Form

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

OMB No. 1545-0047 2024 Open to Public

Form 990 (2024)

Department of the Treasury Internal Revenue Service

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

	the 2024 calendar year, or tax year beginning , and ending	t miorination.		inspection
	f applicable: Name of organization		Employer id	entification number
Address	s change R.A.C.E. Fund Inc			Training in
Name o	change Doing business as		92-01	00100
Initial re	Number and street (or P.O. box if mail is not delivered to street address)  221 Pine Street	Room/suite E	Telephone nu	umber
Final re	turn/ City or town, state or province, country, and ZIP or foreign posteriors.		717-85	56-7863
terminal	Harrishurg Da 17105			
Amende	ed return F Name and address of principal officer:	G	Gross receipts	\$ 211,69
Applicat	Marlene Murray	H(a) In this a sec		
	543 Eagle Nest Road	H(a) Is this a group	return for subor	dinates? Yes X
	Camba	H(b) Are all subord	inates included	d? Yes
1 Tax-exe	Y	If "No," att	lach a list. See	instructions
J Websit				
	Organization: X Comparting	H(c) Group exempt	ion number	
Part I	Summary Association Other	Year of formation: 200	м ЕС	State of legal domicile:
0	Briefly describe the organization's mission or most significant activities:			
Activities & Governance 9 5 7 8 6	To assist in finding good homes for race horses after	retirement	and	
rna	. F-0. Lating Sanctuary for unadoptable horses Carring b.	orses from s	laughte	er
o ve	and awareness education		٠٠٠٠٠٠٠٠٠٠٠٠٠	
5 2	Check this box if the organization discontinued its operations or disposed of more than 25	% of its net assets.		
og 3	ramber of voting members of the doverning hody (Dat VI line 4-)		3 3	
i i i			4 3	
2 ct	The same of the second of the	****************	5 0	
₹ 0 7-3			6 7	
/a	star directed business revenue from Part VIII collimn (1) line 12		7a	(
10	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	
1 0 0	Contributions and grants (Part VIII Line 41)	Prior Year		Current Year
9 F	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	167,	476	204,111
10 1	nvestment income (Part VIII, line 2g)			C
Y 11 C	Other revenue (Part VIII, column (A), lines 3, 4, and 7d)		29	25
12 T	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,!	523	7,556
	otal revenue – add lines o through T1 (must equal Part VIII, column (A) line 12)	172,0	028	211,692
14 R	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
15 9	Benefits paid to or for members (Part IX, column (A), line 4)			0
15 S 16aP bT	calaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  crofessional fundraising fees (Part IX, column (A), line 11e)  otal fundraising expenses (Part IX, column (D), line 25)  3,496			0
1041	TOTOGOSTOTIAL IUTIULAISITIA LEES (PART IX COlumn (A) line 11e)			0
17 0	otal fundraising expenses (Part IX, column (D), line 25)  3,496		260 Mg 350 Mg	
1 "	Ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	182,2	247	257,159
10 0	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	182,2		257,159
80	evenue less expenses. Subtract line 18 from line 12	-10,2		-45,467
의	otal assets (Part V line 16)	Beginning of Current Y	'ear	End of Year
E 21 To	otal liabilities (Part X, line 26)	150,5	66	105,099
5 22 N	et assets or fund balances. Subtract line 21 from line 20		0	0
Part II	Signature Block	150,5	66	105,099
	oliginature block			
true, correc	alties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which propage to	nts, and to the best of	my knowledo	ne and helief it is
1	The same of the sa	as any knowledge.		
gn	Signature of officer	1.	02.0	26-202
_			Date	
	Marlene Murray  Type or print name and title  President			
	Prenare's name			
: -1	Preparer's signature	Date (	Check if	PTIN
narer	amie Leppert, CPA  Jamie Leppert, CPA	02/18/25 s		P00092215
e Only	Firm's name Gift CPAs	Firm's EI		6-0006710
	1205 Manor Drive, Suite 100	7 11113 E1		0000110
	firm's address Mechanicsburg, PA 17055	Page your race	71'	7-766 2555
y the IRS	discuss this return with the preparer shown above? See instructions	Phone no	). / 🖶	7-766-3555
r Paperwor	k Reduction Act Notice, see the separate instructions.			X Yes No

c (Code: ) (Expenses N/A  Other program services (Descr (Expenses \$ Total program service expense	ribe on Schedule O.) including grants of \$	) (Revenue \$	
N/A			
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· · · · · · · · · · · · · · · · · · ·	including grants	s of \$) (Revenue	\$
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b (Code:) (Expense <b>N/A</b>	es \$including grant	s of \$ ) (Revenue	e \$
(Code: ) (Expense	00 P		
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slaughter in 20		ect care and saved 75 ]	norses from
Assisting in fi sanctuary care	nding good homes for re	etired race horses, pro	ue \$ oviding
4 /0 /			
1 00000011 001(0)(0	o) and 501(c)(4) organizations are required to re enue, if any, for each program service reported	enort the amount of grants and all the	red by others,
4 Describe the organization's	program service accomplishments for each of	its throat argest and a	10. 20
If "Yes," describe these cha	anges on Schedulo O		Yes X
services?	conducting, or make significant changes in ho	w it conducts, any program	
If "Yes," describe these new 3 Did the organization coase	W ocivices on schedule O.		res A
Prior 1 0/111 330 01 330-EZ?		o your which were not listed on the	Yes X
2 Did the organization under	take any significant program services during th		
and assisting	in adoption and awares	ness education.	s from staught
providing san	actuary for unadoptable	horses Saving horses	irement and
	finding good homes for	race house of	
To assist in	edule O contains a response or note t	o any line in this Part III	<u></u>
To assist in		ts	
Check if School Briefly describe the organization To assist in	Program Service Accomplishmen	4-	
1 Briefly describe the organia To assist in	f Program Service Accomplishmen	92-0198499	Pa

# Form 990 (2024) R.A.C.E. Fund Inc Part IV Checklist of Required Schedules

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
	complete Schedule A	1	X	
	signification required to complete schedule B, Schedule of Contributors? See instructions	2	X	+-
	candidates for public office? If "Yes," complete Schodule C. Bart I		T	
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	_	X
	creation in effect during the tax year? If "Yes," complete Schedule C. Part II			
,	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives markle and the control of the cont	4		X
	discosments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes " complete Schodulo C. Port III.			
(	bit the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5	-	X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts 2.45			
	res, complete scriedule D, Part I	_		.,
7	and digatization receive or floid a conservation easement, including easements to present	. 6		X
	and environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II.	_		30
8	the digalization maintain collections of works of art, historical treasures, or other similar assets? If the are	. 7	-	X
	complete Schedule D, Part III			v
9	- garnzadon report an amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and amount in Part A, line 21. Tor escrow or custodial account liability as a second significant and a second significant	. 8		X
	substitution amounts not listed in Part X; or provide credit counseling, debt management, credit repair, and			
40	debt negotiation services? If Yes, complete Schedule D. Part IV	9		v
10	and organization, directly of through a related organization, hold assets in donor-restricted and organization.	. 9		<u>X</u>
44	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,	10		
-	vii, viii, iA, or A, as applicable.			
ā	and equipment in Part X. line 102 if "Voc."		1245504	
b	complete Schedule D, Part VI	11a	х	
~	3 that is 50/			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	general and amount for investments—program related in Part X line 13, that is 500 as a second			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			
е	Did the organization report an amount for other list in Park IV.	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial at the control of the organization of the property of the control of the organization of the control of the organization of the o	11e		X
	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 40 (500 7 to see the consolidated financial).			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Schedule D, Parts XI and XII.  Schedule D, Parts XI and XII.	11f		X
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated independent and the first state of the consolidated independent and the first state of the consolidated independent and the first state of the consolidated independent and the consolida	12a		X
	ros, and if the ordanization answered "No" to line 120 then assess to a second to			
13	Is the organization a school described in section 170(b)(1)(A)(ii)2 If "You" accordate O, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from a second s	14a		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	loreign investments valued at \$100,000 or more? If "Yes," complete Schedulo E. Dorto Land IV			
15	bld the organization report on Part IX, column (A), line 3, more than \$5,000 of grapts or other positions to	14b		<u>X</u> _
	of any longing organization? If Yes, complete Schedule F. Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate groups or other	15		<u>X</u> _
	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising applicacy.	16		<u>X</u> _
222	art 1X, column (A), lines 6 and Tie? If "Yes," complete Schedule G. Part I. Soci instructions			
18	bid the organization report more than \$15,000 total of fundraising event gross income and contribution	17		<u>X_</u>
	Tart VIII, lines To allu 6a? II Yes, "Complete Schedule G. Part II			LP.
19	Did the organization report more than \$15,000 of gross income from gaming activities as D. 1.700.	18		<u>X</u>
20-	n res, complete scriedule G, Part III	10		v.
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>X</u> X
b 21	If Yes' to line 20a, did the organization attach a copy of its audited financial states and the control of the	20a		<u></u>
<u> </u>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
DAA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	2	₹
2777		~ 1		-

