bergankov

2020 Form 990 Return of Organization Exempt

Prepared For:

Special Olympics Iowa, Inc.

bergankdv.com // DO MORE.



BerganKDV, Ltd. 12100 Meredith Dr., Suite 200 Urbandale, IA 50323 515-727-5700

Special Olympics Iowa, Inc. 551 S.E. Dovetail Rd, PO Box 620 Grimes, IA 50111

Special Olympics Iowa, Inc.:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Brent L. Alexander, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

Special Olympics Iowa, Inc. 551 S.E. Dovetail Rd, PO Box 620 Grimes, IA 50111

Prepared By:

BerganKDV, Ltd. 12100 Meredith Dr, Suite 200 Urbandale, IA 50323

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

Form	8879-EO	
Form		

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasur
Internal Revenue Service

For calendar year 2020, or fiscal year beginning , 2020, and ending

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Name and title of officer or person subject to tax

SPECIAL OLYMPICS IOWA, INC.

51-0176029

Taxpayer identification number

, 20

JOHN KLIEGL PRESIDENT/CEO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.
 1a Form 990 check here
 X
 b
 Total revenue, if any (Form 990, Part VIII, column (A), line 12)
 1b
 2,114,209.
 b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here ►L 3a Form 1120-POL check here 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🚺 I am an officer of the above organization or 🗌 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize BERGANKDV, LTD. 12345 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date 🕨 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 42465406800 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date ► 09/08/21 ERO's signature \triangleright **BERGANKDV**, **LTD**. **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-EO (2020) LHA For Paperwork Reduction Act Notice, see instructions.

023051 11-03-20

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identificatio	on number (TIN)
print	SPECIAL OLYMPICS IOWA, INC.			51-0176029		76029
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.					<u> </u>	,0025
filing your return. See 551 S.E. DOVETAIL RD, PO BOX 620						
instruction		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above) JOHN KLIEGL	06	Form 8870			12
Telep If the If this box 1 In th box	books are in the care of \blacktriangleright <u>551</u> <u>SE</u> <u>DOVETAII</u> before No. \blacktriangleright <u>515-986-5520</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit \Box . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization tax year beginning \Box tax year beginning the tax year entered in line 1 is for less than 12 months, c \Box Change in accounting period	s in the Uni Group Exe and atta NOVEI anization's	Fax No. ►	f this is fo all membe	r the whole gers the externation of the externation	group, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and		- -	
	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
u	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.
Caution instruct	n: If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice,			153-EO an		9-EO for payment 8868 (Rev. 1-2020)

Form	990
FOIIII	220

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021

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

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

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



ΑF	or th	e 2020 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	le: C Name of organization		D Employer identific	ation number
	Addre	SPECIAL OLYMPICS IOWA, INC.			
	Name chang			51-017602	29
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Final	551 S.E. DOVETAIL RD, PO BOX 620		515-986-5	
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,121,173.
	Amer returr	GRIMES, IA SUIII		H(a) Is this a group re-	turn
	Appli tion	F Name and address of principal officer: UOHN KLIEGL		for subordinates?	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
		xempt status: 🗴 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a I	list. See instructions
_		ite: WWW.SOIOWA.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1975 M	I State of legal domicile: IA
Pa	art I	Summary			
Ø	1	Briefly describe the organization's mission or most significant activities:			
u c		COMPETITION FOR INDIVIDUALS WITH INTELLEC			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		
Ň	3				22
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\$			22
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			19
iviti	6	Total number of volunteers (estimate if necessary)			573
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
en	8	Contributions and grants (Part VIII, line 1h)		3,177,016.	1,985,648.
/en	9	Program service revenue (Part VIII, line 2g)		93,783.	<u>20,271.</u> 28,065.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,021. 107,563.	80,225.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,444,383.	2,114,209.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,213,419.	1,204,346.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		32,770.	0.
en	10a	Total fundraising expenses (Part IX, column (A), line 116) 328, 56	53.	5277701	
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,829,299.	1,044,219.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,075,488.	2,248,565.
	19	Revenue less expenses. Subtract line 18 from line 12		368,895.	-134,356.
or				ginning of Current Year	End of Year
Net Assets (20	Total assets (Part X, line 16)		4,626,140.	4,645,673.
Ass	21	Total liabilities (Part X, line 26)		33,180.	33,338.
Net-	22	Net assets or fund balances. Subtract line 21 from line 20		4,592,960.	4,612,335.
Pa	nrt II	Signature Block		· · ·	· ·

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

						
Sign	Signature of officer		Date			
Here	JOHN KLIEGL, PRESIDENT	/CEO				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	BRENT L. ALEXANDER, CPA	BRENT L. ALEXANDER,	09/08/21 self-employed P00075113			
Preparer	Firm's name BERGANKDV , LTD.		Firm's EIN 🕨 41-1431613			
Use Only	Firm's address 🕨 12100 MEREDITH D	R, SUITE 200				
	URBANDALE, IA 50323 Phone no. 515-727-5700					
May the I	May the IRS discuss this return with the preparer shown above? See instructions					
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)					

Form	990 (2020) SPECIAL OLYMPICS IOWA, INC.	51-0176029 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PROVIDE PHYSICAL FITNESS, TEACH IMPORTANCE OF GOOD HEALT	
	TRAINING AND ATHLETIC COMPETITION OF PERSONS WITH INTELL	ECTUAL
	DISABILITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and
	revenue, if any, for each program service reported.	0.0.071
4a	(Code:) (Expenses \$ 977,732. including grants of \$) (Rever	,
	GAMES AND COMPETITION PROVIDES OLYMPIC STYLE TRAINING AN	
	IN TWENTY-THREE DIFFERENT SPORTS THROUGHT THE YEAR FOR I	NDIVIDUALS WITH
	INTELLECTUAL DISABILITIES.	
	ETO 611	
4b	(Code:) (Expenses \$ 573,611. including grants of \$) (Rever UNIFIED CHAMPION SCHOOLS BRINGS TOGETHER ATHLETES WITH A	
	INTELLECTUAL DISABILITIES THROUGH EDUCATION, SPORTS, AND	
	LEADERSHIP TO PROVIDE THEM WITH THE KNOWLEDGE, ATTITUDES	
	NECESSARY TO CREATE AND SUSTAIN SCHOOL COMMUNITIES THAT	
	ACCEPTANCE AND RESPECT.	
	105 100	
4c	(Code:) (Expenses \$105, 426. including grants of \$) (Rever	
	HEALTHY ATHLETES IS A PROGRAM DESIGNED TO HELP SPECIAL O	
		AD TO A BETTER
		CEIVE A VARIETY
	OF HEALTH SERVICES THROUGH CLINICS CONDUCTED IN WELCOMIN	IG ENVIRONMENTS
	AT SPECIAL OLYMPICS COMPETITIONS.	
Δd	Other program services (Describe on Schedule O.)	
Ψu	(Expenses \$ 135,367 · including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,792,136.	/
		Form 990 (2020)
03200	2 12-23-20	
	3	

08220909 136621 C20637.000

Form	990	(2020)

SPECIAL OLYMPICS IOWA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u></u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
032003	12-23-20	Form	990 ((2020)

4

032003 12-23-20

Form	990	(2020)
	330	(2020)

 Form 990 (2020)
 SPECIAL OLYMPICS IOWA, INC.
 51-0176029
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Formation of the second second

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
~ ~	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	·		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	. <u>28b</u>		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		23
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	. 37	+	X
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<u>. </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4 -	X	
032004	(gambling) winnings to prize winners?	Form	<u></u> 1990	(2020)
552004	5	1 011		(-020)

08220909 136621 C20637.000

Form	990 (2020) SPECIAL OLYMPICS IOWA, INC. 51-0176	029	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
----------	--------

SPECIAL OLYMPICS IOWA, INC.

