eclare that I have examined this returner (other than officer) is based on	irn, including accompanying so all information of which prepa	chedules and staten rer has any knowled	nents, and to th lge.	ne best of my	knowledge	and belief,	it is true, corre	ect, and
		<u> </u>		·							
c:		Signatu	re of officer				Date				
Sig He	JII	Dom	mr. Wicho				Chain				
110	16		ry Wiebe print name and title				Chair	lldII			
			preparer's name	Preparer's signature		Date	T.	No a al.	if PT	·IN	
_		, ,				Date		Check	J ''		•
Pa		Mark (Mark Geris			S	elf-employe	a P	0094235	<u> </u>
Pro	eparer	Firm's name									
US	e Only	Firm's addre					F	irm's EIN		2942276	
				llage, CO 8011:			F	hone no.	303-9	33-8646	
Ma	v the IRS	discuss th	is return with the preparer	shown above? See in	structions					X Yes	No

Form 990 (2021) Avout Racing Inc. Part IV Checklist of Required Schedules

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

Form 990 (2021) Avout Racing Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
;	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Χ
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ļ	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2021) Avout Racing Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO				
2 a	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 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X				
b	off 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b						
4 a	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)?	4 a		Х				
b	olf '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).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х				
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
	6 a 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?							
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
	Organizations that may receive deductible contributions under section 170(c).							
а	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?	7 a		Х				
ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, 5						
	Form 8282?	7 c		X				
C	If 'Yes,' indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711						
	organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
	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							
	Enter the amount of reserves on hand	1.0		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ				
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If 'Yes,' complete Form 4720, Schedule O.	.5						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17						
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						

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 No Yes 1 a 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8 2 **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done..... 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Barry Wiebe 22 Amaranth Littleton CO 80127 303-378-6417

Form 990	(2021) Avout	Racing	Inc.

46-4016716

Page 7

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

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

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

 $\overline{|X|}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)				_				
(A) Name and title	(B) Average hours per	IS	dir	an o ector/	fficer truste			(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/Î 099- MISC/1099-NEC)	compensation from the organization and related organizations
	line)	· c	tee			sated				
(1) Barry Wiebe	10									
Chairman	0	Χ						0.	0.	0.
	_ <u>20</u> _0	Х						0.	0.	0.
(3) Becca Blay	2									
Director	0	Х						0.	0.	0.
(4) Scott Musgrave	8									
Director	0	Χ						0.	0.	0.
_(5)										
<u>(6)</u>										
<u></u>										
<u></u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part VII	Section A. Office	ers, Directors, Tru		Key	Em	_	_	es, a	and	Highest Con	pensated Emp	loyees	5 (conti	inued)
			(B)			((•							
	(A)		Average hours	(do	not o	check	more	than	one h an	(D) Reportable	(E) Reportable		(F)	
	Name and tit	le	per week	offic	cer a	nd a d	direct	or/trus	tee)	compensation from	compensation from related organizations		ated am of other	
			(list any hours	or d	isul	Officer	Key	High emp	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the c	ensation organizat	tion
			for related	Individual or director	onn	cer	emp	Highest co employee	ner	111100/1033 1120/	IIII00/1033 NE0/	an org	nd related anization	d ns
			organiza - tions	DY EX	nalt		Key employee	e						
			below dotted line)	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
			ilile)		ď			ited						
(15)														
<u> </u>				•										
(16)														
(17)														
(18)														
(10)														
<u>(19)</u>														
(20)														
				•										
(21)														
(22)														
(0.2)														
(23)														
(24)														
(24)				•										
(25)														
1 b Subto	otal									0.	0.	•		0.
	from continuation sh								•	0.	0.			0.
d Total	(add lines 1b and 1c)								<u> </u>	0.	0.			0.
	number of individuals (in		to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensatio	n	
110111	ine organization -	0											Yes	No
3 D:4 H		· farman afficar divasi		مناسم		امرمما			ایم: ما		a manufacta a		163	NO
3 Did th on lin	ie organization list any e 1a? <i>If 'Yes,' comple</i>	y tormer officer, direct ete Schedule J for suc	tor, truste h <i>individu</i>	е, ке ıal	ey e	mpi	oyee	e, or	nıgr 	nest compensated	empioyee	. 3		Х
4 For a	ny individual listed on	line 1a is the sum of	renortah	le co	mne	nsa	tion	and	oth	er compensation	from			
the or	ny individual listed on rganization and related	d organizations greate	r than \$1	50,00	00?	If 'Y	es,	com	iple	te Schedule J for		4		37
	individual											. 4		X
5 Did at for se	ny person listed on lin rvices rendered to the	e Ta receive or accrue organization? <i>If 'Yes</i>	e comper s,' comple	isatio ete So	on fr chec	om Iule	any <i>J fo</i>	unre <i>r suc</i>	iate ch p	d organization or <i>erson</i>	ındıvidual	. 5		Х
Section I	3. Independent Co	ontractors												
1 Comp	olete this table for your ensation from the organ	r five highest compens	sated ind	epen	dent	t coi	ntrad vear	ctors endi	tha	t received more the or	nan \$100,000 of	r		
Compe				110 0	aioii	uui ,	your	onan	ng r	(B)			C)	
	Nai	(A) me and business addr	ess							Description of	of services	Compe	ensatio	on
														·
2 Total	number of independent	contractore (including h	ut not line	itod t	o the)CC	ictor	l aha	VO) .	who received mare	than			
	number of independent 000 of compensation			neu (o tric	,se I	เรเยต	ı ab0'	ve)	who received more	uiali			
φ100,	ooo or compensation	nom the organization	U											