# Form 990 (2024) R.A.C.E. Fund Inc

Part IV	Cl   -   -	( D		
I alliv	Checklist	of Required	Schodulac	(nontinue all
		toquii cu	ochedules	tconunuea

2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	۲-		Yes	No
	. are by, column (A), line 2: If Yes, Complete Schedule I Parts Land III				
2	3 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about componential of the		22		X
	organizations current and former officers, directors, trustees, key employees, and highest correspond to		- 1		
	- Tes, complete schedille .i			1	12.00
2	4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	·····	23		X
	1 20022 If "Voc " " " " " "				
	modern 2-4d and complete Scriedule K. If "No." go to line 25a		.	- 1	
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  C Did the organization maintain on account.		4a		_X_
	and original and escrow account other than a refunding escrow at any time during the	2	4b	$\dashv$	
	to doledge any tax-exempt bonds?		.		
21	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		4c	-	
2.	30 (c)(3), 30 (c)(4), and 501(c)(29) organizations. Did the organization one as		4d	$\dashv$	
	war a disqualified person during the year? If "Yes " complete Schodule I. D. (1	2	50		v
	is the digarization aware that it engaged in an excess benefit transaction with a disqualified assess.	····   Z	Ja	+	<u>X</u>
	y and that the transaction has not been reported on any of the organization's prior Forms one and the contraction has not been reported on any of the organization's prior Forms one and the contraction has not been reported on any of the organization's prior Forms one and the contraction has not been reported on any of the organization's prior Forms one and the contraction has not been reported on any of the organization's prior Forms one and the contraction has not been reported on any of the organization of the organization has not been reported on any of the organization of the organization of the organization has not been reported on any of the organization of the organizati				
26	res, complete defleuile L, Part I	25	ih		X
20	= 18 and organization report any amount on Part X, line 5 or 22 for receivables from or povables to		, U	+	
	sincer, director, trustee, key employee, creator or founder, substantial contributor, and any				
27	controlled entity of family member of any of these persons? If "Ves " complete Schooling I. B. 111	20	6		X
	or significant provide a grafit of other assistance to any current or former officer diseased.		+	+	
	substantial contributor or employee thereof a great astart		-		
	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	- 1			
28	Was the organization a party to a hydrogen transport	27	,		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	112		121 27	
a	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee light and exceptions.	1223			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>				
b		288	a		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	281	0		X
	"Yes," complete Schedule L, Part IV				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	280	:	]	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		7	X
	oshoci vation contributions? If Yes, complete Schedule M				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Vos." complete S. I	30			X
32	and organization sell, exchange, dispose of, or transfer more than 25% of its net accets? If I'Ve I'	31	_	7	X_
	complete schedule N, Part II				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		>	K_
	The control 2 and 501.7701-5? If Yes," Complete Schedulo P. Dort I				
34	was the organization related to any tax-exempt or taxable entity? If "Yes" complete School B. B. D. C. W.	33	-	X	<u> </u>
	or re, and rait v, line r				_
35a	Did the organization have a controlled entity within the meaning of section 513/5/43/3			X	
b	II Tes to line 35a, did the organization receive any name of t	35a	ļ	X	ζ
20	ostationed entity within the meaning of section 512(b)(13)? If "Ves." complete Schodule D. D. V.V."				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	-	+-	
27	reacted organization: If Tes, complete Schedule R. Part V. lino 2	20		\ v	,
37		. 36		X	<u>-</u>
38	and to district district and a partier strip for regeral income tax purposes? If "Voc." asset to the	37		v	ė
30	and provide explanations on Calabata and Cal	. 31		X	<u> </u>
Pa	10 Complete Schedule O	. 38	Х		
5.00		.   30	22		_
	Check if Schedule O contains a response or note to any line in this Part V				1
1a			Yes	No	1
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1s. First - 0. (f. applicable 2)	1980000 001000 000000	000000	140	
С	and annion of the original of the state of t		000000	0.000	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	0000000		00000	
DAA	reportable gaming (gambling) winnings to prize winners?	. 1c	SSEEDE	Х	

Form 990 (2024) R.A.C.E. Fund Inc
Part V Statements Regarding Other

17/4	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)	,		Page 5
2	Ea Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	Υe	s No
	Statements filed for the colondor year and in a vita and i	2.00		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7477	100 0000 100 0000 100 0000	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	2t		
	in res, has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schodule O			X
4	At any time during the calendar year, did the organization have an interest in or a signature or other outback.	3b	)	
	a mancial account in a loreign country (such as a bank account, securities account, or other financial account)			
I	s in res, enter the harne of the foreign country	. 4a	Name of the	X
000	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	17 x (47 47 47 47 47 47 47 47 47 47 47 47 47 4		
5	Trade the diganization a party to a prohibited tax shelter transaction of any time during the transaction of	MAR	111111	
k	bid any taxable party notify the organization that it was or is a party to a prohibited tax sholter transaction?	5a	_	X
(	, all the organization me round 0000-17			X
68	and did the	. 50	+-	+
1.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	Tes, did the organization include with every solicitation an express statement that such contributions or	Ja	-	22
7	girls were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c).	#216407 #216407	1000	
	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?		101101	171011
b	If "Yes," did the organization notify the Head Annual Control	7a		2 0 2 1 1 1 2 2 2
c	and the organization notify the dollor of the value of the goods or services provided?	7b		
_	required to file Form 82822			
d		7c		
е	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indicate, to	22.02		1 - 1 - 0 - 1 1 - 1 - 1 - 1 1 - 1 - 1 - 1
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		200000000000000000000000000000000000000
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year?			1111111
9	Sponsoring organizations maintaining donor advised funds,	8	10000000	
a	Did the sponsoring organization make any taxable distributions under section 40000			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	-	
10	( // ) Samuellon Enter.	9b		834.565
a	Initiation fees and capital contributions included on Part VIII, line 12	400		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders 11a	96 5 75 0	00000	o o de la
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)  Section 4947(a)(4) page accepted to the first of th			
12a	occion 4347(a)(1) non-exempt charitable trusts. Is the organization filing Form 000 in liquid Form 40440	12a		1 110000
b 13	res, enter the amount of tax-exempt interest received or accrued during the year	124		
a	Section 501(c)(29) qualified nonprofit health insurance issuers.			
177.51	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information than the state of the control of of the cont	13a		
b	and the mediation 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 place.			
С	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	0000000		
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide a service during the tax year?	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	If "Yes," see instructions and file Form 4720, Schedule N	15	0,90000	X
16	Is the organization an educational institution subject to the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on the section 4968 excise tax of the section 4968 excise tax on the section 4968 excise tax of the section 4			987873 990000 990000
	, The state of the	16	1588	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, organs in case at it.	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	trial would result in the imposition of an excise tax under section 4951, 4952, or 49532			
	If "Yes," complete Form 6069.	17	00000	Daws