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

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

		1		Yes	No
1a		1a 2	2		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		1b 2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	s?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve				
		,		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
		, , ,	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes		120		
·	in Schedule O how this was done	,	12c	х	
3	Did the organization have a written whistleblower policy?		13	X	
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approval b		14		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
~	The organization's CEO, Executive Director, or top management official		150	х	
			15a	X	
D	Other officers or key employees of the organization		15b		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	at with a			
ъа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		40-		x
	taxable entity during the year?		16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps to safeguard the organization of the steps of the steps to safeguard the organization of the steps of th		10		
· ~ ~	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (Section 501(c)(3	8)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
_	X Own website Another's website X Upon request Other (explain o	,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books	and records			
	JOHN KLIEGL - 515-986-5520				
	551 SE DOVETAIL ROAD PO BOX 620, GRIMES, IA 50111				
	3 12-23-20		Form	1 990	(202

Check	(11)	Sch	nedu	le	C

Form 990 (2020)

SPECIAL OLYMPICS IOWA INC

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week			uau	reciu	l / l us	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(W-2/1033-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co	Jer .			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JOHN KLIEGL	40.00									
PRESIDENT/CEO				Х				139,551.	0.	31,240.
(2) NEIL BERNS	0.50									
DIRECTOR		Х						0.	0.	0.
(3) MARTA CODINA	0.50									
DIRECTOR		Х						0.	0.	0.
(4) MATT DOUGAN	0.50									
CHAIR		Х		Х				0.	0.	0.
(5) LOU FLORI	0.50									
TREASURER		Х		Х				0.	0.	0.
(6) MIKE LIGHTBODY	0.50									
DIRECTOR		Х						0.	0.	0.
(7) JACK OHLE	0.50									-
DIRECTOR		Х						0.	0.	0.
(8) DR. MARY STEVENS	0.50									-
VICE CHAIR		Х		Х				0.	0.	0.
(9) MICHELE WILKIE	0.50									-
SECRETARY		Х		Х				0.	0.	0.
(10) JILL SOUTHWORTH	0.50									•
DIRECTOR		Х						0.	0.	0.
(11) KATHY LIVELY	0.50								•	•
DIRECTOR	0 50	Х				<u> </u>		0.	0.	0.
(12) TED OBERLANDER	0.50								0	0
DIRECTOR	0 50	Х				<u> </u>		0.	0.	0.
(13) PATRICK GULBRANSON	0.50	37							0	0
DIRECTOR	0 50	Х						0.	0.	0.
(14) JASON MILLER	0.50	37							0	0
DIRECTOR		Х						0.	0.	0.
(15) LISA SPENCER	0.50	77						0	0	0
DIRECTOR		Х						0.	0.	0.
(16) ANGELA WOOD	0.50	37							0	0
DIRECTOR		Х			-			0.	0.	0.
(17) MARY BUSCHER	0.50	77							<u>^</u>	
DIRECTOR		Х						0.	0.	0.
032007 12-23-20					.					Form 990 (2020)

2020.04020 SPECIAL OLYMPICS IOWA, IN C20637.1

8

	IAL OLYMPICS	5 I	OW	A,	I	NC	•		51-0176	5029	Page 8
Part VII Section A. Officers, Directo	rs, Trustees, Key Emp	ploy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)		
(A) Name and title				Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from						Esti amo	(F) imated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orgai and	ensation m the nization related nizations
(18) THOMAS CUNNINGHAM	0.50										
DIRECTOR		Х						0.	0.	+	0.
(19) MATTHEW WENGER DIRECTOR	0.50	x						0.	0.	,	0.
(20) TRACY RININGER	0.50										
DIRECTOR		Х						0.	0.	<u> </u>	0.
(21) ERICA FISCHER DIRECTOR	0.50	x						0.	0.		0.
(22) RANDY SPURR	0.50	~			_			0.	0.		0.
DIRECTOR		x						0.	0.		0.
(23) JASON FOLLETT	0.50								_		
DIRECTOR		X			_			0.	0.		0.
		-									
1b Subtotal	·····)		139,551.	0.	31	,240.
c Total from continuation sheets to	Part VII, Section A					I		0.	0.		0.
	an an la cala an an Dùna Mar al Ann air							139,551.	0.	31	,240.
2 Total number of individuals (includi compensation from the organizatio		ose	liste		ove)	who	o re	eceived more than \$100,	000 of reportable		1
										`	Yes No
3 Did the organization list any forme	, ,					,	0		,		X
line 1a? <i>If</i> "Yes," <i>complete Schedul</i>For any individual listed on line 1a,										3	A
and related organizations greater th										4	x
5 Did any person listed on line 1a rec											
rendered to the organization? <i>If</i> "Ye Section B. Independent Contractors	es," complete Schedule	e J fo	or su	ch p	ersc	<u>. n</u>				5	X
1 Complete this table for your five hig	ghest compensated inc	lepe	nder	nt cor	ntra	ctor	s th	nat received more than \$	100,000 of compens	ation fror	 n
the organization. Report compensation	tion for the calendar ye	ear e	ndin	g wit	th o	r wit	hin	the organization's tax y	ear.		
Name and b	(A) ousiness address	NC	ONE]				(B) Description of s	ervices	(C) Compens	sation
2 Total number of independent contr	, e	ot lin	nited	to ti	-		ted	above) who received me	ore than		
\$100,000 of compensation from the	e organization 🕨				0					Form 9	90 (2020)

