

**Special Olympics Iowa, Inc.**

**Communications Letter**

**December 31, 2021**

PRELIMINARY DRAFT

**Special Olympics Iowa, Inc.**  
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PRELIMINARY DRAFT

## **Audit Summary**

### **Reporting on Financial Statements**

Unmodified opinion issued on financial statements.

### **Non-attest Services**

- Assistance with the preparation of the financial statements
- Preparation of the 990 informational return
- Assistance with calculation of Employee Retention Credits and preparation of related 941-X's

PRELIMINARY DRAFT

## **Required Communication**

We have audited the financial statements of Special Olympics Iowa, Inc. (the Organization), as of and for the year ended December 31, 2021 and have issued our report thereon dated \_\_\_\_\_, 2022. Professional standards require that we advise you of the following matters relating to our audit.

### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated December 23, 2021, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of Special Olympics Iowa, Inc. solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, and our firm have complied with all relevant ethical requirements regarding independence.

### **Significant Risks Identified**

We have identified the following significant risks, both of which are inherent in substantially all audit engagements:

- Revenue recognition is considered a fraud risk on substantially all audit engagements as it is generally the largest line item impacting the organization's financial position. In addition, complexities exist surrounding the application of Accounting Standards Codification (AS) 606, which was previously effective, but continues to create complexity as organizations obtain new or modify existing revenue sources.
- Management override of internal control is considered a risk in substantially all engagements as management may be incentivized to produce better results.

## **Qualitative Aspects of the Entity's Significant Accounting Practices**

### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Organization is included in Note 1 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their applications during 2021. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments. The most sensitive estimate affecting the Organization's financial statements is management's estimate of functional allocation of expenses which is based on periodic time and expense studies.

### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the Organization's financial statements relate to fair value measurements of investments and endowment disclosures.

## **Significant Difficulties Encountered during the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

## **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. Our audit for the year ended December 31, 2021 did not detect any uncorrected misstatements.

**Uncorrected and Corrected Misstatements (Continued)**

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. None of the misstatements identified by us as a result of our audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

**Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to Special Olympics Iowa, Inc.'s financial statements or the auditor's report. No such disagreements arose during the course of the audit.

**Representations Requested from Management**

We have requested certain written representations from management, which are included in a separate letter dated \_\_\_\_\_, 2022.

**Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

**Other Significant Matters, Findings or Issues**

In the normal course of our professional association with Special Olympics Iowa, Inc., we generally discuss a variety of matters, including the application of accounting principles and auditing standards, operating conditions affecting the entity, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Organization's auditors.

This report is intended solely for the information and use of the Board of Directors and management of the Organization and is not intended to be and should not be used by anyone other than these specified parties.

Urbandale, Iowa  
\_\_\_\_\_, 2022

**Special Olympics Iowa, Inc.**

**Financial Report**

**December 31, 2021**

Preliminary Draft

**Special Olympics Iowa, Inc.**  
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## **Independent Auditor's Report**

To the Board of Directors  
Special Olympics Iowa, Inc.  
Grimes, Iowa

### ***Opinion***

We have audited the financial statements of Special Olympics Iowa, Inc., which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Special Olympics Iowa, Inc. as of December 31, 2021, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Special Olympics Iowa, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Special Olympics Iowa, Inc.'s ability to continue as a going concern for one year after the date that the financial statements are issued.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omission, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Special Olympics Iowa, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Special Olympics Iowa, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Report on Summarized Comparative Information***

We have previously audited Special Olympics Iowa, Inc.'s 2020 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated August 31, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Urbandale, Iowa  
\_\_\_\_\_, 2022

**Special Olympics Iowa, Inc.**  
**Statement of Financial Position**  
**December 31, 2021**  
**With Comparative Totals for 2020**

	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 2,058,941	\$ 1,372,302
Accounts receivable	272,748	80,225
Grants receivable	14,833	-
Promises to give	159,007	99,839
Investments	1,208,164	1,016,217
Certificates of deposit	169,479	210,218
Prepaid expenses	65,048	35,814
Property and equipment, net of accumulated depreciation	1,785,287	1,628,719
Restricted for permanent endowment		
Beneficial interests in community trusts	40,858	34,765
Beneficial interest in perpetual trust	177,970	167,575
	<u>5,952,335</u>	<u>4,645,674</u>
Total assets	<u>\$ 5,952,335</u>	<u>\$ 4,645,674</u>
 <b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 31,385	\$ 2,378
Accrued expenses	17,840	20,135
Refundable advance	<u>-</u>	<u>10,826</u>
	<u>49,225</u>	<u>33,339</u>
Total liabilities	<u>49,225</u>	<u>33,339</u>
 <b>Net assets</b>		
Without donor restrictions	5,515,275	4,295,156
With donor restrictions	<u>387,835</u>	<u>317,179</u>
Total net assets	<u>5,903,110</u>	<u>4,612,335</u>
	<u>\$ 5,952,335</u>	<u>\$ 4,645,674</u>
Total liabilities and net assets	<u>\$ 5,952,335</u>	<u>\$ 4,645,674</u>

**Special Olympics Iowa, Inc.**  
**Statement of Activities**  
**Year Ended December 31, 2021**  
**With Comparative Totals for 2020**