Form 990 (2024) R.A.C.E. Fund Inc

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

Se	ection A. Governing Body and Management					^
					Yes	s No
1:	and the start of the governing body at the end of the tax year	1a	3	454.5 744.5		3 140
	If there are material differences in voting rights among members of the governing body, or			3.52.5 2.52.5 2.52.5		
	if the governing body delegated broad authority to an executive committee or similar			1		
	committee, explain on Schedule O.			10 14 12 24 12 24		1 1111
k	and the state of t	1b	3		1. of real	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			- 200		2 3 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	any other officer, director, trustee, or key employee?			2	X	1425
3	Did the organization delegate control over management duties customarily performed by or under the direct				22	-
	supervision of officers, directors, trustees, or key employees to a management company of the co			3		X
4	Did the organization make any significant changes to its governing documents since the prior 5	?		4	1	X
5	organization become aware quilly the veal of a significant diversion of the organization's			5	1	X
6	and a garaged ridge members of stockholders?			6	+	X
7a	of the persons will find the power to elect or appoint			-0	+	1
	one or more members of the governing body?			70		X
b	The any governance decisions of the organization reserved to (or subject to approval by) members			7a	+	1
	stockholders, or persons other than the governing body?			7.		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	o following:	7b		X
а	The governing body?			0	v	120200
b	Each committee with authority to act on behalf of the governing body?			8a	X	-
9	A A A A A A A A A A A A A A A A A A A			d8	A	
	the organization's mailing address? If "Yes," provide the names and addresses on Schodule O					v
Sec	ction B. Policies (This Section B requests information about policies not required by the Intern	al R	Wonyo C	9		X
		iai i (	venue C	Jue.j	\ \ \	T.,
10a	Did the organization have local chapters, branches, or affiliates?			40	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			10a		X
	annuates, and branches to ensure their operations are consistent with the organization's exempt purposes?			401		
11a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	 ~?	10b	v	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990	101	11.	11a	Х	50.00
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13				32	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		(U-1-0	12a	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	to con	mets?	12b	X	
	describe on Schedule O how this was done				32	
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			12c	X	
14				13		X
15	Did the process for determining compensation of the following persons include a review and approach to			14	(6.69.64.6)	X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	THE UIUdill/dillinis C.F. () Executive Director or ton management att : 1			8.2366		
b	Other officers or key employees of the organization			15a		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	4888888	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?				\$500 E	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a	******	X
	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?			30 100 000 20 100 000		
Sect	ion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ion 50	1(c)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes					
	and financial statements available to the public during the tax year.	t policy	/,			
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
Ma	rlene Murray  543 Eagle Nest Road	,				
	sby TN 37722		ger a servi	\$2 <u>~</u> 3,000041***	againeas	
	IN 3/122		777	056	70	(2)

# 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 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.

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

Check this box if neither the org	ganization nor ar	ny rel	ated	org	aniza	ation	com	pensated any current offic	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	(d bd	do not ox, uni ficer a	Po check ess p	(C) sition more erson directo	than o	one n an iee)	(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) Catherine George										
Vice President	2.00	x		X				0	0	0
(2) John Murray										0
Director	2.00	х						0	0	
(3) Marlene Murray									0	0
President	40.00	Х		Х				0		
(4)								0	0	0
(5)						7	-			
(6)						+				
(7)							+			
(8)		+			+		1			
B										
(9)		1	+		-		+			
(10)					1					
			-							
(11)		1		+	$\top$	+	$\dagger$			

Part VII Section A. Officer	s, Directors, Tr	uste	es.	Kev I	Fmn	love	000	92-015 and Highest Compensate	8499			Pa
			00, 1		(C)	noye	.63, 2	and Highest Compensate	d Employees (continued)			
(A) Name and title	(B) Average hours	bo	ox, un	Po check less p and a	erson	e than	th an	(D) Reportable compensation	(E)  Reportable compensation		(F) ited amou	unt
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	comp	pensation om the ization ar	nd
(12)												
(13)												
(14)												
(15)												
(16)												
(17)												
							1					
(18)												
(19)	************											
Subtotal     Total from continuation sheet     Total (add lines 1b and 1c)	ts to Part VII, Se	ectio	n A									
Total number of individuals (included included inclu	luding but not lin	nited O	to th	nose	liste	ed ab	ove)	who received more than \$	100,000 of			
<ul> <li>Did the organization list any former employee on line 1a? If "Yes," of</li> <li>For any individual listed on line</li> </ul>	OHIOLEIA Schedi	110 1	tore	unh	indi	indian	. 1			3	Yes	No X
organization and related organiz	alions greater tr	nan \$	150	,000	? If "	Yes,	" con	nplete Schedule J for such		4		Х
<ul> <li>Did any person listed on line 1a for services rendered to the orga</li> <li>Section B. Independent Contractors</li> </ul>	anization: II Te	s," co	mpe ompl	nsat ete S	on f	rom edule	J for	unrelated organization or in such person	dividual	5	1.5689.9	X
Complete this table for your five compensation from the organization.	highest compen tion. Report con	cata	d inc	done	al a				DAY			
Name and bu	A) siness address							(E Description	of services	Co	(C) mpensation	on
												-
					-	-	-					100 W 10 K
2 Total number of independent con received more than \$100,000 of o	tractors (includir	ng bu	ıt no	t lim gani	ited zatio	to th	ose I	isted above) who	0			
AA					-				0	00000000		

Part VIII Statement of Revenue Check if Schedule O cor

		Check	111 30	chedule O co	ntains	a response or r	note to any line in t	his Part VIII		
_		20					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nfo	and Other Similar Amounts	1a Federated car	mpaig	ns	1a		50.0 mil ot n	Trendster diptor	Trender transferrendstation	
G.	100	b Membership of	dues		1b		The second secon			
V.	A	c Fundraising e	vents		1c	6,4	49			
Ö	a	d Related organ	izatior	ıs	1d					
ns.	E	e Government grants	(contribu	tions)	(1) Dance		The state of the s			
ıtio	er.	f All other contribution	ns, gifts,	grants, uded above		105.6				
ibu	#	g Noncash contributio	ns includ	ed in	1f	197,6	62			
onte	p	lines 1a-1f			. 1g	\$				
$\tilde{c}$	a	h Total. Add line	es 1a-	1f			204,111	Control of the Contro		
						Business C	NOTE AND ADMITS AND ADMINISTRATION OF AN ADMINISTRAL PROPERTY OF ADMINISTRATION OF ADMINISTRATION OF ADMINISTRAL PROPERTY OF ADMINISTRATION OF ADMINIS			
ice	2	2a					100 100 100 100 100 100 100 100 100 100	NAME OF THE PARTY		
er.	ne									
Program Service	ven									
ogra	Re	d								
Ę		е								
		f All other progra	am ser	vice revenue						
	-	g Total, Add line	s 2a–2	2f						
	3			ncluding dividen	ids, inte	rest, and				
	4	other similar ar					25		35.7	25
	5			ent of tax-exemp						
	3	Royallies	· · · · · · ·	T						
	6	a Gross rents	1	(i) Real		(ii) Personal				111111111111111111111111111111111111111
		<u> </u>	6a		-			6		
	1	<ul> <li>b Less: rental expenses</li> <li>c Rental inc. or (loss)</li> </ul>								i italianianianianianianianianianianianianiani
		d Net rental incon	_ 6c	1>						
		a Gross amount from	ne or (							
		sales of assets	70	(i) Securities	S	(ii) Other				
ø	1	other than inventory  b Less: cost or other	7a				_			
enn	^	basis and sales exps.	7b							
Sev		c Gain or (loss)	7c							
er F		d Net gain or (loss								2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Other Revenue	88	a Gross income from	fundra	ising events	· · · · · · ·		Assessment of the second second	4.07.0000000000000000000000000000000000		1
_		(not including \$								
		of contributions rep								
		1c). See Part IV, lir		TI IIIIC	8a	7 51				
	b	Less: direct expe			8b	7,51	4			
				om fundraising			7 510			
	9a	Gross income from	om gai	ming	T T		7,512			7,512
		activities. See Pa			9a					
	b	Less: direct expe	enses		9b					
					ities					
	10a	Gross sales of in	ventor	y, less						Secretary and the contract of
		returns and allow	ances		10a					
- 1	b	Less: cost of goo	ds sol	d	10b					
_	С	Net income or (lo	ss) fro	om sales of inve	ntory				0000 0000 00000000000000000000000000000	
						Business Code				000000000000000000000000000000000000000
ne	11a	Refunds & R	ebate	es			44			4.6
evenue	b					V4114144				44
Re	C					W				
	d	All other revenue								
	e	Total. Add lines 1	11a–11	1d			44	2000 - 12	100 TECONO EC	
	12	Total revenue. S	ee ins	tructions			211,692	0	0	7,581
							accomplete the complete of the			1,381