032008 12-23-20

	n 990 (CS IOWA,	INC.		51-0176	029 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or	r note to any line		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, D O O	с	Fundraising events 1c 3	362,098.				
ar A	d	Related organizations 11					
s, Dili	е	Government grants (contributions) 1e 7	783,413.				
r Si	f	All other contributions, gifts, grants, and					
ibu			340,137.				
ontr of	g	Noncash contributions included in lines 1a-1f	. 1	005 640			
<u> </u>	h	Total. Add lines 1a-1f		.,985,648.			
	•	SPORTING EVENTS AND PR	Business Code 999999	20,261.	20,261.		
/ice	2 a b	UNIFORM REVENUE	999999	10.	10.		
Serv	с С			10.	10.		
E S	d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		20,271.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		26,449.			26,449.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties(i) Real					
	•		(ii) Personal				
		Gross rents 6a Less: rental expenses 6b					
	b c	Less: rental expenses 6b Rental income or (loss) 6c					
		Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2 ,044.					
	b	Less: cost or other basis					
ne		and sales expenses 7b 428 .					
venue	с	Gain or (loss)					
a		Net gain or (loss)	►	1,616.			1,616.
Other R	8 a	Gross income from fundraising events (not including \$ 362,098. of					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 18	6,536.				
	b	Less: direct expenses 8b	6,536.				
	с	Net income or (loss) from fundraising events	►	0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	····· ►				
	10 a	Gross sales of inventory, less returns and allowances 10a					
	h	and allowances 10a Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	EMPLOYEE RETENTION CRE	900099	80,225.	80,225.		
ane	b						
Sells	с						
Miscellaneous Revenue	d	All other revenue		00.00-			
_	е	Total. Add lines 11a-11d		80,225.	100 400		
	12	Total revenue. See instructions	🕨 🛛	2,114,209.	100,496.	0.	28,065.
03200	9 12-23-	-20					Form 990 (2020)

08220909 136621 C20637.000

10

SPECIAL OLYMPICS IOWA, Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	I Utal Expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	179,918.	133,139.	28,787.	17,992
~	trustees, and key employees	1/9,910.	135,139.	20,101.	17,994
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	849,121.	679,012.	28,986.	141,123
7 0	Other salaries and wages	049,1410	013,014.	20,900.	141,143
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,525.	19,945.	667.	1 012
•		59,417.	47,860.	1,940.	<u>4,913</u> 9,617
9 10	Other employee benefits Payroll taxes	90,365.	72,564.	4,515.	13,286
11	Fees for services (nonemployees):	50,505.	72,504.	4,515.	15,200
a					
b		3,030.	2,423.	103.	504
	Accounting	17,830.	2,1231	17,830.	
	Lobbying	1,10001		1,10001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,121.		15,121.	
a	Other. (If line 11g amount exceeds 10% of line 25,	,			
9	column (A) amount, list line 11g expenses on Sch O.)	17,859.	14,281.	610.	2,968
12	Advertising and promotion	25,178.	20,134.	859.	4,185
13	Office expenses	36,965.	29,559.	1,262.	6,144
.e 14	Information technology	33,281.	26,614.	1,136.	5,531
15	Royalties	,	•	,	•
16	Occupancy	49,495.	39,579.	1,690.	8,226
17	Travel	14,692.	11,748.	502.	2,442
18	Payments of travel or entertainment expenses	·			•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,103.	1,682.	72.	349
20	Interest	-	-		
21	Payments to affiliates	34,510.	34,510.		
22	Depreciation, depletion, and amortization	87,248.	65,332.	1,253.	20,663
23	Insurance	41,176.	32,569.	2,688.	5,919
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	EVENTS & GAME SUPPLIES	538,111.	538,111.		
a b	OTHER	90,139.	23,074.	19,845.	47,220
с С	FUNDRAISING	37,481.			37,481
d		.,			.,
e e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,248,565.	1,792,136.	127,866.	328,563
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

11

INC.

032010 12-23-20

Form 990 (2020)

08220909 136621 C20637.000

Form 990 (2020)

Form 990 (2020) SPECIAL OLYMPICS IOWA, INC.
Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	995,053.	1	1,080,496.
	2	Savings and temporary cash investments	1,054,733.	2	502,023.
	3	Pledges and grants receivable, net	90,228.	3	99,839.
	4	Accounts receivable, net	4,722.	4	80,225.
	5	Loans and other receivables from any current or former officer, director,	_ / · ·		,==.
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	39,568.	9	35,814.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,674,890.			
	b	Less: accumulated depreciation 10b 1,046,171.	1,656,680.	10c	1,628,719.
	11	Investments - publicly traded securities	592,744.	11	1,016,217.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	192,412.	15	202,340.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,626,140.	16	4,645,673.
	17	Accounts payable and accrued expenses	33,180.	17	33,338.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	of Schedule D Total liabilities. Add lines 17 through 25	33,180.	25	33,338.
	20	Organizations that follow FASB ASC 958, check here \blacktriangleright X	0072001	20	
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	4,290,320.	27	4,295,156.
Bal	28	Net assets with donor restrictions	302,640.	28	317,179.
pu		Organizations that do not follow FASB ASC 958, check here			
Εu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	4,592,960.	32	4,612,335.
	33	Total liabilities and net assets/fund balances	4,626,140.	33	4,645,673.

51-0176029 Page 11

Form	990 (2020) SPECIAL OLYMPICS IOWA, INC.	51-01	76029	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,114		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,248	<u>,56</u>	<u>55.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-134	1,35	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,592	2,90	<u>50.</u>
5	Net unrealized gains (losses) on investments	5	153	3,73	<u>31.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,612	2,33	<u>35.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 📃 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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 responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCHE	DUL	.E A
------	-----	------

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
-------	-----	----	---------

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Name of the	organization
-------------	--------------

Name	of t	he organization						Employer	identification number
		SPEC	IAL OLYMPI	CS IOWA, INC.				5	1-0176029
Part	I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The or	gani	zation is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu					I)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative					ii).		
4		A medical research organization)(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		· ·	·	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🖸	X	An organization that norma	0					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8		A community trust describe		(1)(A)(vi). (Complete Part	: IL)				
9	=	An agricultural research org			-	ed in coniu	unction with a	land-orant	college
		or university or a non-land-g				-		-	-
		university:	, , ,			j	,	5	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		activities related to its exem							
		income and unrelated busir		•	. ,				•
		See section 509(a)(2). (Cor		(,		
11		An organization organized a		vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rry out the	purposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	giving
		the supported organization	-	-	•	-			
		organization. You must c							
b		Type II. A supporting org	-		ion with it:	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	-				-		•
		organization(s). You mus			·				
с] Type III functionally inte			n connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization							
d] Type III non-functionally						ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
е		Check this box if the orga						II, Type III	
		functionally integrated, or						, ,	
fE	Ente	r the number of supported c	organizations						
		ide the following information	•						
) Name of supported	(ii) EIN	(iii) Type of organization		anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL OLYMPICS IOWA, INC.