	2021			2020
	Without Donor Restrictions	With Donor Restrictions	Total	Total
Public Support and Revenue				
Public support				
Contributions and sponsorships	\$ 676,116	\$ 161,100	\$ 837,216	\$ 605,137
In-kind contributions	185,008	-	185,008	312,650
Statewide partner sponsorships	315,000	-	315,000	235,000
Grants and appropriations	752,352	-	752,352	619,343
Paycheck Protection Program proceeds	264,847	-	264,847	244,295
Special events	545,045	-	545,045	242,575
Fundraising	373,333	-	373,333	119,523
	<u>3,111,701</u>	<u>161,100</u>	<u>3,272,801</u>	<u>2,378,523</u>
Revenue				
Program revenues	15,400	-	15,400	20,271
Investment income	187,174	-	187,174	146,899
Change in beneficial interests	-	26,345	26,345	19,776
Loss on sale of assets	(1,567)	-	(1,567)	-
	<u>201,007</u>	<u>26,345</u>	<u>227,352</u>	<u>186,946</u>
Net assets released from restrictions				
Satisfaction of purpose restrictions	5,000	(5,000)	-	-
Satisfaction of time restrictions	111,789	(111,789)	-	-
	<u>116,789</u>	<u>(116,789)</u>	<u>-</u>	<u>-</u>
Total public support and revenue	<u>3,429,497</u>	<u>70,656</u>	<u>3,500,153</u>	<u>2,565,469</u>
Expenses				
Program services				
Games and Competition	802,476	-	802,476	1,159,717
Motor Activity Training Program	15,446	-	15,446	66,855
Healthy Athletes	128,713	-	128,713	125,049
Unified Champion Schools®	681,010	-	681,010	680,378
Athlete Leadership	15,509	-	15,509	44,735
Young Athlete Play Days	19,152	-	19,152	48,973
Total program services	<u>1,662,306</u>	<u>-</u>	<u>1,662,306</u>	<u>2,125,707</u>
Supporting services				
Fundraising	400,886	-	400,886	326,493
Management and general	101,891	-	101,891	87,358
Total supporting services	<u>502,777</u>	<u>-</u>	<u>502,777</u>	<u>413,851</u>
Cost of direct benefits to donors	<u>44,295</u>	<u>-</u>	<u>44,295</u>	<u>6,536</u>
Total expenses	<u>2,209,378</u>	<u>-</u>	<u>2,209,378</u>	<u>2,546,094</u>
Change in net assets	1,220,119	70,656	1,290,775	19,375
Net assets, beginning of year	<u>4,295,156</u>	<u>317,179</u>	<u>4,612,335</u>	<u>4,592,960</u>
Net assets, end of year	<u>\$ 5,515,275</u>	<u>\$ 387,835</u>	<u>\$ 5,903,110</u>	<u>\$ 4,612,335</u>

See notes to financial statements.

**Special Olympics Iowa, Inc.**  
**Statement of Functional Expenses**  
**Year Ended December 31, 2021**  
**With Comparative Totals for 2020**

	2021											2020	
	Program Services							Supporting Services			Cost of Direct Benefit to Donor	Total Expenses	Total Expenses
	Games and Competition	Motor Activity Training Program	Healthy Athletes	Unified Champion Schools®	Athlete Leadership	Young Athlete Play Days	Total	Fundraising	Management and General	Total			
Salaries and benefits	\$ 313,381	\$ 9,402	\$ 60,506	\$ 250,082	\$ 9,402	\$ 11,657	\$ 654,430	\$ 171,348	\$ 70,500	\$ 241,848	\$ -	\$ 896,278	\$ 1,204,347
Events and games supplies	162,763	731	34,022	283,937	794	907	483,154	-	-	-	-	483,154	538,111
Fundraising	-	-	-	-	-	-	-	60,368	-	60,368	-	60,368	37,481
Special events	-	-	-	-	-	-	-	62,839	-	62,839	44,295	107,134	39,571
In-kind services and facilities	149,277	-	-	5,698	-	-	154,975	30,033	-	30,033	-	185,008	310,910
Public education and awareness	19,593	588	3,783	15,636	588	729	40,917	-	-	-	-	40,917	44,135
SOI accreditation fees	17,920	538	3,460	14,300	538	667	37,423	-	-	-	-	37,423	34,824
Supplies and travel	12,622	379	2,437	10,072	379	470	26,359	6,901	2,839	9,740	-	36,099	8,915
Office and occupancy	62,416	1,873	12,051	49,809	1,873	2,322	130,344	34,127	14,041	48,168	-	178,512	131,610
Service and professional fees	13,109	393	2,531	10,462	393	488	27,376	7,168	2,949	10,117	-	37,493	67,765
Insurance	13,631	409	2,632	10,878	409	507	28,466	7,453	3,066	10,519	-	38,985	41,176
Depreciation and amortization	37,764	1,133	7,291	30,136	1,133	1,405	78,862	20,649	8,496	29,145	-	108,007	87,249
Total expenses	\$ 802,476	\$ 15,446	\$ 128,713	\$ 681,010	\$ 15,509	\$ 19,152	\$ 1,662,306	\$ 400,886	\$ 101,891	\$ 502,777	\$ 44,295	\$ 2,209,378	\$ 2,546,094

See notes to financial statements.

**Special Olympics Iowa, Inc.**  
**Statement of Cash Flows**  
**Year Ended December 31, 2021**  
**With Comparative Totals for 2020**

