#### EXTENDED TO NOVEMBER 15, 2023 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SPECIAL OLYMPICS ARKANSAS, INC. Name change 71-0666671 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 501-771-0222 601 ROCK STREET 2,040,083. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Applica-tion pending 72202-2538 LITTLE ROCK, AR H(a) Is this a group return F Name and address of principal officer: TERRI WEIR Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.SPECIALOLYMPICSARKANSAS.ORG H(c) Group exemption number **K** Form of organization: X Corporation . Year of formation: 1970 **M** State of legal domicile: AR Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER INDIVIDUALS WITH **Activities & Governance** INTELLECTUAL DISABILITIES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 25000 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part 1, line 11 7h **Prior Year Current Year** 1,390,952. 1,603,024. Contributions and grants (Part VIII, line 1h) 8 2,500.Program service revenue (Part VIII, line 2g) ..... -301,461.53,531. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -43,343.38,748. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,128,239. 615,712. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 651,074. 718,347. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 518,393. 996,758. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,169,467. 1,715,105. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -41,228. -99,393. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,761,039. 3,314,500. Total assets (Part X, line 16) 22,690. 79,607. 21 Total liabilities (Part X, line 26) 三年 738,349. 234,893 Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign TERRI WEIR, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RANDY L. MILLIGAN, CPA P00943582 Paid self-employed Firm's name LANDMARK PLC, CPAS Firm's EIN 71-0355269 Preparer **SUITE 1700** Firm's address 200 W. CAPITOL AVE., Use Only Phone no. 501-375-2025 LITTLE ROCK, AR 72201

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

1,350,624.

# Form 990 (2022) SPECIAL OLYMPICS ARKANSAS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZA		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b		170		<del> </del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		1
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>-''</b> -		<del>  *</del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	<b>⊢</b> ′°	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		X
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	_ 4\

Form 990 (2022) SPECIAL OLYMPICS ARKANSAS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>↓</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Ь—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b		Ц		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	Х	

Form 990 (2022) SPECIAL OLYMPICS ARKANSAS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 71-0666671 Page **5** 

			Yes	No						
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return		37							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<b>.</b>						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
D	If "Yes," enter the name of the foreign country									
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		х						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c								
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
oa	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		х						
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua								
b	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
	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		Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
_	to file Form 8282?	7с		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.)  Section 4047(-VII) non-everyth charitable trusts. Is the everythin filing Form 1001 in liquid form 10412.	10-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
_	Note: See the instructions for additional information the organization must report on Schedule O.	100								
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									
С	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Form 990 (2022) SPECIAL OLYMPICS ARKANSAS, INC. /1-06666/1 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule of see instructions.			77
Sec	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management			X
000	tion A. doverning body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 18		162	NO
Iu	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_		2		Х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the constitution because the installation of a design of the constitution of the c	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
1 a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a		1
b		7b		x
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
		8a	Х	
a b		8b	X	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80	25	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	ļ	21
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b	х	
11a		11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tia		
12a		12a	х	
b		12b	X	
C		120		
·		12c		x
13	on Schedule O how this was done	13	Х	1
14		14	X	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	21	
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
<b>L</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
800	exempt status with respect to such arrangements?tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed  AR  Section 6104 varyings an experientian to make its Forms 1003 (1004 or 1004 A. if applicable), 900, and 900 T (section 501(a)/3)		av.=!!	hlc.
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)	only)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, an	tinan	cıal	
	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			
	TERRI WEIR - (501) 771-0222			
	2115 MAIN STREET, NORTH LITTLE ROCK, AR 72114			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	T garme		(C)				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s bot	n an	compensation	compensation	amount of
	week		Cer ar	la a a	recio	or/trus	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper	1	1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	Institutional trustee	la la	Key employee	Highest compensated employee	Je.			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) JOHN FOURNIER	1.00									
CHAIR		Х		X				0.	0.	0.
(2) ROSS RIDOUT	1.00									
VICE CHAIR		Х		X				0.	0.	0.
(3) FERDINAND FELIZCO	1.00									
FINANCE CHAIR		X		X				0.	0.	0.
(4) BRIAN WALLACE	1.00									
SECRETARY		X		X				0.	0.	0.
(5) DONNA MOREY	1.00									
IMMEDIATE PAST CHAIR		X		Х				0.	0.	0.
(6) ROY ANDERLE	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) DR. VALARIE HILSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JERRY BRIDGES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JAY CLEVENGER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) BRINDA GARRETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) RAUL DALLAS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DR. CHARLIE GREEN	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) KARA NEWMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) NICK LASKER	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) SHARON JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JOEY WIGGINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) MARY JANE RUSSELL	1.00									
DIRECTOR EMERITUS		Х						0.	0.	0.
										Earm 990 (2022)