51-0176029 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fincal year beginning in) ► (e) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 offits, grants, contributions, and grants, ") 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 3 The value of services or facilities and any transmitting of the product of the distance of	Sec	tion A. Public Support						
membership fees received. (Do not include any Privaced grants): 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 2 Tax revenues levied for the organ- ization is behalf 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 3 The value of services or inclities furnished by agovernmental unit to the organization without charge 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 5 The portion of total contributions by each person (other thm a governmental unit or publicly supported organization include on ine 1 that exceeds 2% of the amount shown on line 11, column (f) 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 6 Public support, subrate to strom text. 8372288. 8372288. 8372288. 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest. 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 9 Net income from interest. 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other i	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants'') 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 2 Tax revenues levied for the organization's benefit and other particular's benefit and bene	1	Gifts, grants, contributions, and						
2 Tar very enues levid for the organization without charge 3 The value of services or facilities furnished by a governmental init to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (offer than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 6 Public support. 6 Public support. 6 Public support. 6 Public support. 6 State state of the organization governmental of the sceeds 2% of the amount shown on line 11. column 0; (a) 2016 7 Amounts from line 4 8 Gross income from interes. 8 Gross income from interes. 9 Net income from interes. 9 Net income from interes. 10 Other income. Do not include gan or loss of the organization's find, second, third, fourth, or fifth tax years a section 501(c)(3) organization, check this box and stop here. Section C. Compute Advites of 2020 (line 6, column 10, divided by line 11, column (f)) 14 98.57 % 10 Other income. Do not include gan or 2019 Scheduk A. Part I, line 14 98.14 % 98.14 % 98.14		membership fees received. (Do not						
icreation's benefit and ether paid to or expended on its behalf Image: constraints 3 The value of services or facilities furnished by a governmental unit to the organization without charge by a governmental unit or publicly supported organization Image: constraints 4 Total. Add lines 1 through 3 Image: constraints Image: constraints 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: constraints Image: constraints 6 Public support. Call Support Image: constraints Image: constraints Image: constraints 7 Amounts from line 4 Image: constraints Image: constraints Image: constraints Image: constraints 8 Gross income from interest, dividends, symmetris received on securities whether or not the business is regularly carried on or loss form related counses activities, whether or on the subsets is regularly carried on or loss form related activities, etc. (see instructions) Image: constraints Image: constraints Image: constraints Image: constraints 10 Other norme. Do not include gain or loss form related activities, etc. (see instructions) Image: constraints Image: constraints<		include any "unusual grants.")	1053384.	1060237.	1096003.	3177016.	1985648.	8372288.
icreation's benefit and ether paid to or expended on its behalf Image: constraints 3 The value of services or facilities furnished by a governmental unit to the organization without charge by a governmental unit or publicly supported organization Image: constraints 4 Total. Add lines 1 through 3 Image: constraints Image: constraints 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: constraints Image: constraints 6 Public support. Call Support Image: constraints Image: constraints Image: constraints 7 Amounts from line 4 Image: constraints Image: constraints Image: constraints Image: constraints 8 Gross income from interest, dividends, symmetris received on securities whether or not the business is regularly carried on or loss form related counses activities, whether or on the subsets is regularly carried on or loss form related activities, etc. (see instructions) Image: constraints Image: constraints Image: constraints Image: constraints 10 Other norme. Do not include gain or loss form related activities, etc. (see instructions) Image: constraints Image: constraints<	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 6 Public support adamterise formated Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 7 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments reactived on securities louines, rents, royalies, and income from unitated 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 V), 10 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 727, 811. 11 Total support Add lines 7 through 10 04 support percentage for 2020 (in 6, column (f), divided by line 11, column (f), 14 98.577 9 84935577. 12 Gross receipts from related activities as a publicly supported organization or loss from the sale of capital assets (Explain in Part V). If the organization of the the data on the 13 or 16a, or 16a, or 17b, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and-circumstances test - 2020. If the organi		-						
furnished by a governmental unit to the organization without charge 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. Section B. Total Support 6 Public support. Subsective for mine 4. 8372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8372288. 8 Gross income from intreest, dividends, payments received on securities loans, rents, royalles, and income from similar sources actives. whether on the business is regularly carried on 10 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether on the sale of capital assets (Explain in Part VI) 12 727,811. 11 Total support. Add lines 7 through 10 12 98.493597. 12 dross receipts from related activities, etc. (see instructions) 12 727,811. 13 First Syars. If the Form 920 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization or Public Support Percentage 14 14 Dubic support percentage for 2020 (ine 6, column (f), divided by line 11, column (f))		or expended on its behalf						
function without charge 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 7 Total. Add lines 1 through 3 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 9 propried organization included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 8372288. 6 Public support: Settract line 3 from line 4 8372288. Section B. Total Support 612017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8372288. 8 Gross income from intreest, dividends, payments received on securities loans, rents, royatties, and income from sinilar sources and stop here more sale of capital and set pipulary carried on 100 ther income. Do not include gain or loss from the sale of capital and set pipulary carried on 100 ther income. Do not include gain or loss from the sale of capital ansets (Explain in Part Vi). 12 727, 811. 17 Total support test or 2020 (line 6, column (f), divided by line 11, column (f). 14 98.577. 59 9 Net income from onlines activities, etc. (see instructions) 12 727, 811. 17 Total support Add lines 7 through 10 14 98.577. 59 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f). 14 98.577. 59 18 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f). 14	3							
the organization without charge 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 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) 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. Section B. Total Support 8372288. 8372288. Section B. Total Support (g) 2015 (g) 2018 (g) 2019 (g) 2020 (f) Total 7 Amounts from line 4. 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8372288. 8372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (g) 2019 (g) 2020 (f) Total 7 Amounts from line 4. 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8372288. 8372288. 8 Gross income from interest, dividends, payments received on securities losiness a reliver on the sale of capital assets (Explain in Part V). 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V). 10 S3 3177016. 1985648. 18372288. 1053384. 1060237. 1096003. 117016. 1985648. 18372288. 11 Total support. Add lines 7 through 10 10 S3 3177016. 1985648. 18372288. 1053384. 1060237. 1096003. 117016. 1985648. 18372288. 105385557. 1985648. 18372288. 12 Gros								
4 Tetal. Add lines 1 through 3 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 6 Public support. Switzer has from hise 8372288. Section B. Total Support 8372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Clenkar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from intrinar surves 33, 114. 20, 161. 16, 597. 24, 988. 26, 449. 121, 309. 9 Net income from intrinar surves 33, 114. 20, 161. 16, 597. 24, 988. 26, 449. 121, 309. 10 Other income. Do not include gain or loss from the sale or capital assets (Explain in Part VI) 12 727, 811. 11 Total support. Add lines 7 through 10 8493597. 12 727, 727, 727, 727, 727, 727, 727, 727,								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8372288. 6 Public Support. Sether the stom text Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4. 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from linerest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 33, 114. 20, 161. 16, 597. 24, 988. 26, 449. 121, 309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 12 727, 811. 10 Other income, check this box and stop here- section C. Computation of Public Support Percentage > > > > 94 Public support parcentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 16 31/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization as a publicly support test - 2020. If	4		1053384.	1060237.	1096003.	3177016.	1985648.	8372288.
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. Substatilities 5 mm line 4. 8 3372288. Section B. Total Support. Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources and interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on the business is regularly carried on 9 Net income from interest, dividends, payments received on the business is regularly carried on 10 Other income. Do not include gain or loas from the sale of capital assets (Explain in Part VI). 11 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 727, 811. 13 First 5 years. If the form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 9 Exercised for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 9 Public support feet - 2020. If the organization id on theck a box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here 9 Exercised for the organization did not check the box on line 13 or 16a, and line 14 is 0% or more, and if the organization id on theck a box on line 13 or 16a, and line 14 is 0% or more, and if the organization did not check the box on line 13 or 16a, or 16a, and line 14 is 0% or more, and if the organization did not check the box on line 13 or 16a, or 16a, and line 14 is 10% or more, and if the organization did not check the box on line 13 or 16a, or 16a, and line 14 is 10% or more, and if the organization did not check the box on line 13 or 16a, or 16b, and line 14 is 10% or more, and if the organization did not check the box on line 13 or 16a, or 16b, and line 14 is 10% or more, an		•						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8372288. 6 Public support. Subtract line 5 hom line 4. 8372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 11 Total support. Add lines 7 through 10 8493597. 12 727,811. 13 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a secton 501(c)(3) organization, check this box and stop here. > 9 Public support percentage from 2019 Schedule A, Part II, line 14. 14 98.57 % 16 33 1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 31/3% or more, check this box and stop here.	·	-						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 8372288. 6 Public support. Substratilitie 3 ten line 4. 8372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1053384. 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularized rained on or loss from the sale of capital assets (Explain i Part VI). 11 12 727,811. 13 First 5 years. If the Form 90 is forth erganization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > Section C. Computation of Public Support Percentage 1 14 98.514 9 16 33 1/3% support tercentage for 2020 (line 6, column (f), divided by line 11, column (fi) 14 98.514 9 17 10% - facts-and-circumstances test. 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported								