# Form 990 (2024) R.A.C.E. Fund Inc

Part IX Statement of Functional Expenses

-	ection 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor	nse or note to any line in the	<i>er organizations must co</i> nis Part IX	omplete column (A).	
Do 8b	o not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		ovberises.	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	2 Grants and other assistance to domestic			#11 Table 1991 Table 1	
	individuals. See Part IV, line 22				
3	and the decidance to loreign			Marine Committee Com	
	organizations, foreign governments, and			Cartes and	
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	- Find and the current officers, directors,				
	trustees, and key employees				
6	1 The meladed above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				With the second
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,750		3,750	
d	Lobbying			3,730	
е	Professional fundraising services. See Part IV, line 17				
· f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	2,966	362		2 604
12	Advertising and promotion		302		2,604
13	Office expenses	4,068	95	3,081	000
14	information technology			3,001	892
15	Royalties				
16	Occupancy				
17	Travel	722	352	370	
18	ayments of travel of entertainment expenses		302	370	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	754	754		
	Insurance	1,855		1,855	
	Other expenses. Itemize expenses not covered			2,000	35353.6450.4665.6666.666
	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.)			2000 COOLLEGE CO	
a	Horse Expenses	240,649	240,649		
b	Charitable Contributions	2,135	2,135		
C	Business Registration Fee	260	100	160	
d	All others				
e	All other expenses				
6	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	257,159	244,447	9,216	3,496
9	organization reported in column (B) joint costs				5,150
1	from a combined educational campaign and				
1 f	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
A	onorming 001 30-2 (A3C 300-720)				

					(A)		(B)
T	1	Cash—non-interest-bearing			Beginning of year		End of year
	2	Sovings and temporary and the sound temporary and temporar			5,52		5,78
	3	Savings and temporary cash investments			140,01	5 2	95,03
	4	Accounts receivable, net				3	
	5	, tocounts receivable, flet			774-77-77	4	
	J	Loans and other receivables from any current or former	officer, director,	-3 04 104			
		trustee, key employee, creator or founder, substantial o	ontributor, or 35	%	* * * * * * * * * * * * * * * * * * *	147044	
	6	controlled entity or family member of any of these person	ons			5	
	U	Loans and other receivables from other disqualified per	sons (as defined	100 miles			
	7	under section 4958(f)(1)), and persons described in sec				6	
É	7 8	Notes and loans receivable, net				7	
		Inventories for sale or use				8	
1.	9	Prepaid expenses and deferred charges				9	
	iua	cand, buildings, and equipment: cost or other					
	L	basis. Complete Part VI of Schedule D	10a	6,483			
		Less: accumulated depreciation	10b	2,210	5,027	10c	4,27
	11	Investments—publicly traded securities			ONLY OF THE STATE	11	
1 -	12	Investments—other securities. See Part IV, line 11				12	
-	13	investments—program-related. See Part IV, line 11				13	AUMONO DE LA TIENTE
	4	mangible assets				14	
		Other assets. See Part IV, line 11				15	
	6	Total assets. Add lines 1 through 15 (must equal line 33	3)		150,566	16	105,099
1	1	Accounts payable and accrued expenses				17	
1 80	U	Grants payable			18		
10.00		Deferred revenue			19		
2	0	Tax-exempt bond liabilities		1		20	
2	1	Escrow or custodial account liability. Complete Part IV of	f Schedule D			21	
2.	2	Loans and other payables to any current or former office	r, director,			940000	
		trustee, key employee, creator or founder, substantial co	ntributor, or 35%				
		controlled entity or family member of any of these persor	ns			22	
2:	3	Secured mortgages and notes payable to unrelated third	parties			23	
24	4 1	onsecured notes and loans payable to unrelated third pa	rties			24	
2	5 (	Other liabilities (including federal income tax, payables to	related third				
		parties, and other liabilities not included on lines 17-24).	Complete Part X				
		of Schedule D				25	
26	6 7	Total liabilities. Add lines 17 through 25			0	26	0
	(	Organizations that follow FASB ASC 958, check here	X				
		and complete lines 27, 28, 32, and 33.					
27		Net assets without donor restrictions			150,566	27	105,099
28		Net assets with donor restrictions				28	
		organizations that do not follow FASB ASC 958, chec	k here				
		and complete lines 29 through 33.	-				
29	) (	Capital stock or trust principal, or current funds				29	
30	) F	Paid-in or capital surplus, or land, building, or equipment	fund			30	
31	F	Retained earnings, endowment, accumulated income, or	other funds			31	
32		otal net assets or fund balances			150,566	32	105,099
33	T	otal liabilities and net assets/fund balances			150,566	33	105,099

	m 990 (2024) R.A.C.E. Fund Inc	92-0198499	8)	8	D	age <b>12</b>
P	art XI Reconciliation of Net Assets			E MESSES		age 12
	Check if Schedule O contains a response or note to any line	in this Part XI				П
1	rotal revenue (must equal Part VIII, column (A), line 12)			5	11	692
2	rotal expenses (must equal rait ix, column (A), line 25)		1 2			159
3	. to to had less expenses. Subtract line 2 HOIII line 1		1 0	-	45	467
4	and balances at beginning of year (must equal Part A. line 37 C	Ollmn (A))	1 A			566
5	Net unrealized gains (losses) on investments		E .		.50,	300
6	Donated services and use of facilities  Investment expenses		6			
7			171			
8	Thor period adjustments		8		9000 VA III VA	
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must en	qual Part X. line				
	32, column (B))		10	1	05	099
Pa	art XII Financial Statements and Reporting		. 101		05,	033
	Check if Schedule O contains a response or note to any line	in this Part XII				
			**********		Yes	
1	Accounting method used to prepare the Form 990: X Cash Accrus	al Other			res	No
	If the organization changed its method of accounting from a prior year or check	ed "Other." explain on		-		
	Schedule O.			100000		
2a	Were the organization's financial statements compiled or reviewed by an independent	endent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the	year were compiled or		. Za	100000	1
	reviewed on a separate basis, consolidated basis, or both.	Control of the Contro			0.000	250000
	Separate basis Consolidated basis Both consolidated and	separate basis		100000		00000
b	Were the organization's financial statements audited by an independent account	itant?		26	2011023	v
	If "Yes," check a box below to indicate whether the financial statements for the	vear were audited on a		2b	373893	X
	separate basis, consolidated basis, or both.	, and the same of the				
	Separate basis Consolidated basis Both consolidated and	separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes r	responsibility for oversight of		15 40 5 48.0	200100	43.5
	the audit, review, or compilation of its financial statements and selection of an in	dependent accountant?		2-		
	If the organization changed either its oversight process or selection process duri	ing the tax year explain on	**********	. 2c	757556	3000000
	Schedule O.	and text year, explain on				
3a	As a result of a federal award, was the organization required to undergo an audi	t or audits as set forth in the		13.233.64	199752	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	and the following the				
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ation did not undergo the		3a		
	required audit or audits, explain why on Schedule O and describe any steps take	en to undergo such audits				
e-07/2	2 2 3 6 mb c dity steps take	and orgo such addits		3b		

Form **990** (2024)