232007 12-13-22 Form **990** (2022)

(A) Name and title	(B) Average hours per week (list any hours for	box	not c	Posit heck m ss pers id a dire	ion ore to	both	an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation		Estin amou	F) nated unt of
Name and title	hours per week (list any	box	not c	heck m ss pers	ore to	both	an	compensation	compensation		amou	
	week (list any	offic						·	•			arit Or
	1 '	5			$\overline{}$		00)	from	from related	- 1	otl	her
	houre tor	ect						the	organizations			nsation
	related	or dir	ee ee		ŀ	ated		organization	(W-2/1099-MISC)	′		n the
	organizations	Individual trustee or director	Institutional trustee		ee ee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated
	below	idual t	utions	ъ l	Key employee	est co oyee	Je.	,				zations
	line)	Indiv	Instit	Officer	Key e	High emp	Form					
(18) SARAH SEALY	1.00								_			0.
DIRECTOR EMERITUS	40.00	Х			_			0.	C	0.		
(19) TERRI WEIR	40.00	-		<del></del>				110 426	•		17	E E 7
EXECUTIVE DIRECTOR	+	$\vdash$		Х	$\dashv$			118,426.		١.	т,	,557.
		-										
	+				$\dashv$					+		
		1										
		<u> </u>								4		
		_				4						
		₩								+		
		-										
	-	+								+		
		1			M							
1b Subtotal					7			118,426.	C	1.	17,	,557.
c Total from continuation sheets to Part	VII, Section A							0.				0.
d Total (add lines 1b and 1c)								118,426.	C		17,	,557.
2 Total number of individuals (including but	t not limited to th	iose	liste	d abo	ove)	who	o re	ceived more than \$100,0	000 of reportable			4
compensation from the organization		_									V	1 es No
O Did the empire ties list on fewers of		1	<b></b>				ابد: ما				Y	es No
3 Did the organization list any <b>former</b> offic			, .								3	х
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the								er compensation from the		١	3	
and related organizations greater than \$1											4	Х
5 Did any person listed on line 1a receive of												
rendered to the organization? If "Yes." co	omplete Schedul	e J f	or su	ıch pe	ersc	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest										nsati	on from	
the organization. Report compensation for	or the calendar y	ear e	endir	ng wit	h o	r wit	hin T		ear.			
(A) Name and busine	es address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	Cc	(C) mpensa	ation
Traine and busine		110	JIVI				+	Bosonption of o	SI VICCO		тропос	20011
							$\perp$					
							- 1		1			
							$\dashv$					

71-0666671

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns 1a					
ant			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	372,985.				
fts,				0.2,000				
يقاق				483,806.				
Sir			ÿ \ , <del>                                    </del>	<del>1</del> 03,000.				
a tic		T	All other contributions, gifts, grants, and	716 222				
들됨			similar amounts not included above 1f	746,233.				
ont od (		_	Noncash contributions included in lines 1a-1f	23,241.	1 (02 024			
ğ ğ		h	Total. Add lines 1a-1f		1,603,024.			
				Business Code	0.500	0.500		
e e	2	а	SPORTS CAMP	711210	2,500.	2,500.		
e Ķ		b						
S Z		С						
am		d						
Program Service Revenue		е						
Ā.		f	All other program service revenue					
			Total. Add lines 2a-2f		2,500.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		56,144.			56,144.
	4		Income from investment of tax-exempt bond p					-
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6	2		(.,,				
	_							
			Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Other				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 249, 266.					
		b	Less: cost or other basis					
ne			and sales expenses	332.				
Ver		С	Gain or (loss) 7c -2,281.	-332.				
ther Revenue		d	Net gain or (loss)		-2,613.			-2,613.
Jer	8		Gross income from fundraising events (not					
₹			including \$ 372,985. of					
			contributions reported on line 1c). See					
			Part IV, line 18	112,957.				
		b	Less: direct expenses 8b	172,492.				
		С	Net income or (loss) from fundraising events		-59,535.			-59,535.
			Gross income from gaming activities. See					
			Part IV, line 19 9a	<u>. </u>				
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	-1				
				Business Code				
Sn	11	2	MISCELLANEOUS INCOME	900099	16,192.			16,192.
neo IIIe		a b						,
Miscellaneous Revenue								
Sce Be		۲ C	All other revenue					
Ξ					16,192.			
			Total Add lines 11a-11d		1,615,712.	2,500.	0.	10,188.
	12		Total revenue. See instructions		r, o r o , 1 r d •	4,500	ı	TO, TOO.