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8372288. Section B. Total Support 8372288. Section B. Total Support 8372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources. 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from include gain or loss from the sate of capital assets (Explain in Part VI) 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 11 Total support. Add lines 7 through 10 12 727,811. 13 14 98.57. 12 727,811. 13 First 5 yeaptort percentage from 2019 Schedule A, Part II, line 14 14 98.57. 15 98.14. 16 33.137.05. 15 98.14. 16 33.137.96 or more, check this box and stop here. 15 98.14. 16 33.137.96 or more, check this box and stop here. 12 727.81. 15 98.14. <td< th=""><th></th><th>•</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		•						
amount shown on line 11, column (f) amount shown on line 11, column (f) 83372288. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI). 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 10 8493597. 12 727,811. 11 Total support. Add lines 7 through 10 12 727,81. 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 98.14 98.57 % 14 Public support percentage from 2019 Schedule A, Part II, line 14 14 98.57 % 98.14 16 13 10% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 9		-						
column (i) 6 Public support. Subtractine 6 from line 4 8372288. Section B. Total Support (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources. 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > 4 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57. 98.14.4% 16 33 1/3% support test - 2020. If the organization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circrumstances test, check this box and stop here								
6 Public support. Subtracting 5 from ling 4. 8372288. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on on through 10 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1 8493597. 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 98.57 % 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 98.14 % 5 16 3 31/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported		column (f)						
Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from interest, dividends, payments received an securities loans, rents, royalties, and income from intered atbusiness activities, whether or not the business is regularly carried on 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 8493597. 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sectors 501(c)(3) organization, check this box and stop here. Image: second seco	6							8372288
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on in load by asses (Explain in Part VI.) 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8493597. 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > 24 Public support percentage from 2019 Schedule A, Part II, line 14 14 98.57. % 14 Public support percentage from 2019 Schedule A, Part II, line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, rad line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-cincumstances test - 2020. If the organization qu								0372200.
7 Amounts from line 4 1053384. 1060237. 1096003. 3177016. 1985648. 8372288. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8493597. 11 Total support. Add lines 7 through 10 8493597. 12 Gross receipts from related activities, etc. (see instructions) 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 98.57 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 98.114 % 98.114 % 16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 13 17a 10% -facts-and-circumstances test 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 13 17a 10% -facts-and-circumstances test. The organization did not check his box and stop here. Expl			(2) 2016	(b) 2017	(0) 2018	(d) 2010	(a) 2020	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 33,114.20,161.16,597.24,988.26,449.121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 33,114.20,161.16,597.24,988.26,449.121,309. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8493597. 11 Total support. Add lines 7 through 10 8493597. 12 Gross receipts from related activities, etc. (see instructions) 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > Section C. Computation of Public Support Percentage > 14 Public support percentage from 2019 Schedule A, Part II, line 14 14 98.57 % 15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, the ck thi		,	1053384	1060237		3177016	1985648	8372288
dividends, payments received on securities loans, rents, royalties, and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 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 8493597. 12 Gross receipts from related activities, etc. (see instructions) 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > 24 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57.% 15 14 Public support percentage for 2019 Schedule A, Part II, line 14 15 98.14.% 16a 31/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > \text{X} 17a 10% -facts-and-circumstances test. 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organiz			10000010	10002371	10300031	51770101	19030100	00722001
securities loans, rents, royalties, and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 0 <th>0</th> <th>,</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	0	,						
and income from similar sources 33,114. 20,161. 16,597. 24,988. 26,449. 121,309. 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 8493597. 11 Total support. Add lines 7 through 10 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) year. organization, check this box and stop here 14 98.57 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 98.14 % 15 98.14 % 16a 33 1/3% support test - 2020. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and st								
 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Total support. Add lines 7 through 10 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 98 × 14 98 × 57 % 15 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98 × 57 % 15 Public support percentage for 2020. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b		· · · ·	33 114	20 161	16 597	24 988	26 449	121 309
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 8493597. 12 Gross receipts from related activities, etc. (see instructions) 12 727, 811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > Section C. Computation of Public Support Percentage 14 98.57 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization >	•		55,1140	20,101.	10,557.	24,500.	20,449.	121,505.
business is regularly carried on image: constraint of the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) image: constraint of the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 image: constraint of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here image: constraint of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) image: constraint of the organization of Public Support Percentage 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization image: constraint of the organization did not check a box on line 13, refs, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, refs, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, refs, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumsta	9							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Stream of the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Image: Stream of the sale of capital assets (Explain in Part VI.) Image: Stream of the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Image: Stream of the sale of capital assets (Explain in Part VI.) Image: Stream of the sale of capital assets (Explain in Part VI.) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Stream of the sale of capital assets (Explain of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) Image: I								
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 98.57 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, fad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b,	40	•••						
assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Hublic support percentage from 2019 Schedule A, Part II, line 14 Support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifi	10	•						
11 Total support. Add lines 7 through 10 12 8493597. 12 Gross receipts from related activities, etc. (see instructions) 12 727,811. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > Section C. Computation of Public Support Percentage 14 98.57 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization > Image: Column Colu								
12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 98.57 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, not line 13, not line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, not line 13, not line 14, is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, not line 13, not line 14, not line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organiz								9102507
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) Image: Im								
organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 98.14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization Image: X and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>121,011.</th></t<>								121,011.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 98.14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IX b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IX 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization IX b 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization IX b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization IX 18 Private foundation. If the organizatio	13	-	-					
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 98.57 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 98.14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ★ X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ★ X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ★ □ b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstan	<u>Soc</u>	organization, check this box and stop	o here	contago				
15 Public support percentage from 2019 Schedule A, Part II, line 14 15 98.14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ □ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □							44	08 57 %
 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts facts-and-circumstances test. The organization qualifies as a publicly supported organization c 18 Private foundation. If the organi								
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization c 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 								
 b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization c 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 	16a							N 37
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization More, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization More, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization More, and if the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions More More More More More More More More				-				······································
 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization 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. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 	b							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 13	4-							
 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 	17a							
 b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		-			-	-	VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			-					
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b		-					10% or
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
		-		•				
	18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