	990 (2021) Avout Racing Inc.				46-4016716	Page 9
Par	t VIII Statement of Revenue Check if Schedule O contains a resp	oonse or note to any	/ line in this Part VI	Ш		
	Ondok ii Oshisaalo O oshkaliis a 1955	onse en mete te uny	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f 1 g h Total. Add lines 1a-1f 1 g	58,975.	58,975.			
ne		Business Code	337313.			
Program Service Revenue	2a Race team b c d e		163,249.	163,249.		
gra	f All other program service revenue					
ğ	g Total. Add lines 2a-2f		163,249.			
	other similar amounts)	t bond proceeds (ii) Personal				
	d Net rental income or (loss)	(ii) Other				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 c					
	d Net gain or (loss)					
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	b				
	9 a Gross income from gaming activities. See Part IV, line 19					
	c Net income or (loss) from gaming activ					
	10 a Gross sales of inventory, less returns and allowances					

0.

	1 990 (2021) Avout Racing Inc. t IX Statement of Functional Expens	ses		46-401	6716 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A).	
	Check if Schedule O contains a r				
Do r 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		42,000.	35,000.	6,000.	1,000.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	,	,	,
9	Other employee benefits				
	Payroll taxes	3,444.	3,300.	100.	44.
	Fees for services (nonemployees):				
	Management				
	Legal	0.21	421	200	200
	Lobbying	831.	431.	200.	200.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	208.	198.	10.	
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	846.	846.	10.	
	Office expenses	935.	935.		
	Information technology	3001	3001		
15	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance	2,484.	2,484.		
	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.).	2,404.	2,404.		
а	Racing costs and supplies	63,595.	63,595.		
b	Program Services	13,410.	13,410.		
C					
d	' -				
	All other expenses.	107 750	120 100	C 210	1 244
	Total functional expenses. Add lines 1 through 24e	127,753.	120,199.	6,310.	1,244.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line in this Part X	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		62,415.	1	159,368.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, I contributor, or 35%		5	
	_				J	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
ts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
Ą	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
		Less: accumulated depreciation			10 c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	33)	62,415.	16	159,368.
	17	Accounts payable and accrued expenses			17	2,482.
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities			20	
ië	21	Escrow or custodial account liability. Complete Part I	L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 35%		22	
_	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, uplete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	2,482.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► X			
ā	27	Net assets without donor restrictions		62,415.	27	156,886.
ã	28	Net assets with donor restrictions		•	28	·
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
ក	29	Capital stock or trust principal, or current funds			29	
ध	30	Paid-in or capital surplus, or land, building, or equipm			30	
SS	31	Retained earnings, endowment, accumulated income,	<u> </u>		31	
t A	32	Total net assets or fund balances		62,415.	32	156,886.
울	33	Total liabilities and net assets/fund balances		62,415.	33	159,368.
RΔ			TEEA0111L 09/22/21	02,110.		Form 990 (2021)