#### SCHEDULE A (Form 990)

# **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization R.A.C.E Fund Inc

Employer identification number

Part I Re	ason for Public Chari	ty Status (All organization	and must some	92-0.	198499			
	not a private foundation beca	<b>ty Status.</b> (All organization ause it is: (For lines 1 through 1	ons must comp	iete this part.) See instruc	ctions.			
1 A church	convention of churches or	essociation of churches describ	12, check only one	box.)				
2 A school of	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3 A hospital	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 A medical	receased ergonization	rvice organization described in	section 170(b)(1)	(A)(iii).				
city, and s	toto:	ated in conjunction with a hospi	tal described in <b>se</b>	ction 170(b)(1)(A)(iii). Enter th	e hospital's name,			
section 1	(0(b)(1)(A)(iv). (Complete P	fit of a college or university own art II.)			in			
6 A federal,	state, or local government o	r governmental unit described i	n section 170(b)(1	I)(A)(v).				
described	11 Section 170(β)(1)(A)(VI).	a substantial part of its suppor (Complete Part II.)		ntal unit or from the general pul	blic			
8 A commun	nity trust described in section	n 170(b)(1)(A)(vi). (Complete P	Part II.)					
9 An agricult	ural research organization d	escribed in section 170(b)(1)(A	A)(ix) operated in o	conjunction with a land-grant co	llogo			
university:		e of agriculture (see instruction	s). Enter the name	, city, and state of the college of	OF-			
10 X An organiz	ation that normally receives	(1) more than 33 1/3% of its su	upport from contribu	utions membership foos and a				
roodipis ne	mi activities related to its exi	emplifications, subject to certa	in exceptions, and	(2) no more than 22 1/20/ -f :1.	I OSS			
Supportito	in gross investment income	and unrelated business taxable	income (less sect	tion 511 tox from business				
acquired by	y the organization after June	30, 1975. See section 509(a)(	<ol><li>(2). (Complete Part</li></ol>	t III.)				
12 An organiza	ation organized and operate	d exclusively to test for public s	afety. See section	1 509(a)(4).				
J	e nublicly supported organiz	d exclusively for the benefit of,	to perform the fund	ctions of, or to carry out the pur	poses of			
the box on	lines 12a through 12d that d	ations described in section 509 escribes the type of supporting	e(a)(1) or section :	509(a)(2). See section 509(a)(3	3). Check			
a Type I.	A supporting organization of	perated, supervised, or controll	organization and (	complete lines 12e, 12f, and 12	g.			
the sup	ported organization(s) the n	ower to regularly appoint or elec-	ed by its supported	organization(s), typically by gi	ving			
support	ing organization. You must	complete Part IV, Sections A	ct a majority of the	directors or trustees of the				
b Type II.	. A supporting organization s	supervised or controlled in conn	ection with its sup	ported organization(a) but to				
COITHOI	or management of the supp	orting organization vested in the	e same persons the	at control or manage the curre	ng stad			
organiz	ation(s). You must complete	te Part IV, Sections A and C.	- vame percent an	at control of manage the suppo	rted			
c Type III its supp	I functionally integrated. A corted organization(s) (see in	supporting organization operat structions). <b>You must comple</b>	ed in connection w	rith, and functionally integrated	with,			
a Type III	non-functionally integrate	ed. A supporting organization of	perated in connect	ion with its supported organizat	ion(e)			
triat is i	iot functionally integrated. If	ne organization generally must	satisfy a distribution	n requirement and an attentive	ness			
Tequirer	nent (see instructions). You	must complete Part IV, Secti	ons A and D, and	Part V.				
e Check t	his box if the organization re	ceived a written determination	from the IRS that it	t is a Type I, Type II, Type III				
ranction	imber of supported organiza	on-iunctionally integrated suppo	orting organization.		2000			
g Provide the	following information about	the supported organization(s).						
(i) Name of supported								
organization	(11) E114	(iii) Type of organization (described on lines 1~10	(iv) is the organization listed in your governing	1	(vi) Amount of			
		above (see instructions))	document?	g support (see instructions)	other support (see instructions)			
		100	Yes No		instructions)			
(A)								
(B)								
(C)								
			1					
(D)								
(E)								
T-4-1	The first property of the property of the property of							
Total For Paperwork Reductiv	And Market Television							

Schedule A (Form 990) 2024 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Se	ction A. Public Support			o noted below,	product comple	ic rait ii	1.)		
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2	024	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							(i) rotal	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
5	Total. Add lines 1 through 3  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								
	ction B. Total Support					1555555555555			
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 20	24	(f) Total	
7	Amounts from line 4					(*/=*		(i) rotar	
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						Alle Services		
12	Gross receipts from related activities, etc.	(see instructions)					12		
13	First 5 years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth	i, or fifth tax year a	is a section 501(c)	(3)			
	organization, check this box and stop here	9				,(0)			
Sec	tion of computation of Fublic 3u	ipport Percent	age						
14	Public support percentage for 2024 (line 6,	column (f), divided	by line 11, colum	n (f))			14	%	
15	Public support percentage from 2023 Sche	edule A, Part II, line	14				15	%	
16a	33 1/3% support test — 2024. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more	check this	10	70	
	box and stop here. The organization quality	fies as a publicly su	upported organizat	9				Г	
b	33 1/3% support test — 2023. If the organ	nization did not che	ck a box on line 1	3 or 16a, and line	 15 is 33 1/3% or m	ore check		Ц	
	this box and <b>stop here</b> . The organization of	qualifies as a public	ly supported organ	nization					
17a	10%-facts-and-circumstances test — 20	24. If the organizati	ion did not check a	a box on line 13, 10	6a, or 16b, and lin	e 14 is			
	10% or more, and if the organization meets	s the facts-and-circ	umstances test, c	neck this box and	stop here. Explain	n in			
b	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  10%-facts-and-circumstances test — 2023. 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								
0	organization  Private foundation of the organization did							П	
8	i ilvate loulidation. Il the organization did	not check a box or	1 line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and see	e			
	instructions	······································		******					
								property indicated respectable (4	

# 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.)

	ection A. Public Support	quality drider til	c tests listed pr	elow, please co	пресе Рап п.	)	
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,138	75 266	141 010			
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	34,130	75,266	141,010	167,476	197,662	635,55
3	Gross receipts from activities that are not an unrelated trade or business under section 513	5,851	4,339	5,368	4,523	7,512	27,59
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					1,312	27,33
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	59,989	79,605	146,378	171,999	205,174	663,145
7a					212,333	203,174	663,145
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						550 445
	tion B. Total Support				300000000000000000000000000000000000000		663,145
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	59,989	79,605	146,378	171,999	205,174	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	127	44	34	29		663,145
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			31	29	25	259
С	Add lines 10a and 10b	127	44	34	29	25	259
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		8				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	60 116					
14		60,116	79,649	146,412	172,028	205,199	663,404
	First 5 years. If the Form 990 is for the organization, check this box and stop here	inization's first, sect	ona, tnira, tourth, c	or fifth tax year as a	a section 501(c)(3)		
Sect	organization, check this box and stop here ion C. Computation of Public Sup	nort Percentac					
16	Public support percentage for 2024 (line 8, c	ule A Part III liae 1	y iine 13, column (	(1))		15	99.96%
Sect	Public support percentage from 2023 Sched ion D. Computation of Investment	Income Perce	nfago	**************		16	99.61%
17	Investment income percentage for 2024 (line	10c column (f) di	ridad by line 12 -	-1 (0)			
18	Investment income percentage from 2023 Se	chedule A Part III I					%_
19a	33 1/3% support tests — 2024. If the organ	ization did not chec	k the hov on line 1	4 and line 45 :		18	%
	17 is not more than 33 1/3%, check this box	and stop here. The	organization gual	ifice as a publication	ore than 33 1/3%,	and line	v
	of the to support tests — 2023. If the organ	ization did not chec	k a box on line 14	or line 10a and lin	o 16 in more than	22 4 (20)	
	line 18 is not more than 33 1/3%, check this	box and stop here	The organization	or mie 13a, and III dualifies as a subli	ch support	33 1/3%, and	
20	Private foundation. If the organization did n	ot check a box on li	ne 14, 19a, or 19b	, check this box ar	organd see instructions	anization	

#### Part IV Supporting Organizations

(Complete only if you checked a box on 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

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

I Succession	Yes	No
1		
2		
3a		Autor Marian Alle Autor Marian Autor Marian
11/2/1 11/2/1 2h		
3b 3c		101000000 11200001 110000000
4a		AND THE RESERVE
4b		
4c		
5a 5b	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	STORT PARTIES.
5c		
6		
7		
		0.000
9a		
9b 9c	200000000	
10a	000000000	