INC. 51-0

1	Schedule	Α
	Part II	

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL OLYMPICS IOWA, INC.

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	-			•
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
						>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage			, , , , , , , , , , , , , , , , , , , ,	
17 Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	Ind
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions	
032023 01-25-21				Sch	edule A (Form 990	0 or 990-EZ) 2020
		16	5			

51-0176029 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL OLYMPICS IOWA, INC.

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year (i) a written notice describing the type and amount of support provided during the prior tax			

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent	of each of	its supported	organizations.	Complete line 3	below.
---	--	------------------	---------------	------------	---------------	----------------	-----------------	--------

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>	
	ities Test. Answer lines 2a and 2b below.	Yes	

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b 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 Part VI the role played by the organization in this regard.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

08220909 136621 C20637.000

Schedule A	(Form 990 or 990-EZ) 2020	SPECIAL	OLYMPICS	IOWA,	INC.
Part V	Type III Non-Functio	nally Integra	ated 509(a)(3)	Supporting	g Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

D = + 1	T III MI E	P II . I . I		0	
Schedule A	(Form 990 or 990-EZ) 202	20 SPECIAL	OLYMPICS	IOWA,	INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI Suppleme	ntal Information. P	rovide the explanatio	ns required by	Part II, line 10. Part	II. line 17a or 17b [.]	Part III, line 12	
	on A, lines 1, 2, 3b, 3c, 4	b. 4c. 5a. 6. 9a. 9b. 9	is required by c. 11a. 11b. ar	nd 11c: Part IV. Sec	tion B. lines 1 and 2	: Part IV. Section	n C.
line 1; Part IV	, Section D, lines 2 and 3	3; Part IV, Section E, I	ines 1c, 2a, 2b	, 3a, and 3b; Part V	, line 1; Part V, Sect	ion B, line 1e; Pa	irt V,
Section D, lin	es 5, 6, and 8; and Part	V, Section E, lines 2,	5, and 6. Also o	complete this part for	or any additional info	ormation.	
(See instructi	ons.)						
32028 01-25-21					Sebedule A /E	orm 990 or 990-	F7) 202
					OCHEQUIE A F	orm aan or aan-	

SCHEDULE D	
(Form 990)	

Department of the Treasury

Internal Revenue Service

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



Nam	e of the organization SPECIAL OLYMPICS IO	WA, INC.			Employer identification number 51-0176029
Pa		Funds or Oth	er Similar Fur	nds or Acc	
	organization answered "Yes" on Form 990, Part IV, line				
			dvised funds	(b)	Funds and other accounts
1	Total number at end of year	()			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4					
5	Aggregate value at end of yearL Did the organization inform all donors and donor advisors in w	riting that the acce	ats held in donor a	dvised funds	
5	are the organization's property, subject to the organization's e	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
U	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?		, , ,		
Pa	t II Conservation Easements. Complete if the org	anization answered	d "Yes" on Form 9	90 Part IV lin	
1	Purpose(s) of conservation easements held by the organizatio				
•	Preservation of land for public use (for example, recreati	· ·		on of a historic	ally important land area
	Protection of natural habitat	ion of education)			d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ontribution in the f	orm of a conse	privation easement on the last
2	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b					2b
c	Number of conservation easements on a certified historic stru-	cture included in (····· —	20 20
d	Number of conservation easements included in (c) acquired af				
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele				
5	year		a, or terminated by	rine organizat	lon during the tax
4	Number of states where property subject to conservation ease	ement is located	•		
5	Does the organization have a written policy regarding the period			n of	
Ŭ	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
Ŭ					subornents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations a	nd enforcing cons	ervation easer	nents during the year
•	► \$	ing of violations, a			nonte dannig trie year
8	Does each conservation easement reported on line 2(d) above	satisfy the require	ements of section	170(h)(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?	, ,			Yes No
9	In Part XIII, describe how the organization reports conservatio				
•	balance sheet, and include, if applicable, the text of the footnot				
	organization's accounting for conservation easements.	ore to the organiza			
Pa	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or	r Other Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8			
1a	If the organization elected, as permitted under FASB ASC 958			ent and balance	e sheet works
	of art, historical treasures, or other similar assets held for publ	•			
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958				neet works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical trea				
-	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1	-			\$
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2020

26	6		
Δ	04020	CDECTAT	0

Sche		OLYMPICS I				E ,	51-01	7602	9 р	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or C	ther \$	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following that ma	ake sigr	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d		change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further	the organization's	exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or		,	,	imilar a	ssets		_		_
D	to be sold to raise funds rather than to be ma							Yes		No
Par	<u>t IV</u> Escrow and Custodial Arrang		ete if the organizat	ion answered "Ye	s" on F	orm 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							٦.,		٦
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
	_ · · · · ·							Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e 1f				
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.						····· L			
Par						<u></u>).	<u></u>			
		(a) Current year	(b) Prior year	(c) Two years b			ears back	(e) Four	vears	back
1a	Beginning of year balance	192,412.	167,356				71,115.	(0) ! 00		878.
	Contributions	1,512.	1,040				3,382.		62,	898.
	Net investment earnings, gains, and losses	19,776.	35,616	16,4	96.	2	26,328.		8,	776.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	8,121.	8,846	. 6,2	80.		5,941.		62,	941.
f	Administrative expenses	3,239.	2,754	. 3,1	88.		2,831.		2,	496.
g	End of year balance	202,340.	192,412	. 167,3	56.	19	92,053.		171,	115.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment 94.5500	%								
с	Term endowment ► 5.4500	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administered	for the	organiza	tion	r		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	L
	(ii) Related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization			?				3b		
4	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment funds.							
Fai						10				
	Complete if the organization answered		· · · · ·				.	() =		
	Description of property	(a) Cost or of	• •	st or other	• •		d	(d) Boo	k valu	е
	Land	basis (investm	,	s (other)	uepr	reciation		22	0 0	12.
	Land			21,314.	5	92,47	71	1,22		
	Buildings			21,944.		<u>92,4</u> 88,82			<u>8,8</u> 3,1	
	Leasehold improvements			96,332.		<u>00,02</u> 63,03				<u>22.</u> 98.
	Equipment			5,288.	5	1,84			<u>3,4</u>	
	Other					-		1,62	-	
TULA	. Add lines 1a through 1e. (Column (d) must e	uai Form 990, Part X	<u>, column (B), line</u>	<u>10C.)</u>			Schedule		-	
						•	sonoule		. 555)	, 2020