	7 Hous hading inc.	1010.1			<u> </u>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)			22,2	
2	Total expenses (must equal Part IX, column (A), line 25)		1	27,7	<i>1</i> 53.
3	Revenue less expenses. Subtract line 2 from line 1			94,4	ŀ71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		62,4	115.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1	56,8	<u> </u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
h	Were the organization's financial statements audited by an independent accountant?		2 b		Х
~	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate			
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name o	the organization					Employer identifi	cation number			
	ıt Racing Inc.					46-40167				
Part			<u> </u>			<u>'</u>	ctions.			
The or 1	ganization is not a private found A church, convention of church A school described in section	nes, or association of ch	nurches described in sect	ion 1 70 (•	•				
3	A hospital or a cooperative h		·)(b)(1)(A	V(iii).				
4	A medical research organiza name, city, and state:						Enter the hospital's			
5	An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or opera	ated by	a governmental unit o	lescribed in			
6	A federal, state, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b) (1)	(A)(v).				
7										
8	A community trust described	d in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9	An agricultural research organ or university or a non-land-gra university:	ization described in sec	tion 170(b)(1)(A)(ix) oper	ated in c						
10	An organization that normall from activities related to its investment income and unre June 30, 1975. See section	exempt functions, sub lated business taxable	ject to certain exception in the community in the communi	ns; and	(2) no r	nore than 33-1/3% of	its support from gross			
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).				
12	An organization organized a or more publicly supported or lines 12a through 12d that d	organizations describe	d in section 509(a)(1) d	r sectio	n 509(a))(2). See section 509(a)(3). Check the box on			
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections I	ion operated, supervise egularly appoint or elect A and B.	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizati tees of t	ion(s), typically by givin he supporting organiza	g the supported ion. You must			
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You			
С	Type III functionally integrated	I. A supporting organizat	ion operated in connection	n with, ar	nd functio	onally integrated with, its	supported			
d	organization(s) (see instruct Type III non-functionally integrated. The	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(t and an attentivenes:	s) that is not s requirement (see			
е	instructions). You must com Check this box if the organiz	i plete Part IV, Section zation received a writte	s A and D, and Part V. en determination from t	he IRS t						
f	integrated, or Type III non-fu Enter the number of supported	, ,								
	Provide the following information	•								
(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
				res	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•					%
	Public support percentage from 2		·			<u> </u>	%
16a	33-1/3% support test—2021. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2020. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	1, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	e. Explain in Part V	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	nd-circumstances est. The organiza	s test, check this t tion qualifies as a	pox and stop here publicly supporte	e. Explain in Part Ved organization	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

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.)

Sec	tion A. Public Support	,,,					
	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			72 220	122 024	222 224	428,386.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.			73,338.	132,824.	222,224.	428,386.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	73,338.	132,824.	222,224.	428,386.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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						0.
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						428,386.
	tion B. Total Support			1			
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	0.	0.	73,338.	132,824.	222,224.	428,386.
	payments received on securities loans, rents, royalties, and income from similar sources						0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	73,338.	132,824.	222,224.	428,386.
14	First 5 years. If the Form 990 is organization, check this box and	for the organizatio stop here	n's first, second,	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	> X
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	21 (line 8, column	(f), divided by lin	ne 13, column (f))			₀ 6
16	Public support percentage from 2	2020 Schedule A,	Part III, line 15			16	ું ગુ
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage for				mn (f))	17	%
18	Investment income percentage fi	•	• • •	-			%
19a	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	the organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, and	line 17 ▶ □
	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3%	the organization di , check this box a	d not check a box and stop here. The	on line 14 or line organization qua	e 19a, and line 16 alifies as a publicl	is more than 33-1 y supported organi	/3%, and zation ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, ch	neck this box and	see instructions	▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b		

Pa	rt IV Supporting Organizations (continued)					
11	Has the organization accepted a gift or contribution from any of the following persons?	Ye	es	No		
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,					
	the governing body of a supported organization?	3				
	b A family member of a person described on line 11a above?					
	C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	:				
Sec	ction B. Type I Supporting Organizations	1				
1	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	Ye	es	No		
2	during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.					
Sec	ction C. Type II Supporting Organizations		•			
		Ye	es	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
Sec	ction D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Ye	es	No		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how					
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.					
Sec	ction E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
•						
	 b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins.) 	ructio	ons)).		
2	Activities Test. Answer lines 2a and 2b below.	Ye	es	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted					
	substantially all of its activities.	1				
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement					
	but for the organization's involvement.					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	1				
	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> 31)				

Sche	edule A (Form 990) 2021 Avout Racing Inc.			16716	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	_	_
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir t complete Sections A	n Part VI). Se through E.	е
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	ent Year onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
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			
t	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a, 1b, and 1c)	1d			
€	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curren	t 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			

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

BAA Schedule A (Form 990) 2021

6

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8						
9	Distributable amount for 2021 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

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

BAA Schedule A (Form 990) 2021

Part VI

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 46-4016716 Avout Racing Inc

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.