Pa	Supporting Organizations (continued)	-1.657-658		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	74.2.2.2.2 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
8	of the state of th			
	11c below, the governing body of a supported organization?	11a		
k	, we was a percent about bod of time that above:	11b		Ž.
C	The above in the state of the species asserted on the species in the state of the species as the	2	1.12.00	
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	non B. Type i Supporting Organizations		_	
1	Did the governing body members of the governing body officers to the second		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1000 A		
	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	1122		
	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.	200000	12-24-14-42 12-24-14-42 13-34-34-43	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		and the second second second
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		7722325.	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1220513	
	supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations	2		
				Τ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	20.000	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100000		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	42011112	12222
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			A 2 6 8 3 4 3 6
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			100
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			11,44
3	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
ecti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.	*		
b	The organization is the parent of each of its supported organizations. Complete line 3 holes.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ıctions).		
2	Activities Test. Answer lines 2a and 2b below.	[20202001E	Yes	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,			
	now the organization was responsive to each of its supported organizations, and how the organization determined	Marie II		
	that these activities constituted substantially all of its activities.	2a	docente Sin	500000000000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.00000	- 0 to 5 to
	involvement, one or more of the organization's supported organization(s) would have been organized in 2.15			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	INDENDER 1	
3		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1000000	00000000
	Parent of Supported Organizations. Answer lines 3a and 3b below.		11111	
	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 <b>Part VI</b> .	3a	V # 8 2 3 8 4 5	
b		000000000000000000000000000000000000000	0.0000000	90000000
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	101000000000000000000000000000000000000	FC. 1000	
	and the color played by the organization in this regard.	3b		

Part V Type III Non-F	unctionally Integrated 509(a)(3) Support	ina Overenie -4	92-0198	3499 Pa
1 Check here if the organ	ization satisfied the Integral Part Test as a qualifying t	mg Organizat	ions	MARY.
instructions. All other	Type III non-functionally integrated supporting organization	ations must comp	970 (explain in <b>Part VI</b> ).	See -
Section A – Adjusted Net Incom	ne	ations must comp	(A) Prior Year	(B) Current Year
1 Net short-term capital gain			( /	(optional)
2 Recoveries of prior-year di		1		
3 Other gross income (see in		2		
4 Add lines 1 through 3.	istractions)	3		
5 Depreciation and depletion		4		
	ses paid or incurred for production or collection	5		
of gross income or for man	agement, conservation, or maintenance of	1 1		
property held for production	n of income (see instructions)			
7 Other expenses (see instru	of income (see instructions)	6		
	tract lines 5, 6, and 7 from line 4)	7		
		8		
Section B – Minimum Asset Am			(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value	of all non-exempt-use assets (see	200 - Carlo		
instructions for short tax year	ar or assets held for part of year):			
a Average monthly value of s		1a		
b Average monthly cash bala		1b		
c Fair market value of other n		1c		
d Total (add lines 1a, 1b, and		1d		
e Discount claimed for blocks	age or other factors			
(explain in detail in Part VI):				
2 Acquisition indebtedness ap	plicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exem	pt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use	e assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year dist		7		
8 Minimum Asset Amount (a	dd line 7 to line 6)	8		
ection C – Distributable Amour	nt			Current Year
1 Adjusted net income for prior	r year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	7,	2		
3 Minimum asset amount for p	rior 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		5		
6 Distributable Amount. Subt	ract line 5 from line 4, unless subject to			
emergency temporary reduct	ion (see instructions).	6		
7 Chock here if the current	rear is the organization's first as a non-functionally inte	egrated Type III or	pnorting organization	

Pa	rt V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Organiza	ations (continued)	. 90	499 Pag
Sec	ction D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt	DUITNOSOS		П	Carrent real
2	Amounts paid to perform activity that directly furthers exempt pu	Irnoses of supported		1	
	organizations, in excess of income from activity	ii poses or supported			
3	Administrative expenses paid to accomplish exempt purposes of	f supported organizations		2	
4	Amounts paid to acquire exempt-use assets			3	
5	Qualified set-aside amounts (prior IRS approval required—provid	de details in Part VI)		4	
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 organizations to which the organizations are supported organizations.	ganization is responsive		+	
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
***************************************	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024		(iii) Distributable
1	Distributable amount for 2024 from Section C, line 6		110 2024	2000	Amount for 2024
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–explain in Part VI). See instructions.			0000	
3	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020			9 4 2 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9	
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			100 100 100 100	
h	Applied to 2024 distributable amount			58	
i	Carryover from 2019 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			5.0	
4	Distributions for 2024 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years			200	
	Applied to 2024 distributable amount			33	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if			100	
i	any. Subtract lines 3g and 4a from line 2. For result			0.00	
	greater than zero, explain in Part VI. See instructions.			337	
6	Remaining underdistributions for 2024. Subtract lines 3h				
· · · · · ·	and 4b from line 1. For result greater than zero, explain in	/ / / / / / / / / / / / / / / / / / /			
	Part VI. See instructions.		Ge constitution		
	Excess distributions carryover to 2025. Add lines 3j	200			
	Breakdown of line 7:		2000 1 200 1		
	Excess from 2020		00000000000000000000000000000000000000		
	Excess from 2021				
c F	YCASS from 2022	200000000000000000000000000000000000000	2000 000 000 000 000 000 000 000 000 00		
	excess from 2023		0.0000000000000000000000000000000000000		
	excess from 2024		20100000000000000000000000000000000000		

Schedule A (Form 990) 2024

Schedule A (Fo	
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.)
· /	, and part for any additional information. (See instructions.)
·	
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Page 1 of 1

Page 2

Name of organization

R.A.C.E. Fund Inc

Employer identification number 92-0198499

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$ 32,157	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
4		Total contributions  \$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

_ I	R.A.C.E. Fund Inc			00 05	00400
	art I Organizations Maintaining Donor Advised Fu	ınde er (	Other Cimiler E	92-01	98499
****	Complete if the organization answered "Yes" on	Form 99	O Part IV line 6	or Accounts	
	. James and red off	1 01111 99			
1	Total number at end of year		(a) Donor advised funds	(b) F	unds and other accounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of contributions to (during year)				
4	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing the	at the asse	s held in donor advised		
•	runds are the organization's property, subject to the organization's exc	lusive lega	control2		Yes
6	Did the organization inform all grantees, donors, and donor advisors in	writing that	t grant funds can be used		les
	only for charitable purposes and not for the benefit of the donor or don	or advisor	or for any other purpose		
II. saksta	conferring impermissible private benefit?		- roi any other purpose		П., П.
Pa	Conservation Lasements				Yes Yes
	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 on	oly)		
	Preservation of land for public use (for example, recreation or educ	cali triat ap			
	Protection of natural habitat	cation)	Preservation of a historica	ally important lan	d area
	Preservation of open space		Preservation of a certified	historic structure	e
2					
_	Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year.	rvation con	tribution in the form of a cor	nservation	
	of the tax year.			1.00	d at the End of the Tax Y
a	Total paragraphism of conservation easements				Ι
b	rotal acreage restricted by conservation easements				
С	and the structure included the structure incl	uded on lin	2 /a	2c	
d	after conscivation easements included on line 2c acquired after	July 25, 200	6. and not	20	
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, released, ex	tinguished	or terminated by	2d	
	the organization during the tax year				
4	Number of states where property subject to conservation easement is to	onated			
5	Does the organization have a written policy regarding the periodic moni	,			
	VIOIDUOIS, and enjorcement of the conservation accompany it by the				92-225
6	Staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to monitoring improved to the staff and volunteer hours devoted to the st				Yes
~	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations,	and enforcing		
7	conversation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of viola				
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and	enforcing		
	conservation easements during the year  Does each conservation easement reported on line 2d above called the			\$	
	The saccine reported on line 2d above salisty the	requireme	nte of cootion 170/b\/4\/D\		
	(i) and section 170(n)(4)(B)(ii)?				Yes N
					Yes N
	and include, if applicable, the text of the footnote to the organizat	ion's financ	ial statements that describe	es the	
	organization's accounting for conservation easements.				
ar	Organizations Maintaining Collections of Art, I	distorica	Treasures or Othor	· Cimilar Ass	-1-
	Complete if the organization answered "Yes" on F	orm 990.	Part IV line 8	Sillillar ASS	ers
a	f the organization elected, as permitted under FASB ASC 958, not to re	port in its r			
1	of art, historical treasures, or other similar assets held for public exhibition	port in its fi	venue statement and balar	nce sheet works	
;	service, provide in Part XIII the text of the footnote to its financial statem	onto that I	in, or research in furtherand	e of public	
)	f the organization elected, as permitted under EASP ASC OF A	ents that d	escribes these items.		
ć	f the organization elected, as permitted under FASB ASC 958, to report	in its rever	ue statement and balance :	sheet works of	
ī	art, historical treasures, or other similar assets held for public exhibition, provide the following amounts relating to these items.	education,	or research in furtherance of	of public service,	
1	revide 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			\$	
(	ii) Assets included in Form 990, Part X			\$	
1	or of art, filstorical treasures, or o	ther similar	assets for financial gain or	ovide the	
	showing amounts required to be reported under FASB ASC 958 relating	to these ite	ems.		
1 F	evenue included on Form 990, Part VIII, line 1				
	ssets included in Form 990, Part X  Derwork Reduction Act Notice, see the Instructions for Form 990.			- S	