#### 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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 135,983. 54,393. 74,791. 6,799. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 474,819. 367,129. 37,005. 70,685. 7 Pension plan accruals and contributions (include 24,373. 18,193. 1,584. 4,596. section 401(k) and 403(b) employer contributions) 38,243. 26,897. 4,795. 6,551. Other employee benefits 9 44,929. 29,204. 8,986. 6,739. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 14,717. 17,315. 866. 1,732. Accounting Lobbying Professional fundraising services. See Part IV, line 17 16,679. 16,679. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12,579. 9,707. 914. 1,958. Advertising and promotion 12 23,017. 13,072. 5,536. 4,409. 13 Office expenses 29,908. 22,788. 6,437. 683. 14 Information technology Royalties 15 42,370. 51,649. 4,639. 4,640. 16 Occupancy 33,640. 28,594. 1,682. 3,364. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 34,644. 1,340. 32,857. 447. Conferences, conventions, and meetings 19 38. 38. 20 Payments to affiliates 21 8,468. 8,045. 423. Depreciation, depletion, and amortization ..... 22 27,903. 26,508. 1,395. 23 Other expenses. Itemize expenses not covered 24 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.) 653,195. 590,005. 50,552. 12,638. PROGRAM ACTIVITIES MISCELLANEOUS 46,873. 40,981. 528. 5,364. 33,485. 32,475. 1,010. DUES & SUBSCRIPTIONS 7,029. d EQUIPMENT RENTAL & REPA 6,490. 539. 336. 50. 269. 17. e All other expenses 1,715,105. 1,350,624. 195,945. 168,536. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			52,318.	1	121,277.
	2	Savings and temporary cash investments			929,942.	2	665,837.
	3	Pledges and grants receivable, net			32,989.	3	55,945.
	4	Accounts receivable, net		17,780.	4	10,675.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	65,911.			
	b	Less: accumulated depreciation			33,130.	10c	31,943. 1,904,757.
	11	Investments - publicly traded securities	2,156,588.	11	1,904,757.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		538,292.	15	524,066.	
	16	Total assets. Add lines 1 through 15 (must equ			3,761,039.	16	3,314,500.
	17	Accounts payable and accrued expenses			5,717.	17	18,318.
	18	Grants payable		18	_		
	19	Deferred revenue		16,973.	19	0.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner offic	cer, director,			
Ĭ		trustee, key employee, creator or founder, subst	_				
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		•	•		61 000
		of Schedule D			0.		61,289.
	26			77	22,690.	26	79,607.
S		Organizations that follow FASB ASC 958, che	ck her	e X			
ce		and complete lines 27, 28, 32, and 33.			2 200 057		2 720 210
alar	27	Net assets without donor restrictions			3,200,057.	27	2,730,210.
Ä	28	Net assets with donor restrictions			538,292.	28	504,683.
Ŭ.		Organizations that do not follow FASB ASC 9	58, che	eck here			
or F		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			3,738,349.	31	3 224 002
ž	32	Total net assets or fund balances				32	3,234,893.
	33	Total liabilities and net assets/fund balances			3,761,039.	33	3,314,500.

Par	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		1,61					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71	<u>5,1</u>	<u>05.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3			93.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,738,349					
5	5 Net unrealized gains (losses) on investments5							
6	Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10 3							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			Form	990	(2022)			

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection
Employer identification number