Part VII	Investments - Other Securities.			
(a) Descrip	Complete if the organization answered "Yes" o tion of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end 	of voar market value
		(b) BOOK value	(c) Method of Valuation. Cost of end	-or-year market value
	al derivatives held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o		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)				
(0) (9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. <u>(Colu</u> Part X	Imn (b) must equal Form 990. Part X. col. (B) line	<u>15.)</u>		
Part A	Other Liabilities.			
	Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
<u>1.</u> (1) Fee				(b) DOOK value
(1) Fed (2)	leral income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line :	25.)	▶	
	for uncertain tax positions. In Part XIII, provide t			at 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

032053 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 SPECIAL OLYMPICS IOWA, INC			51-	0176029 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	2,565,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	153,731.		
b	Donated services and use of facilities	2b	312,650.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	466,381.
3	Subtract line 2e from line 1			3	2,099,088.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	15,121.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	15,121.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,114,209.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 	Expenses per F	Retur	n.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per F	Retur	n.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	Expenses per F	Retur	n. 2,546,094.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	312,650.	1 2e	n. 2,546,094. 312,650.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	312,650.	1	n. 2,546,094.
Pa 1 2 a b c d e	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2c 2d	312,650.	1 2e	n. 2,546,094. 312,650.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With 2a 2b 2c 2d	312,650.	1 2e	n. 2,546,094. 312,650.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With	312,650.	1 2e	n. 2,546,094. <u>312,650.</u> 2,233,444.
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With	Expenses per F 312,650. 15,121.	etur	n. 2,546,094. <u>312,650.</u> 2,233,444. 15,121.
Pa 1 2 a b c d a b c 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With	Expenses per F 312,650. 15,121.	etur	n. 2,546,094. <u>312,650.</u> 2,233,444.

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

PART V, LINE 4:

SPECIAL OLYMPICS IOWA, INC. HAS ADOPTED A DISTRIBUTION AND SPENDING POLICY

TO ENSURE ADHERENCE TO DONOR RESTRICTIONS AND TO ALLOW USE OF A PORTION OF

THE ENDOWMENT TO SUPPORT THE OPERATIONS OF SPECIAL OLYMPICS IOWA, INC.

032054 12-01-20

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2020	
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection	
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		entification number	
		OLYMPICS IOWA, IN					51-0176		
	complete this par	 Complete if the organization answers 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	Z filers are not	
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	tions email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indir	f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes		
compensated at le	east \$5,000 by the	organization.			1				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
MEDALLION PRODUCTIO			Yes	No					
WILDWOOD AVENUE, S	PE 500,	TELEMARKETING	X		25,897.		17,858.	8,039.	
Total					25,897.		17,858.	8,039.	
		on is registered or licensed to solicit (contrib	utions	,	it is e			
•		ice, see the Instructions for Form S FOR CONTINUATIONS	990 or	990-E	Z. S	Scheo	dule G (Form 9	990 or 990-EZ) 2020	

08220909 136621 C20637.000

Schedule G (Form 990 or 990-EZ) 2020	SPECIAL	OLYMPICS	IOWA,	INC.
--------------------------------------	---------	----------	-------	------

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

			(a) Event #1	(b) Event #2	(c) Other events	() T () ()
Т			AMES POLAR	INDIANOLA	(-)	(d) Total events
l					8	(add col. (a) throug
					o (total number)	col. (c))
			(event type)	(event type)	(IOIAI HUITIDEI)	
	1	Gross receipts	93,360.	23,503.	122,227.	239,090
	2	Less: Contributions	93,360.	23,503.	115,691.	232,554
	3	Gross income (line 1 minus line 2)			6,536.	6,536
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			1,512.	1,512
		Food and beverages			858.	858
	8	Entertainment				
		Entertainment			4,166.	4,160
		Other direct expenses Direct expense summary. Add lines 4 through	• • • · · · · · · · · · · · · · · · · ·	II		6,530
L		Net income summary. Subtract line 10 from I				0,550
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	-	Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4	Cash prizes				
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes %	
	2 3 4 5 7	Cash prizes	Yes% No	bingo/progressive bingo	Yes%	
	2 3 4 5 7 8	Cash prizes	Yes% No 15 in column (d)	bingo/progressive bingo	Yes% No	
	2 3 4 5 7 8 Ent	Cash prizes	Yes% No from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
a b	2 3 4 5 6 7 8 Ent Is ti	Cash prizes	Yes% No from line 1, column (d) from line 1, column (d) from line 1, column (d)	bingo/progressive bingo	Yes%	Col. (a) through col. (

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990 EZ) 2020 SPECIAL OLYMPICS IOWA, INC. 51-	017602	29 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Ye	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	🗌 Ye	s 🗌 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name JOHN KLIEGL		
Address 🕨 551 S.E. DOVETAIL RD - GRIMES, IA 50111		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Ye	s 🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name JOHN KLIEGL		
Gaming manager compensation 🕨 \$		
Description of services provided RECORD KEEPING, MONEY COUNTING, DEPOSITS		
X Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Ye	s 🗌 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines	9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:	
(I) NAME OF FUNDRAISER: MEDALLION PRODUCTIONS		
(I) ADDRESS OF FUNDRAISER:		
2402 WILDWOOD AVENUE, STE 500, NORTH LITTLE ROCK, AR 72120		
032083 11-25-20 Schedule G (For	m 990 or (90-EZ) 2020
		,0

Schedule G (Form 990 or 990-EZ)	SPECIAL	OLYMPICS	IOWA,	INC
Dart IV Supplemental Info	rmation			

Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ)