	<u>2021</u>	<u>2020</u>
<b>Cash Flows - Operating Activities</b>		
Change in net assets	\$ 1,290,775	\$ 19,375
Adjustments to reconcile changes in net assets to net cash flows - operating activities		
Depreciation and amortization expense	108,007	87,249
Loss on disposal of asset	1,567	-
Net realized and unrealized (gain) on investments and certificates of deposit	(72,610)	(135,399)
Outside endowment contributions to beneficial interest in community trusts	(2,075)	(1,382)
Outside endowment contributions to beneficial interest in perpetual trust	(18)	(130)
Change in value of beneficial interests in community trusts	(5,385)	(3,540)
Change in value of beneficial interest in perpetual trust	(20,960)	(16,236)
Change in operating assets and liabilities		
Accounts receivable	(192,523)	(75,503)
Grants receivable	(14,833)	-
Promises to give	(59,168)	(9,611)
Prepaid expenses	(29,234)	3,754
Accounts payable	29,007	(11,787)
Accrued expenses	(2,295)	1,120
Refundable advance	(10,826)	10,826
Net cash flows - operating activities	<u>1,019,429</u>	<u>(131,264)</u>
<b>Cash Flows - Investing Activities</b>		
Proceeds from sale of investments	128,343	2,044
Purchase of investments	(249,262)	(290,118)
Proceeds from sale of certificates of deposit	147,927	-
Purchase of certificates of deposit	(105,606)	(105,992)
Distribution from beneficial interests in community trusts	1,367	1,232
Distribution from beneficial interest in perpetual trust	10,583	10,128
Proceeds from sale of property and equipment	6,500	-
Purchase of property and equipment	(272,642)	(59,289)
Net cash flows - investing activities	<u>(332,790)</u>	<u>(441,995)</u>
Net change in cash and cash equivalents	\$ 686,639	\$ (573,259)
<b>Cash and Cash Equivalents</b>		
Beginning of year	<u>1,372,302</u>	<u>1,945,561</u>
End of year	<u>\$ 2,058,941</u>	<u>\$ 1,372,302</u>

See notes to financial statements.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES**

**Nature of Organization**

Special Olympics Iowa, Inc. (“the Organization”) provides year-round sports training and athletic competition in a variety of Olympic-type sports for individuals with intellectual disabilities by giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills, and friendship with their families, other Special Olympics athletes and the community. The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

**Comparative Totals**

The amounts shown for 2020 in the accompanying financial statements are included to provide a basis for comparison with 2021 and are not intended to present all information necessary for a fair presentation in conformity with U.S. generally accepted accounting principles.

**Programs**

*Games and Competition* – The Organization provides Olympic-style training and competition in 23 different sports throughout the year for individuals with intellectual disabilities.

*Motor Activity Training Program* – Motor Activity Training Program 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.

*Healthy Athletes* – Special Olympics Healthy Athletes is a program designed to help Special Olympics athletes improve their health and fitness. This can lead to a better sports experience and improved well-being. Athletes receive a variety of health services through clinics conducted in welcoming environments at Special Olympics competitions.

*Unified Champion Schools®* – Special Olympics Unified Champion Schools® brings together students with and without intellectual disabilities through education, sports and youth leadership to provide them with the knowledge, attitudes and skills necessary to create and sustain school communities that promote acceptance and respect.

*Athlete Leadership* – The Organization provides an education program to train individuals with intellectual disabilities in literacy, leadership, and speaking skills.

*Young Athlete Play Days* – Young Athlete Play Days are an introduction to Special Olympics. Children participate in 11 different activities, representing 11 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.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Cash and Cash Equivalents**

The Organization considers all checking, savings, money market accounts, and highly liquid investments with initial maturity of three months or less to be cash and cash equivalents. Donated securities that are immediately converted to cash or cash equivalents and are not restricted by donors for long-term purposes are recorded as cash inflows from operations within the statement of cash flows.

**Promises to Give**

The Organization distinguishes between contributions received with donor restrictions and those without donor-imposed restrictions. Contributions with donor-imposed restrictions are reported as increases in net assets with donor restrictions unless the Organization meets the donor-imposed restriction on all or a portion of the amount contributed in the same reporting period in which the contribution was received. In those cases, the contributions, to the extent the restrictions have been met, are reported as increases in net assets without donor restrictions. Receipts of unconditional promises to give with payments due in future periods are reported as increases in net assets with donor restrictions unless it is clear that the donor intended the gift to be used to support activities in the current period.

Unconditional promises to give with payments due in future years are recorded at the present value of estimated future cash flows. The discounts on those amounts are computed using a risk-free interest rate applicable to the year in which the promise was received. Amortization of the discount is included in contribution revenue. Conditional promises to give are not included as support until such time as the conditions are substantially met. All promises to give at December 31, 2021 were expected to be collected within the next year; therefore, there is no unamortized discount as cost represents net realizable value.

**Investments**

Investments in marketable equity securities and debt securities are carried at fair value, determined by market values of the securities, and realized and unrealized gains and losses are reflected in the statement of activities net assets without donor restrictions.

**Certificates of Deposit**

The Organization considers all certificates of deposits with initial maturities greater than three months to be short-term investments that are recorded at fair market value.

**Property and Equipment**

Additions to property and equipment are recorded at cost or estimated fair value at the date of donation. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets, ranging from 3 to 50 years. The applicable accounts are relieved of costs and related accumulated depreciation when any items are sold or otherwise disposed. Gain or loss is recorded at that time.



**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Perpetual Trust**

A perpetual trust is an arrangement in which a donor establishes and funds a perpetual trust administered by an individual or entity other than the organization. Under the terms of the trust, the Organization has the irrevocable right to receive the income earned on the trust assets in perpetuity, but never receives the assets held in trust. Under this arrangement, the present value of the estimated future cash receipts from the trust assets (generally equal to the fair value of the assets contributed to the trust) is recorded as a donor restricted contribution revenue in the year the trust is established. Annual distributions are reported as contribution income and classified according to any restrictions on distributions.

Adjustments to the amount reported as an asset are based on an annual review using the same basis as was used to measure the asset initially and are recorded in the statement of activities under the caption “change in beneficial interests.” The perpetual trust is adjusted annually to its fair market value.