		SPEC	IAL OLYMPIO	CS ARKANSAS,	INC.				1-066667	71		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
Γhe	organ	nization is not a private found										
1	Ŏ.	A church, convention of ch	·	-	•	•	D(A)(i).					
2	同	A school described in <b>sect</b>					-74-7-					
3	一	A hospital or a cooperative				/h)/1\/Δ\/ii	i)					
4	H	A medical research organiz						(iii) Enter	the hospital's r	name		
7	ш	city, and state:	апон орогатов ит сог	ijanotion with a noopital	accombca	III SCCIIO	11 17 0(15)(1)(1)	(III). Lintoi	trie riespitar s r	iamo,		
_			or the benefit of a col	logo or university ewned	or operate	od by a go	vorpmontal ur	nit doccribe	nd in			
5	ш	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).										
′	X	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). (C										
8	H	A community trust describe			•							
9		An agricultural research org			A							
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
		university:			_							
10		An organization that norma										
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross inves	stment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 19	975.		
		See section 509(a)(2). (Con	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety.See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	ry out the	purposes of on	e or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 5</b>	609(a)(3). C	Check the box of	on		
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, su	upervised, or controlled I	by its supp	orted org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pporting			
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	orted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functional	y integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	reness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information	about the supporte	d organization(s).								
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	monetary	(vi) Amount o	f other		
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see ins	tructions)		

Schedule A (Form 990) 2022 SPECIAL OLYMPICS ARKANSAS, INC. 71-066671 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1566263.	1437905.	1386858.	1390952.	1603024.	7385002.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1566263.	1437905.	1386858.	1390952.	1603024.	7385002.
	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)						53,076.
6	Public support. Subtract line 5 from line 4.						7331926.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1566263.	1437905.	1386858.	1390952.	1603024.	7385002.
	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	67,160.	51,362.	60,888.	62,897.	56,144.	298,451.
9	Net income from unrelated business	0.,200	32,002		0_700.0	00,222	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	49,230.	53,325.	31,353.	23,960.	16,192.	174,060.
44	Total support. Add lines 7 through 10	13 / 2301	3373231	31/3331	23/3001	10/1321	7857513.
	Gross receipts from related activities,	oto (soo instructio	une)			12	28,422.
	First 5 years. If the Form 990 is for the			ourth or fifth toy w			20,122.
10	organization, check this box and stor	-					
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	93.31 %
	Public support percentage from 2021					15	92.18 %
	<b>33 1/3% support test - 2022.</b> If the o						
100	stop here. The organization qualifies					ore, erreer and ber	T
h	33 1/3% support test - 2021. If the d		-				
	and <b>stop here.</b> The organization qual	-					
17-	10% -facts-and-circumstances test						
114	and if the organization meets the fact						
	-			=	•	viriow the organiz	
<b>L</b>	meets the facts-and-circumstances te	-		*	-	7a and line 15 is 1	
O	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu			•			H
ΙÖ	Private foundation. If the organization	n dia not check a l	oux on line 13, 16a	a, 100, 17a, 0r 17b	, cneck this box at	iu see instructions	

## 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.)

Se	ction A. Public Support	elow, please comp	Diete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
			7.22.2	( ) 2222	( )) 000 (	(),,,,,,,	T
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·				. , . ,	. —
<u></u>	check this box and stop here	a Cuma and Dan	· · · · · · · · · · · · · · · · · · ·				<u></u>
	ction C. Computation of Publi		<u>-</u>			T T	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ine 13 column (fl)		17	%
	Investment income percentage from					18	<u>%</u>
	a 33 1/3% support tests - 2022. If the						
130	more than 33 1/3%, check this box ar					- 4.5	
k	33 1/3% support tests - 2021. If the	organization did n	not check a box or	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization	in did not check a	nox on line 14 19	a or 19h check th	us nox and see in	STRUCTIONS	1 1

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Qh		
	9b		
	9с		
	10a		
	10h		
	10b		

Pa	rt IV	Supporting Organizations (continued)			
		The second secon		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported sization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2					
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization'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			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
<del>Sec</del>					
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	H	The organization satisfied the Activities Test. Complete line 2 below.			
b	H	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance and the house of the part VI how you supported a governmental entity (see instance).	struction		N.
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	0-		
h		hese activities constituted substantially all of its activities.	2a		
D		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
a		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  The organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
IJ	DIG III	io organization exercise a substantial degree of uncetten ever the pullets, programs, and activities of Each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
_	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	on 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					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2	•				
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionall	y integrat	ed Type III supporting orga	nization (see			
	instructions)	, 5	,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	`			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Secti	ion D - Distributions			·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	·		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SPECIAL OLYMPICS ARKANSAS, INC. **Employer identification number** 71-0666671