SC	HEDULE J	Compensation Information	ĺ	OMB No. 1	545-004	17
(Fo	orm 990) For certain	Officers, Directors, Trustees, Key Employees, and Highest		00	00	
•		Compensated Employees		ZU	ZU)
_		ne organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		Open to	Publi	ic
	artment of the Treasury nal Revenue Service Go to www	v.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer id	dentificatio	on nur	nber
	SPECIAL O	LYMPICS IOWA, INC.	51-0	17602	9	
Pa	art I Questions Regarding Compe	nsation				
					Yes	No
1a	Check the appropriate box(es) if the organizat	ion provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III t	o provide any relevant information regarding these items.				
	First-class or charter travel	Housing allowance or residence for persor	nal use			
	Travel for companions	Payments for business use of personal res	sidence			
	Tax indemnification and gross-up payme	nts Health or social club dues or initiation fees	3			
	Discretionary spending account	Personal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes on line 1a are checked, did	the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the exper	ses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation pr	or to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Exec	cutive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if any, of the following the org	anization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply.	Do not check any boxes for methods used by a related organization	on to			
	establish compensation of the CEO/Executive	Director, but explain in Part III.				
	Compensation committee	X Written employment contract				
	Independent compensation consultant	X Compensation survey or study				
	Form 990 of other organizations	\fbox Approval by the board or compensation component \blacksquare	ommittee			
4	During the year, did any person listed on Form	n 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:					
а	Receive a severance payment or change-of-co	ontrol payment?		4a		X
b	Participate in or receive payment from a supp	lemental nonqualified retirement plan?		4b		X
С	Participate in or receive payment from an equ	ity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons a	nd provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)					
5		ion A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the revenues of:					
						X
b				5 b		X
	If "Yes" on line 5a or 5b, describe in Part III.					
6		ion A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the net earnings of:					v
						X
b				6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.					
7		ion A, line 1a, did the organization provide any nonfixed payments		_		v
~		ribe in Part III		7		X
8		t VII, paid or accrued pursuant to a contract that was subject to th				v
~		ions section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		low the rebuttable presumption procedure described in				
		the locations for Fourier 000				0000
LHA	A For Paperwork Reduction Act Notice, see	the instructions for Form 990.	Sched	ule J (Forn	1 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOHN KLIEGL	(i)	139,551.	0.	0.	5,940.	25,300.	170,791.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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

INC.

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



51-0176029

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL OLYMPICS IOWA,

MOTOR ACTIVITY TRAINING INTRODUCE TEAM SPORTS ADAPTED FOR THE SEVERE

AND PROFOUND AS WELL AS THOSE WHO ARE UNABLE TO PARTICIPATE IN THE

TRADITIONAL SPECIAL OLYMPICS PROGRAMS. ACTIVITIES, SUCH AS BOCCE, RAMP

BOWLING, BALLOON VOLLEYBALL, TEAM BASKETBALL, BASKETBALL SHOOT,

BATTING, BALL DARTS, GOLF, SHOT PUT, RACE WALK, AND WALL PASS ARE

MODIFIED TO ALLOW YOUTH AND ADULTS TO PARTICIPATE IN A TEAM OR AS AN

INDIVIDUAL. VOLUNTEERS AND SWITCH ACTIVATED EQUIPMENT ARE ON SITE TO

ASSIST THE ATHLETES AS THEY PARTICIPATE IN EACH EVENT.

YOUNG ATHLETES PLAY DAYS ARE AN INTRODUCTION TO SPECIAL OLYMPICS.

CHILDREN PARTICIPATE IN ELEVEN DIFFERENT ACTIVITIES, REPRESENTING

ELEVEN DIFFERENT SPORTS OFFERED BY SPECIAL OLYMPICS. THE PROGRAM HELPS

INCREASE THE YOUNG CHILDREN'S STRENGTH AND COORDINATION FOR SPORTS

WHILE INTRODUCING THEM TO GROUP PLAY, COOPERATION, AND AWARENESS OF

RULES.

ATHLETE LEADERSHIP PROVIDES AN EDUCATION PROGRAM TO TRAIN INDIVIDUALS

WITH INTELLECTUAL DISABILITIES IN LITERACY, LEADERSHIP, AND SPEAKING

SKILLS.

EXPENSES \$ 135,367. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS FIRST REVIEWED IN DETAIL BY THE CEO AND CFO AND THEN

SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW. ONCE REVIEWED BY THE

 FINANCE COMMITTEE, THE FORM 990 IS PROVIDED TO THE FULL BOARD FOR THEIR

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

37 08220909 136621 C20637.000 2020.04020 SPECIAL OLYMPICS IOWA, IN C20637.1

lule O (Form 990 or 990-EZ) 2020 Page 2						
Name of the organization SPECIAL OLYMPICS IOWA, INC.	Employer identification number $51 - 0176029$					
APPROVAL.						

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

CONFLICTS OF INTEREST STATEMENTS ARE COMPLETED ON AN ANNUAL BASIS BY THE

BOARD MEMBERS AND REVIEWED FOR ANY CONFLICTS. IF THERE IS A CONFLICT, THE

BOARD MEMBER WILL NOT HAVE ANY AUTHORITY ON THE TRANSACTION OR IF IT IS

MORE SUBSTANTIAL THE BOARD MEMBER MAY BE REMOVED FROM THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY IS SET AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS, WHO ARE ALL INDEPENDENT. NATIONAL EXECUTIVE SALARY INFORMATION PROVIDED BY SPECIAL OLYMPICS, INC. IS USED AS A GUIDELINE IN ESTABLISHING SALARY AND BENEFIT AMOUNTS. PUBLIC DATA AND COMPARISONS OF LIKE-KIND JOBS ARE ALSO USED TO DETERMINATION COMPENSATION.

THE BOARD OF DIRECTORS, WHO ARE ALL INDEPENDENT, APPROVED A SALARY POOL FOR EMPLOYEES OF THE ORGANIZATION. THE CEO HAS THE AUTHORITY TO SET EACH EMPLOYEE'S SALARY AS LONG AS HE DOESN'T EXCEED THE APPROVED POOL AMOUNT. THE BOARD AND CEO USE SALARY COMPARISONS PROVIDED BY SPECIAL OLYMPICS, INC. AND OTHER FACTORS, SUCH AS PERFORMANCE, TO DETERMINE THE SALARIES.

FORM 990, PART VI, SECTION C, LINE 18:

ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 6104(D) FOR OTHER PUBLIC DISCLOSURE DOCUMENTS.

38

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	a		Employe	Page r identification number
SPECIAL OLYMPIC	S IOWA, INC.		51-	0176029
FORM 990, PART VI, SECTION C,	LINE 19:			
GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY, AN	D FINA	NCIAL	STATEMENTS
ARE AVAILABLE TO THE PUBLIC U	PON REQUEST			
32212 11-20-20	22	Sche	dule O (Fo	rm 990 or 990-EZ) 2020
20909 136621 C20637.000	39 2020.04020 SPECIAI		TCS TO	WA TN C206

082

.1