**Beneficial Interests in Community Foundations**

The Organization is the beneficiary of two accounts, one held at the Community Foundation of Greater Des Moines (CFGDM), and one held at the Community Foundation of Greater Dubuque (CFGD), under the Endow Iowa provisions of the Iowa Code. Pursuant to these agreements, the Organization may receive distributions from the fund not exceeding 5% of the balance of the previous year end. Although CFGDM and CFGD has the power to modify restrictions or conditions on the distributions under certain conditions, the Organization does not consider this to effectively constitute variance power, due to the unlikelihood of such conditions occurring.

The balances of both accounts are being accounted for as beneficial interests and are valued at the fair value of the underlying assets. The balances of the beneficial interests were \$15,020 and \$25,838 as of December 31, 2021.

Adjustments to the amount reported as an asset are based on an annual review using the same basis as used to initially measure the asset and are recorded in the statement of activities under the caption “change in beneficial interests.”

**Classification of Net Assets**

*Without Donor Restrictions* – assets that are available for use in general operations and not subject to donor restrictions. The Organization’s governing board may earmark portions of its net assets without donor restrictions as board-designated for various purposes.

*With Donor Restrictions* – assets that are subject to donor restrictions. Some donor-imposed restrictions are temporary in nature such as those that will be met by the passage of time or by actions of the Organization meeting the purpose of the restriction. Other donor-imposed restrictions are perpetual in nature, such as endowment type funds, where the donor stipulates those resources be maintained in perpetuity.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Revenue Recognition**

Contributions are recognized when cash, other assets, or an unconditional promise to give is received.

The Organization also receives program revenue from registrations, concessions, and souvenir sales. The Organization applies the five-step revenue model under FASB ASC 606 to determine when revenue is earned and recognized.

The Organization follows Financial Accounting Standards Board Topic 958-605, *Revenue Recognition for Not-for-Profit Entities*, in accounting for its Paycheck Protection Program (PPP) loan and Employee Retention Credits (ERC). The PPP loan and ERC are effectively accounted for as conditional grants (See Note 12).

**Donated Property and Services**

Donated property or equipment is generally reflected as a contribution in the financial statements at its estimated fair market value at the date of receipt.

Donated services are recognized as contributions if the services (1) create or enhance nonfinancial assets or (2) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization.

A number of individuals volunteer their time, including area directors and coaches, for the Games and Competitions program. These contributions for 2021 of \$127,279 are reflected in the financial statements at the estimated fair market value at the time the service is performed.

**Special Events**

All revenue relating to special events is recorded as special event revenue. The portion of special event revenue that are contributions, including in-kind contributions, are recognized in accordance with authoritative guidance over contributions from special events. The costs of all food, beverages, and entertainment for donors are reported as costs of direct benefits to donors. All other expenses of promoting and conducting the special event are reported as fundraising.

All other event revenues relate to programming and are not recorded as special events.

**Expiration of Donor-Imposed Restrictions**

The Organization recognizes the expiration of donor-imposed restrictions on contributions in the period in which the restriction expires. A restriction expires when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Expirations are recorded separately in the statement of activities as reclassifications.

**Functional Expense Allocations**

The allocation of expenses shown on the statement of functional expenses is made by management using estimates of time and effort based on historical data combined with their knowledge of the current year activities.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Joint Costs**

The Organization has a third-party vendor that provides certain telemarketing services on its behalf. These services include soliciting contributions, recruiting volunteers, and promoting awareness of the Organization. The costs of conducting these activities are allocated by management based on the content of the telemarketing scripts as follows:

Program costs	\$ 17,133
Fundraising costs	16,582
	<u>\$ 33,715</u>

**Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**Income Taxes**

The Organization is a not-for-profit entity exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986. The Organization has filed for and received income tax exemption in the various jurisdictions where they are required to do so. The Organization files a form 990 tax return in the U.S. federal jurisdiction.

**Recently Issued Accounting Pronouncements**

*Leases*

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. The new guidance will require all leases to be recorded as assets and liabilities on the balance sheet. This update would require capitalization of the “right to use” an asset and recognition of an obligation for future lease payments for most leases currently classified as operating leases. Other leases currently classified as capital leases will be referred to as financing leases and will continue to be recorded as assets and liabilities in a similar manner. In June of 2020, the FASB issued ASU No. 2020-05 which defers the effective date making it effective for annual reporting periods beginning after December 15, 2021, with early adoption permitted. The provisions of this ASU are to be applied using either the retrospective approach or modified retrospective approach. The Organization is currently evaluating the impact this standard will have on its financial statements.

*Nonfinancial Assets*

In September 2020, the FASB issued ASU No. 2020-07 Not-for-Profit Entities (Topic 958): *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, which is intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit organizations to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. The amendments in this ASU should be applied on a retrospective basis and are effective for annual reporting periods beginning after June 15, 2021. Early adoption is permitted. The Organization is currently evaluating the impact this standard will have on its financial statements.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Subsequent Events**

Management of the Organization has evaluated subsequent events through \_\_\_\_\_, 2022, the date the financial statements were available to be issued.

**NOTE 2 – CONCENTRATIONS OF CREDIT RISK**

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of demand deposits located at a financial institution. These demand deposits exceeded the FDIC insurable limit of \$250,000 at times throughout the year.

**NOTE 3 – LIQUIDITY AND AVAILABILITY**

The Organization regularly monitors the availability of resources required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. For purposes of analyzing resources available to meet general expenditures over a 12-month period, The Organization considers all expenditures related to its ongoing activities of games and competitions in its availability as well as the conduct of services undertaken to support those activities to be general expenditures.