Pai	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	Complete if the
		(a) Donor advise	d 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 v	writing that the assets he	ld in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	ınt funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose	conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation o	f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ution in the form	
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	e organization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, an	d enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's	financial statem	ents that describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tus		the au Oissell au Annata
Pai	rt III Organizations Maintaining Collections of	•	asures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956			
	of art, historical treasures, or other similar assets held for pub			·
_	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furt	nerance 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 trea			al gain, provide
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 000 Part V			φ

-	Provide the estimated percentage of the	current year end balance (line	rg, column (a)) nelu as.
а	Board designated or quasi-endowment	60.0000 %	

40.0000 **b** Permanent endowment

<u>Schedule D (Form</u> 990) 2022

h

Part IV

Public exhibition

Scholarly research

Term endowment

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

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

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

#### 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		20,000.		20,000.
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		45,911.	33,968.	11,943.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	31,943.			

Schedule D (Form 990) 2022

(H)

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)							

Total. (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)		
Total. (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) BENEFICIAL INTEREST IN ASSETS - ARCF	462,683.
(2) FINANCE LEASE RIGHT OF USE ASSET	3,434.
(3) OPERATING LEASE RIGHT OF USE ASSET	57,949.
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	524,066.

Other Liabilities. Part X

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) FINANCE LEASE LIABILITY	3,340.
(3) OPERATING LEASE LIABILITY	57,949.
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	61,289.

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

rai	Complete if the expenience angused Weet on Form 000, Part IV, line 10e	ito with	nevellue pei nei	turri.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	1,383,662.		
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,303,002.		
	Net unrealized gains (losses) on investments	2a	-404,063.		
b	Donated services and use of facilities		16,200.		
c	Recoveries of prior year grants		20,2001		
d	Other (Describe in Part XIII.)	1 1	172,492.		
	Add lines 2a through 2d			2e	-215.371.
3	Subtract line <b>2e</b> from line <b>1</b>			3	$\frac{-215,371.}{1,599,033.}$
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
' a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,679.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	16,679.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,615,712.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	etur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,887,118.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	16,200.		
b	Prior year adjustments	2b	-		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	172,492.		
е	Add lines 2a through 2d		-	2e	188,692.
3	Subtract line 2e from line 1			3	1,698,426.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,679.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	16,679.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,715,105.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, lines 1b	and 2b; Part V, line 4;	Part 2	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inforr	nation.		
PAI	RT V, LINE 4:				
SPI	CIAL OLYMPICS MAINTAINS ENDOWMENT FUNDS FO	R A V	ARIETY OF P	URP	OSES.
D = =	om v tine o.				
PAI	RT X, LINE 2:				
מחז	ACTAL OLUMDICO IO A MAY EVENDE ODGANICAMION	TIME	O GEORGEON E	01/	a) / 2 \ OE
5P1	CIAL OLYMPICS IS A TAX-EXEMPT ORGANIZATION	ONDE	R SECTION 5	01(	C)(3) OF
mui	E INTERNAL REVENUE CODE AND IS NOT A PRIVAT	יים יים	TO VILLA MATE	цтхт	muc
1111	INTERNAL REVENUE CODE AND IS NOT A PRIVAT	E FOOI	NDATION WIT	пти	105
MT ET 7	NING OF THE SECTION 509(A) OF THE CODE. AC	COTTNIM.	ראוט משאאוטאם.	חם :	DECITOR
ист	WING OF THE SECTION 309(A) OF THE CODE. AC	COONI	ING SIANDAN.	. GU	KEQUIKE
CDI	CIAL OLYMPICS TO EVALUATE TAX POSITIONS AN	ם מביכי	אבוודיק א יישי	у т.	ΤΔΒΤΙ.ΤͲϒ
<u> </u>	CIAL CHIMITED TO EVALUATE TAX TODITIONS AN	D REC	JGNIZE A IA.	<u> 22 П</u>	IADIUIII
(OF	R ASSET) IF THE ORGANIZATION HAS TAKEN AN U	NCERT	AIN POSTTIO	и т	HAT MORE
, 01	. 115511, II III OROMITANIION IMP IMMIN MI U.	-, -, -, -, 1, 1, 1, 1		-, <u>L</u> .	
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL					
REVENUE SERVICE (IRS). SPECIAL OLYMPICS HAS ANALYZED THE TAX POSITIONS					
	·				

TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022 AND 2021, THERE ARE

Schedule D (Form 990) 2022 SPECIAL OLYMPICS ARKANSAS, INC. 71-0666671 Page 5 Part XIII Supplemental Information (continued)
NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE
THE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL
STATEMENTS. SPECIAL OLYMPICS MAY BE SUBJECT TO AUDIT BY THE IRS; HOWEVER,
THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 172,492.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 172,492.