9985	RACEFU 02/18/2025 4:41 PM							
Scl	nedule D (Form 990) (Rev. 12-2024) R.A.	C.E. Fund I	nc			92-019849	9	Dog
-	Part III Organizations Maintainin	ng Collections of	Art, Historical	Treasure	s, or Oth	or Cimilar Assa	ts (continue	Page
3	Using the organization's acquisition, acces collection items (check all that apply).	sion, and other records	, check any of the	following that	at make sign	nificant use of its	to Toomina	<i>(</i> )
	Public exhibition				_			
			oan or exchange					
	- Thomany rootalion	e C	ther					
4	Preservation for future generations							
7	Provide a description of the organization's of XIII.	collections and explain I	now they further th	ne organizati	on's exemp	t purpose in Part		
5	7011.							
J	During the year, did the organization solicit	or receive donations of	art, historical trea	sures, or oth	ıer similar			
P	assets to be sold to raise funds rather than  art IV Escrow and Custodial Ar	to be maintained as pa	rt of the organizat	ion's collection	on?		Yes	N
ALTONIA.	=0010W dild Odstodial Al	ranuements						
	Complete if the organizatio 990, Part X, line 21.					orted an amoun	t on Form	
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ry for contributions	s or other as	sets not			
	included on Form 990, Part X?						Yes	N
b	If "Yes," explain the arrangement in Part XII	I and complete the folio	wing table.				163	10
	Post and the second sec						Amount	
c	0 9					1c		
d								
e	3 jeu.							
f								
Za h							Yes	No
	If "Yes," explain the arrangement in Part XIII  Int V Endowment Funds	. Check here if the expl	anation has been	provided in F	Part XIII			H
. 1 C	Endownent i unus							
	Complete if the organization	answered "Yes" o		art IV, line	10.			
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two	ears back	(d) Three years back	(e) Four year	rs back
b	Contributions				Mary Laws			
С	Net investment earnings, gains,							
	THE PARTY OF THE P							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent vear end halance (li	no 1g. ookumn (-)	\ l==1=t==				
а	Board designated or quasi-endowment	%	ne ig, column (a)	) neld as:				
b	Permanent endowment %							
C	Term endowment %							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organization	that are held and	administero	d for the			
	organization by:						[	T
	(i) Unrelated organizations? (ii) Related organizations?	1.1					Yes	No
							3a(i)	-
b	or into outin, are the related organiza	tions listed as required	on Schedule R?				3a(ii)	
	arran are interface ases of the	organization's endowme	ent funds.				3b	
Par	Land, Buildings, and Equip	ment						
	Complete if the organization	answered "Yes" on	Form 990, Pa	rt IV, line	11a. See	Form 990 Part V	( lino 10	
	Description of property	(a) Cost or other basis	(b) Cost or o	ther basis		cumulated	(d) Book value	
		(investment)	(other	er)	52.0%	eciation	(w) book value	
ia l	_and	100000000000000000000000000000000000000			9,000,000,000,000	6900000000000000000		

6,483

Schedule D (Form 990) (Rev. 12-2024)

2,210

e Other ...

c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

DAA

Schedule D (Form 990) (Rev. 12-2024)R.A.C.E. Fund Inc 92-0198499 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests Total. (Column (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) Total. (Column (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) Total. (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. (a) Description of liability (b) Book value Federal income taxes (1) (2) (3)(4)(5)(6)(7) (8) (9) Total. (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

F	Reconciliation of Revenue per Audited Financial	Statements With Revenue	e per Return	
1	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 12a.		
2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
а				
b	Donated services and use of facilities	2a		
С	Recoveries of prior year grants	2b		
d	- Frier your grante	2c 2d		
е	Add lines 2a through 2d			
3	Add lines 2a through 2d Subtract line 2e from line 1		2e	
4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part VIII.)	4a		
c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		4c	
Pa	int XII Reconciliation of Expenses per Audited Financial	Statements With E	5	
	Complete if the organization answered "Yes" on Form	990. Part IV. line 12a	es per Return	
1	Total expanses and logged has audited for a sill to the		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		····	
a	Donated services and use of facilities	2a		
U	rnor year adjustments	2b		
С	Other losses	2c		
u	Other (Describe in Part Alli.)	2d		
e	Add lines 2a through 2d		2e	
•	Subtract line Ze noin line 1		3	
4	7 and and included of 1 of the 990, Fart 1X, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a				
a b	Other (Describe in Part XIII.)	4b		
a b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
a b c 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4b	4c 5	
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Tt XIII Supplemental Information	4b 8.)	5	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  It XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b and 2b: Part V	line 4: Part X line	
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Tt XIII Supplemental Information	8.) 1; Part IV, lines 1b and 2b: Part V	line 4: Part X line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  It XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b and 2b: Part V	line 4: Part X line	
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b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  It XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
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b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
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b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 1</i> rt XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.)  4b  8.)  4; Part IV, lines 1b and 2b; Part V provide any additional information	line 4; Part X, line	
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Schedule D (Form 990) (Rev. 12-2024)R.A.C.E. Fund Inc Part XIII Supplemental Information (continued)	92-0198499 Page
Supplemental information (continued)	
F,	
***************************************	
	***************************************

#### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

R.A.C.E. Fund Inc	Employer identification number
Form 990 Part VI Time 2 Political	92-0198499
Form 990, Part VI, Line 2 - Related Party Information Am John Murray	ong Officers
Director Marlene Murray	
Married President	•••••
Mairied	• • • • • • • • • • • • • • • • • • • •
Form 000 D	
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 000
An electronic copy of the final 990 and BCO10 reports are	e emailed to the
Form 990, Part VI, Line 11b - Organization's Process to An electronic copy of the final 990 and BCO10 reports are various directors and officers for review and approval be	efore submission
The state of the s	crore submission.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Po	alian
	- mail
reviewed annually by the directors.	t policy. It is
Form 990, Part VI, Line 19 - Governing Documents Disclosum The organization makes the 990 available to any member of written request.	
The organization makes the 990 available to any member at	re Explanation
written request.	the public upon
	3.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
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<u> </u>	***************************************

Form **4562** 

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment

170

#### Identifying number R.A.C.E. Fund Inc 92-0198499 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,220,000 Total cost of section 179 property placed in service (see instructions) 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3,050,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... 12 12 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS). 16 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2024 754 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) period 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM SI property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/I property MM S/L Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System Class life S/L b 12-year 12 yrs. S/L C 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 21 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . 754 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. 23