Financial assets available for general expenditure that are without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following as of December 31, 2021:

Cash and cash equivalents	\$ 2,058,941
Accounts receivable	272,748
Grants receivable	14,833
Promises to give	159,007
Investments	1,208,164
Certificates of deposit	169,479
	<u>\$ 3,883,172</u>

Additional assets the Organization expects to have available for general expenditures include annual distributions from the Organization's beneficial interest in community and perpetual trusts.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 4 – FAIR VALUE MEASUREMENTS**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follow:

- Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.  
Level 2: Inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument.  
Level 3: Inputs are unobservable inputs based on the organization's own assumptions used to measure assets and liabilities at fair value.

	Level 1	Level 2	Level 3	Total
Certificates of deposit	\$ -	\$ 169,479	\$ -	\$ 169,479
Mutual funds				
U.S. equity funds	780,342	-	-	780,342
International equity funds	162,277	-	-	162,277
Fixed income funds	265,545	-	-	265,545
Total	<u>\$ 1,208,164</u>	<u>\$ 169,479</u>	<u>\$ -</u>	<u>\$ 1,377,643</u>
Beneficial interests in				
community trusts	\$ -	\$ -	\$ 40,858	\$ 40,858
Beneficial interest in				
perpetual trust	-	-	177,970	177,970
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 218,828</u>	<u>\$ 218,828</u>

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table provides further details of the Level 3 fair value measurements:

	Beneficial Interests in Community Foundations	Beneficial Interest in Perpetual Trust
Beginning balance	\$ 34,765	\$ 167,575
Contributions	2,074	18
Change in value of beneficial interests	5,385	20,960
Less distributions and administrative fees	1,366	10,583
Ending balance	<u>\$ 40,858</u>	<u>\$ 177,970</u>

**NOTE 5 – PROPERTY AND EQUIPMENT**

The following is a summary of the property and equipment at December 31, 2021:

Land	\$ 230,012
Buildings	1,943,258
Furniture	41,155
Equipment	346,371
Vehicles	<u>287,427</u>
Total cost	2,848,223
Less accumulated depreciation	<u>(1,062,936)</u>
Net property and equipment	<u>\$ 1,785,287</u>

**NOTE 6 – ENDOWMENT FUNDS**

The Organization's endowment consists of gifts from donors to support their mission held as beneficial interests at the CFGDM, CFGD, and a perpetual trust held by a trustee. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

**Spending Policies**

The Organization has adopted the distribution and spending policies of CFGDM and CFGD, which allow but do not require the distribution of up to 5% of the balance at December 31 of the previous year. The distributions from the beneficial interest in a perpetual trust is determined by the trustee rather than the Organization.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 6 – ENDOWMENT FUNDS (CONTINUED)**

**Investment Policies**

The investment management of the beneficial interests held at the CFGDM and CFGD are the responsibility of the CFGDM and CFGD per contracts the Organization was required to sign upon the creation of their accounts with these organizations. The investment management of the beneficial interest in a perpetual trust is determined by the trustee rather than the Organization.

**Interpretation of Relevant Law**

The Organization has interpreted the State of Iowa State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization retains in perpetuity (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) any accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not retained in perpetuity is subject to appropriation for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) duration and preservation of the fund, (2) the purpose of the donor restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and appreciation of investments, (6) the Organization's spending policy for endowment funds, and (7) the Organization's investment policies.

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). We have interpreted SPMIFA to permit spending from underwater endowments in accordance with prudent measures required under law.

**Endowment Reconciliation**

Changes in endowment net assets as of December 31, 2021 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total Endowment Net Assets
Endowment net assets, beginning of year	\$ -	\$ 202,340	\$ 202,340
Contributions	-	2,092	2,092
Change in value of beneficial interests	-	26,345	26,345
Appropriated expenditures and administrative fees	-	(11,949)	(11,949)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 218,828</u>	<u>\$ 218,828</u>

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 7 – NET ASSETS**

Net assets with donor restrictions consist of the following at December 31, 2021:

Purpose restricted	
Young Athletes Program	\$ 10,000
Time restricted	
Promises to give	\$ 159,007
Donor restricted endowments	\$ 218,828
Total net assets with donor restrictions	\$ 387,835

**NOTE 8 – SPECIAL EVENTS**

The Organization holds multiple events benefiting its programs. The following is summarized financial information related to the events:

Special event revenue	\$ 545,045
Less: Costs of direct benefits to donors	44,295
Expenses related to promoting and conducting the event	62,839
Net revenue from special events	\$ 437,911

**NOTE 9 – PENSION PLAN**

The Organization sponsors a 401(k) defined contribution plan for all eligible employees. The Organization matches employee's deferrals up to 4% (100% of the first 3% and 50% of the next 2%) of eligible compensation. Retirement plan expense was \$25,599 for the year ended December 31, 2021.



**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 10 – OPERATING LEASES**

The Organization leases equipment from a third party under a noncancellable operating lease.

Future minimum rental payments required under operating leases at December 31, 2021 are as follows:

<u>Years</u>	
2022	\$ 1,057
2023	1,057
2024	1,057
2025	1,057
2026	1,057
Thereafter	1,057
	<u><u>\$ 6,342</u></u>

Rent expense for the year ended December 31, 2021 was \$16,207.

**NOTE 11 – AFFILIATE TRANSACTIONS**

The Organization is accredited by Special Olympics, Inc. (SOI) to conduct Special Olympic activities within the state of Iowa. The Organization paid \$37,422 in accreditation fees to SOI during the year ended December 31, 2021.

The Organization has an agreement with SOI for cooperative national fundraising projects. These projects earned \$513,075 during the year ended December 31, 2021, of which the Organization received \$293,099. The remaining \$219,976 was retained by SOI as payment for services rendered.

The Organization was the recipient of grants from SOI for various programs from which they earned \$340,782 during the year ended December 31, 2021.