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							
SPECIAL	OLYMPICS ARKANSAS	, II	NC.			71-0666	671
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais		g activ	ities. (	Check all that apply.			
a Mail solicitations				overnment grants			
<b>b</b> Internet and email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special						
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		Yes	No
<b>b</b> If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	draiser is to be	)
compensated at least \$5,000 by the	organization.						
		(iii)	Did		(v)	Amount paid	( - 1) A
(i) Name and address of individual	(ii) Activity	fundi have c	Did raiser ustody	(iv) Gross receipts	to (c	r retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	, , ,	or control of contributions?		from activity		fundraiser listed in col. (i)	organization
		Yes	No				
		163	NO				
		7					
		)					
					L		<u> </u>
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	ıt ıs e	exempt from re	gistration

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, Illies i and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			1	CHARITY	_	(add col. (a) through
			POLAR PLUNGE		<u>9</u>	col. <b>(c)</b> )
e e			(event type)	(event type)	(total number)	
Revenue	4	Cross respirits	202,910.	76,007.	207,025.	485,942.
Be	1	Gross receipts	202,910.	70,007.	201,025.	403,942.
	2	Less: Contributions	182,619.	64,606.	125,760.	372,985.
	_		, , , , , , , , , , , , , , , , , , , ,	,	,	,
	3	Gross income (line 1 minus line 2)	20,291.	11,401.	81,265.	112,957.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
×	Ü	Tient tability costs				
IT	7	Food and beverages				
Ei.		•				
	8	Entertainment				
	9	Other direct expenses	27,139.	16,357.	128,996.	172,492.
	10	,	. ,			172,492.
Pa	11 rt l	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		000 Port IV line 10, or r		-59,535.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	990, Part IV, line 19, 011	eported more triair	
		<del>+ · · · , · · · · · · · · · · · · · · · </del>	(a) Discour	(b) Pull tabs/instant	(a) Otto an area in a	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ä	٠	Nondan prizes				
ect	4	Rent/facility costs				
ᅙ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	-	Diversity and a superior of Adad Server Outliness Outliness of the server of the serve	- F :   (al)			
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
40-	<u></u>	are any of the argonization?	walcad augustadad cut-	receiped during the state of	va a v 2	Van Data
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		ear?	Yes No
b	"	100, CAPIGITI.				

Sch	nedule G (Form 990) 2022 SPECIAL OLYMPICS ARKANSAS, INC. 71-0	066667	1 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s 🔲 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	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	CYes	s 🔲 No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Saming manager mornanem		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Pessiphen of services provided		
	Director/officer Employee Independent contractor		
	bliector/officer Employee		
17	Mandaton, distributions:		
	Mandatory distributions:		
ě	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	s 🔲 No
L	retain the state gaming license?	163	, NO
L	• 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 \$		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linos (	0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	it iii, iii les s	9, 90, 100,
	130, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	SPECIAL	OLYMPICS	ARKANSAS,	INC.	71-0666671	Page 4
Part IV	(Form 990) Supplemental Infor	mation <sub>(contin</sub>	ued)				

# SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

SPECIAL OLYMPICS ARKANSAS, INC.

Employer identification number 71-0666671

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTICIPATE IN A SHARING OF GIFTS, SKILLS, AND FRIENDSHIP WITH THEIR
FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES, AND THE COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR AND
THE FINANCE CHAIR. AFTER REVISIONS HAVE BEEN MADE A COPY IS PROVIDED TO
THE FULL BOARD SO THAT EACH BOARD MEMBER CAN REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S COMPENSATION EVALUATION IS PART OF THE ANNUAL BUDGET
PROCESS. THIS PROCESS INCLUDES REVIEW BY THE FINANCE CHAIR BEFORE
PRESENTATION TO THE FULL BOARD WHERE COMPARISON TO SIMILAR ORGANIZATIONS,
PERFORMANCE, AND ACHIEVEMENT OF GOALS ARE EVALUATED BEFORE THE BUDGET IS
VOTED ON BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT
THE ADDRESS LISTED ON PAGE 1. THE FORM 990 IS ALSO AVAILABLE ON THE
ORGANIZATION'S WEBSITE LISTED ON PAGE 1.