92-0198499

FYE: 12/31/2024

# Federal Asset Report Form 990, Page 1

02/18/2025 4:40 PM

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACR 1 Run In 2 Old Ec	S: Shed uipment	9/12/23 1/01/04	5,435 1,048 6,483	X .	5,435 524 5,959	10 HY 150DB 7 HY 200DB	408 1,048 1,456	754 0 754
	Grand Totals Less: Dispositions and Tra Less: Start-up/Org Expens Net Grand Totals	nsfers e	6,483 0 0 6,483	-	5,959 0 0 5,959	:- =	1,456 0 0 1,456	754 0 0 754

92-0198499

FYE: 12/31/2024

AMT Asset Report Form 990, Page 1 02/18/2025 4:40 PM

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACR 1 Run Ir 2 Old Ed		9/12/23 1/01/04 _	5,435 1,048 6,483	X	5,435 524 5,959	7 HY 200DB	408 1,048 1,456	754 0 754
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers	6,483 0 6,483	-	5,959 0 5,959	-	1,456 0 1,456	754 0 754

92-0198499

Bonus Depreciation Report

02/18/2025 4:40 PM

Form 990, Page 1

FYE: 12/31/2024

Asset _	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2 01	d Equipment	1/01/04	1,048		0	0	524	524
	×	Grand Total =	1,048	1	0	0	524	524

02/18/2025 4:40 PM

<u>Form</u>	Unit As	sset		Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS	S Adjusti	ments:					
Page 1 Page 1	1	1 2	Run In Shed Old Equipment		75	00	0 0

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9985RACEFU R.A.C.E. Fund Inc 92-0198499 Future Depreciation Report FYE: 12/31/25

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Prior N	AACRS:					
1 2	Run In Shed Old Equipment	9/12/23 1/01/04	5,435 1,048	641 0	641 0	
			6,483	641	641	
	Grand Totals		6,483	641 =	641	

33. Number of volunteers

Form **990** 

# Two Year Comparison Report

For calendar year 2024, or tax year beginning

, ending

2023 & 2024

Name

Taxpayer Identification Number

	DACE Built					Taxpayer	Identification Number
-	R.A.C.E. Fund Inc					92-01	L98499
				2023	2024	4	Differences
	1. Contributions, gifts, grants	1.		167,476	5 20	4,111	36,635
	Membership dues and assessments	2.					
a	Government contributions and grants	3.					
ם	4. Program service revenue	4.					
9	5. Investment income			29	9	25	-4
>	6. Proceeds from tax exempt bonds	6.					3
R		7.					
	Net income or (loss) from fundraising events	8.		4,523	3	7,512	2,989
	9. Net income or (loss) from gaming	9.				, , 0 = 2	2,303
	10. Net gain or (loss) on sales of inventory	10.					
	11. Other revenue	11.				44	44
	12. Total revenue. Add lines 1 through 11	12.		172,028	21	1,692	39,664
	13. Grants and similar amounts paid	13.				2,052	39,004
	14. Benefits paid to or for members	14.					
S		15.	<u> </u>				
S	16. Salaries, other compensation, and employee benefits	16.					
e	17. Professional fundraising fees						
o X	18. Other professional fees	18		6,253	-	5,716	4.00
ш	***************************************	19.		0,200		3,110	463
	20. Depreciation and Depletion	20.		408		754	246
	21. Other expenses			175,586		754	346
	22. Total expenses. Add lines 13 through 21	22.		182,247			74,103
	23. Excess or (Deficit). Subtract line 22 from line 12	23.		-10,219		,159	74,912
	24. Total exempt revenue	24.		172,028		,467	-35,248
	25. Total unrelated revenue	25.		112,020	211	,692	39,664
0	26. Total excludable revenue	26.		4,552	-	F04	
nati	27. Total assets	27.		150,566		,581	3,029
orn	27. Total assets 28. Total liabilities	28.		130,366	105	,099	-45,467
Inf	Total liabilities     Retained earnings	29.		150 FCC	105	0.00	
	30. Number of voting members of governing body			150,566 3		,099	-45,467
4	31. Number of independent voting members of governing body	30.		3	3		
	32. Number of employees			0	3	100	
	32. Number of employees 33. Number of volunteers	32.	7	U	0		

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	I AA NELUITI HISTORY			2024
Name R.A.C.E. Fund Inc			Employer Identification Number 92 – 01 984 99	ntification Nu 8499
2020	2021 2022	2023		
Contributions, gifts, grants	141,010	167 476	4	2025
Membership dues	4	-	Z04, 111	
Program service revenue				
Capital ga in or loss				
Investment income	34	20	L	
Fundraising revenue (income/loss)	4.740	A 503	1 L C C C L	
Gaming revenue (income/loss)		4	716'/	
Other revenue			4	
Total revenue	145.784	172 028	- 1	
Grants and similar amounts paid	4	040	769, 117	
Benefits paid to or for members				
Compensation of officers, etc.				
Other com pensation				
Professional fees	5,158	A 253	- 1	
Occupancy costs		-	97//9	
Depreciation and depletion		408	7 1 2	
Other expenses	164,208	175 586	407 080	
Total expenses	169,366	V	257 150	
Excess or (Deficit)	-23,582	-10,219	1	
Total exempt revenue	145.784	172 020	- 1	
Total unrelated revenue		114,020	769, 117	
Total excludable revenue	4,774	4.552	7 581	
Total Assets	160,435	150.566		
Total Liabilities			-	
Net Fund Balances	160 435	720 22		

92-0198499 EVE: 13/31/2024

# **Federal Statements**

2/18/2025 4:41 PM

FYE: 12/31/2024

## **Taxable Interest on Investments**

Description							
Interest Income		Amount	Unrelated I Business	Exclusion Code	Postal A	Acquired after 6/30/75	US Obs (\$ or %)
In our out of the one	\$_	25		14			
Total	\$	25					

9985RACEFU R.A.C.E. Fund Inc 92-0198499 FYE: 12/31/2024

# Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Fund Raising	\$ 2,542	\$ 2,604
Management & General	w.	\$
Program Service	\$ 362	\$ 362
Total Expenses	\$ 2,904	\$ 2,966
Description	paypal fees fundraising fees	Total

2/18/2025 4:41 PM 7,512 -1,000 Amount Amount Amount Schedule A, Part III, Line 2(e) Schedule A, Part III, Line 3(e) Federal Statements Schedule A, Part III, Line 11 Description Description Description 9985RACEFU R.A.C.E. Fund Inc Refunds & Rebates Less: Deductions fundraising auction online fundraisers 92-0198499 FYE: 12/31/2024 Total Total Total

92-0198499 FYE: 12/31/2024

# **Federal Statements**

2/18/2025 4:41 PM

Cash - EOY

Description	Amount	
M&T Checking Paypal Account Cash on hand	\$	4,552 1,208 24
Total	\$	5,784

Savings - EOY

Description		Amount	
M&T Savings	\$	95,039	
Total	\$	95,039	

# Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning

, and ending

92-0198499

# R.A.C.E. Fund Inc

Net Asset / Fund Balance at I	Beginning of Year			
	osiig or real			150,566
Revenue				
Contributions		204,111		
Program service revenue		7-7-2-2		
Investment income		25		
Capital gain / loss				
Fundraising / Gaming:	82420 N. 404400 D			
Gross revenue	7,512			
Direct expenses				
Net income Other income		7,512		
Total revenue		44		
Expenses			211,692	
Program services				
		244,447		
Management and general Fundraising		9,216		
Total expenses		3,496		
Excess / (deficit)			257,159	
Excess / (deficit)				
Changes				23,207
onanges				
Reconciliation o	f Revenue		Reconciliation	f Even
otal revenue per financial statemer	nts	Reconciliation of Expenses  Total expenses per financial statements		
Unrealized gains		Less:	p = manoidi statem	ents
Donated services		Dona	ted services	
Recoveries		Prior year adjustments		
		Losses		
Other				
us.				
Investment expenses Other		Inves	tment expenses	
	011 600	Other		
Total revenue per return 211, 692		Total expenses per return		257,159
		D		
	Beginning	Balance Sheet		
Assets	150,566	Ending	Differences	
Liabilities		105,0	99	
Net assets	150,566	105,0	99 -45,4	167
	Miscellaneous Ir	nformation		
	Amended return			
	Return / extended due date Failure to file penalty	05/15/	25	