**NOTE 12 – CONTINGENCIES**

On April 15, 2020, the Organization applied for and obtained a \$244,295 Paycheck Protection Program (PPP) loan, administered by the U.S. Small Business Administration established under the Coronavirus Aid, Relief, and Economic Securities (CARES) Act. Under the terms of the loan, the Organization applied for and was granted forgiveness for the loan. In order to meet the conditions for forgiveness, the Organization was required to maintain certain employee levels and use the proceeds on eligible expenses including payroll, benefits, rent, and utilities within a specified period. The Organization recognized the entire \$244,295 as grant revenue in 2020, as conditions were met, that is, eligible expenses were incurred. The loan was forgiven by the SBA in November 2020.

**Special Olympics Iowa, Inc.**  
**Notes to Financial Statements**

**NOTE 12 – CONTINGENCIES (CONTINUED)**

On February 3, 2021, the Organization applied for and obtained a second PPP loan in the amount of \$264,847, administered by the SBA, established under the Economic Aid to Hard-Hit Small Business, Nonprofits, and Venues Act (the Economic Act). Under the terms of the loan, the Organization applied for and was granted forgiveness the loan. In order to meet the conditions for forgiveness, the Organization was required to maintain certain employee levels and use the proceeds on eligible expenses including payroll, benefits, rent, and utilities within a specified period. All conditions for forgiveness were met during 2021, and the loan was forgiven by the SBA in August 2021.

The Organization must retain all records relating to the two loans for six years from the date of forgiveness and must permit authorized representatives of the SBA, including representatives of its Office of Inspector General, to access such files upon request.

In November 2021, the Organization applied for Employee Retention Credits (ERC) in the amount of \$272,748 for the year ended December 31, 2021. To qualify for the credit, the Organization must meet certain criteria based on either significant decline in gross receipts or either fully or partially suspended operations by a government order. The credit is based on eligible wages and certain employee benefits paid by the Organization. The credit claim is reflected in accounts receivable on the December 31, 2021 statement of financial position and included under grants and appropriations within the statement of activities for the year then ended. The credit claim was received by the Organization subsequent to the year ended December 31, 2021.

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A For the 2021 calendar year, or tax year beginning and ending****B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C** Name of organization

SPECIAL OLYMPICS IOWA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
551 S.E. DOVETAIL RD, PO BOX 620City or town, state or province, country, and ZIP or foreign postal code  
GRIMES, IA 50111**F** Name and address of principal officer: JOHN KIEGL  
SAME AS C ABOVE**D** Employer identification number

51-0176029

**E** Telephone number  
515-986-5520**G** Gross receipts \$ 3,272,030.**H(a)** Is this a group return for subordinates? ..... Yes ☒ No**H(b)** Are all subordinates included? Yes No  
If "No," attach a list. See instructions**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527**J** Website: ▶ WWW.SOIOWA.ORG**K** Form of organization: ☒ Corporation Trust Association Other ▶**L** Year of formation: 1975 **M** State of legal domicile: IA**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SPORTS TRAINING AND ATHLETIC COMPETITION FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 20
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> 19
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>6</b> 3226
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>1,985,648.</b> <b>2,815,045.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>20,271.</b> <b>15,400.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>28,065.</b> <b>160,770.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>80,225.</b> <b>228,453.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,114,209.</b> <b>3,219,668.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,204,346.</b> <b>896,277.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>312,998.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,044,219.</b> <b>1,101,487.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,248,565.</b> <b>1,997,764.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... <b>-134,356.</b> <b>1,221,904.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) ..... <b>4,645,673.</b> <b>5,952,335.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>33,338.</b> <b>49,225.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>4,612,335.</b> <b>5,903,110.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	JOHN KIEGL, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	BRENT L. ALEXANDER, CPA	BRENT L. ALEXANDER,	07/06/22	<input type="checkbox"/>	P00075113
	Firm's name ▶ BERGANKDV, LTD.	Firm's EIN ▶ 41-1431613			
	Firm's address ▶ 12100 MEREDITH DR, SUITE 200 URBANDALE, IA 50323	Phone no. 515-727-5700			

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

**Part III** Statement of Program Service AccomplishmentsCheck 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 HEALTH, SPORTS TRAINING AND ATHLETIC COMPETITION OF PERSONS WITH INTELLECTUAL 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 ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **722,269.** including grants of \$ ) (Revenue \$ **15,400.** )

**GAMES AND COMPETITION PROVIDES OLYMPIC STYLE TRAINING AND COMPETITION IN TWENTY-THREE DIFFERENT SPORTS THROUGHOUT THE YEAR FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES.**

**4b** (Code: ) (Expenses \$ **612,943.** including grants of \$ ) (Revenue \$ )

**UNIFIED CHAMPION SCHOOLS BRINGS TOGETHER ATHLETES WITH AND WITHOUT INTELLECTUAL DISABILITIES THROUGH EDUCATION, SPORTS, AND YOUTH LEADERSHIP TO PROVIDE THEM WITH THE KNOWLEDGE, ATTITUDES AND SKILLS NECESSARY TO CREATE AND SUSTAIN SCHOOL COMMUNITIES THAT PROMOTE ACCEPTANCE AND RESPECT.**

**4c** (Code: ) (Expenses \$ **115,848.** including grants of \$ ) (Revenue \$ )

**HEALTHY ATHLETES IS A PROGRAM DESIGNED TO HELP SPECIAL OLYMPICS ATHLETES IMPROVE THEIR HEALTH AND FITNESS. THIS CAN LEAD TO A BETTER SPORTS EXPERIENCE AND IMPROVED WELL-BEING. ATHLETES RECEIVE A VARIETY OF HEALTH SERVICES THROUGH CLINICS CONDUCTED IN WELCOMING ENVIRONMENTS AT SPECIAL OLYMPICS COMPETITIONS.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **45,099.** including grants of \$ ) (Revenue \$ )**4e** Total program service expenses **1,496,159.**

**Part IV Checklist of Required Schedules**

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> 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.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	20													
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		20												
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
<b>6</b> Did the organization have members or stockholders?							6							X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										8a	X			
<b>b</b> Each committee with authority to act on behalf of the governing body?											8b	X		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**JOHN KLIEGL - 515-986-5520**  
**551 SE DOVETAIL ROAD PO BOX 620, GRIMES, IA 50111**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN KIEGL PRESIDENT/CEO	40.00			X				131,729.	0.	29,106.
(2) NEIL BERNS DIRECTOR	0.50	X						0.	0.	0.
(3) MATT DOUGAN CHAIR	0.50	X		X				0.	0.	0.
(4) LOU FLORI TREASURER	0.50	X		X				0.	0.	0.
(5) MIKE LIGHTBODY DIRECTOR	0.50	X						0.	0.	0.
(6) JACK OHLE DIRECTOR	0.50	X						0.	0.	0.
(7) DR. MARY STEVENS VICE CHAIR	0.50	X		X				0.	0.	0.
(8) MICHELE WILKIE SECRETARY	0.50	X		X				0.	0.	0.
(9) JILL SOUTHWORTH DIRECTOR	0.50	X						0.	0.	0.
(10) KATHY LIVELY DIRECTOR	0.50	X						0.	0.	0.
(11) PATRICK GULBRANSON DIRECTOR	0.50	X						0.	0.	0.
(12) JASON MILLER DIRECTOR	0.50	X						0.	0.	0.
(13) LISA SPENCER DIRECTOR	0.50	X						0.	0.	0.
(14) ANGELA WOOD DIRECTOR	0.50	X						0.	0.	0.
(15) MARY BUSCHER DIRECTOR	0.50	X						0.	0.	0.
(16) THOMAS CUNNINGHAM DIRECTOR	0.50	X						0.	0.	0.
(17) MATTHEW WENGER DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TRACY RININGER DIRECTOR	0.50	X						0.	0.	0.
(19) ERICA FISCHER DIRECTOR	0.50	X						0.	0.	0.
(20) RANDY SPURR DIRECTOR	0.50	X						0.	0.	0.
(21) JASON FOLLETT DIRECTOR	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								131,729.	0.	29,106.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								131,729.	0.	29,106.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	918,378.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	744,451.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,152,216.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			2,815,045.			
<b>Program Service Revenue</b>	<b>2 a</b> SPORTING EVENTS AND PR REGISTRATION FEES	Business Code	624310	14,219.	14,219.		
	<b>b</b> UNIFORM REVENUE		624310	871.	871.		
	<b>c</b>		624310	310.	310.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			15,400.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			133,835.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses ...							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....				26,935.	-1,567.		28,502.
<b>8 a</b> Gross income from fundraising events (not including \$ 918,378. of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....				-44,295.			-44,295.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> EMPLOYEE RETENTION CRE	Business Code	561499	272,748.	272,748.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			272,748.			
	<b>12 Total revenue.</b> See instructions .....			3,219,668.	286,581.	0.	118,042.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	140,436.	103,923.	22,470.	14,043.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	610,327.	443,339.	37,396.	129,592.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,514.	18,091.	2,093.	5,330.
<b>9</b> Other employee benefits	60,431.	45,829.	3,695.	10,907.
<b>10</b> Payroll taxes	59,569.	43,249.	4,845.	11,475.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	549.	373.	88.	88.
<b>c</b> Accounting	36,944.		36,944.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	17,689.		17,689.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,133.	12,445.	1,050.	3,638.
<b>12</b> Advertising and promotion	22,855.	16,602.	1,400.	4,853.
<b>13</b> Office expenses	56,532.	41,064.	3,464.	12,004.
<b>14</b> Information technology	40,695.	29,560.	2,494.	8,641.
<b>15</b> Royalties				
<b>16</b> Occupancy	66,494.	48,301.	4,074.	14,119.
<b>17</b> Travel	38,860.	28,228.	2,381.	8,251.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,695.	4,863.	410.	1,422.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	37,422.	37,422.		
<b>22</b> Depreciation, depletion, and amortization	108,008.	78,863.	20,649.	8,496.
<b>23</b> Insurance	38,985.	28,465.	3,067.	7,453.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EVENTS &amp; GAME SUPPLIES</b>	483,157.	483,157.		
<b>b</b> <b>OTHER</b>	81,517.	32,385.	24,398.	24,734.
<b>c</b> <b>FUNDRAISING</b>	47,952.			47,952.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,997,764.	1,496,159.	188,607.	312,998.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,080,496.	<b>1</b>	1,800,925.
	<b>2</b> Savings and temporary cash investments .....	502,023.	<b>2</b>	427,495.
	<b>3</b> Pledges and grants receivable, net .....	99,839.	<b>3</b>	159,007.
	<b>4</b> Accounts receivable, net .....	80,225.	<b>4</b>	287,581.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	35,814.	<b>9</b>	65,048.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,848,223.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,062,936.	<b>10c</b>	1,785,287.
	<b>11</b> Investments - publicly traded securities .....	1,016,217.	<b>11</b>	1,208,164.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	202,340.	<b>15</b>	218,828.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,645,673.	<b>16</b>	5,952,335.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	33,338.	<b>17</b>	49,225.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	33,338.	<b>26</b>	49,225.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,295,156.	<b>27</b>	5,515,275.
	<b>28</b> Net assets with donor restrictions .....	317,179.	<b>28</b>	387,835.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,612,335.	<b>32</b>	5,903,110.
	<b>33</b> Total liabilities and net assets/fund balances .....	4,645,673.	<b>33</b>	5,952,335.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,219,668.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,997,764.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,221,904.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,612,335.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	42,526.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	26,345.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,903,110.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization

SPECIAL OLYMPICS IOWA, INC.

Employer identification number	
--------------------------------	--

51-0176029

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1060237.	1096003.	3177016.	1985648.	2815045.	10133949.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	1060237.	1096003.	3177016.	1985648.	2815045.	10133949.
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) .....						152,881.
6 <b>Public support.</b> Subtract line 5 from line 4.						9981068.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	1060237.	1096003.	3177016.	1985648.	2815045.	10133949.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	20,161.	16,597.	24,988.	26,449.	133,815.	222,010.
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 <b>Total support.</b> Add lines 7 through 10 .....						10355959.
12 Gross receipts from related activities, etc. (see instructions) .....					12	923,524.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	96.38	%
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	98.57	%
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

Schedule A (Form 990) 2021



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

  

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

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

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

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

Schedule A (Form 990) 2021

**Part VI**

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

Draft

# 2021

\*\*\* Not Open to Public Inspection \*\*\*

123171 04-01-21

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**SPECIAL OLYMPICS IOWA, INC.**

Employer identification number

**51-0176029**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization	Employer identification number
<b>SPECIAL OLYMPICS IOWA, INC.</b>	<b>51-0176029</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MIDLAND NATIONAL LIFE INSURANCE CO. 4530 WESTOWN PKWY WEST DES MOINES, IA 50266	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SPECIAL OLYMPICS, INC. 1133 19TH STREET NW WASHINGTON, DC 20036	\$ 616,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US SMALL BUSINESS ADMINISTRATION 210 WALNUT ST #749 DES MOINES, IA 50309	\$ 264,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KOHL'S DEPARTMENT STORES N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, IA 53051	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	IOWA STATE AERIE FRATERNAL ORDER OF EAGLES 6567 BLOOMFIELD RD DES MOINES, IA 50320	\$ 61,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**SPECIAL OLYMPICS IOWA, INC.****51-0176029****Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****Name of the organization**

SPECIAL OLYMPICS IOWA, INC.

**Employer identification number**

51-0176029

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2021

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	202,340.	192,412.	167,356.	192,053.	171,115.
b Contributions	2,092.	1,512.	1,040.	1,267.	3,382.
c Net investment earnings, gains, and losses	26,345.	19,776.	35,616.	-16,496.	26,328.
d Grants or scholarships					
e Other expenditures for facilities and programs	9,094.	8,121.	8,846.	6,280.	5,941.
f Administrative expenses	2,857.	3,239.	2,754.	3,188.	2,831.
g End of year balance	218,826.	202,340.	192,412.	167,356.	192,053.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 88.3800 %  
 c Term endowment ☒ 11.6200 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		230,012.		230,012.
b Buildings		1,821,314.	628,897.	1,192,417.
c Leasehold improvements		121,944.	95,599.	26,345.
d Equipment		669,665.	334,832.	334,833.
e Other		5,288.	3,608.	1,680.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,785,287.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,500,153.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	42,526.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	185,008.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	70,640.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	298,174.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,201,979.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	17,689.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	17,689.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,219,668.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,209,378.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	185,008.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	44,295.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	229,303.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,980,075.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	17,689.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	17,689.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,997,764.

**Part XIII Supplemental Information.**

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

**PART 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.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT BENEFIT TO DONORS	44,295.
CHANGE IN BENEFICIAL INTEREST	26,345.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	70,640.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT BENEFIT TO DONORS	44,295.
--------------------------	---------

**Part XIII** Supplemental Information *(continued)*

Draft



Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

Name of the organization

SPECIAL OLYMPICS IOWA, INC.

Employer identification number	
--------------------------------	--

51-0176029

## Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MEDALLION PRODUCTIONS - 2402 WILDWOOD AVENUE, STE 500,	TELEMARKETING	X		52,630.	17,133.	35,497.
<b>Total</b>				52,630.	17,133.	35,497.

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

$$\overline{IA}$$

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

		(a) Event #1 AMES POLAR PLUNGE	(b) Event #2 TAILGATE FOR TEAMMATES	(c) Other events 17	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	230,604.	49,832.	263,359.	543,795.
	2 Less: Contributions .....	230,604.	49,832.	263,359.	543,795.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....			9,406.	9,406.
	7 Food and beverages .....	4,371.	7,820.	4,978.	17,169.
	8 Entertainment .....				
	9 Other direct expenses .....	11,282.		6,438.	17,720.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				44,295.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-44,295.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| 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 ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

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

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: MEDALLION PRODUCTIONS

(I) ADDRESS OF FUNDRAISER:

2402 WILDWOOD AVENUE, STE 500, NORTH LITTLE ROCK, AR 72120

**Part IV** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**SPECIAL OLYMPICS IOWA, INC.**

Employer identification number

**51-0176029**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, 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 expenses described above? If "No," complete Part III to explain

	Yes	No
<b>1b</b>		

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

<b>2</b>		
----------	--	--

**3** Indicate which, if any, of the following the organization 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 to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

<b>7</b>		<b>X</b>
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**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

<b>8</b>		<b>X</b>
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>9</b>		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**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.

[illegible]

**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.

*Draft*

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SPECIAL OLYMPICS IOWA, INC.

Employer identification number

51-0176029

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

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 \$ 45,099. 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) 2021



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.

Name of the organization

SPECIAL OLYMPICS IOWA, INC.

Employer identification number

51-0176029

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST

26,345.