Form **990**

Department of the Treasury

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information OMB No. 1545-0047

Intern	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and the	latest in	formation.	Inspection				
AF	or the	e 2023 calendar year, or tax year beginning and en	ding						
Bc	heck if	C Name of organization	-	D Employer identified	cation number				
a	pplicabl								
	Addre	INDIANA SPECIAL OLYMPICS, INC.							
	Name Chang								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	35-12625 E Telephone number						
	Final			(317)328					
L	⊥return/ termin ated			G Gross receipts \$	6,716,776.				
	Ameno			H(a) Is this a group re					
	Applic			for subordinates					
L	⊥tiòn pendir	SAME AS C ABOVE		H(b) Are all subordinates in					
<u>г</u> т		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527		list. See instructions				
	Vebsit			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Voor o		I State of legal domicile: IN				
	nrt I	Summary			State of legal domicile. Th				
		Briefly describe the organization's mission or most significant activities: PROVID		WDTC CDODTC	<u>.</u>				
é		TRAINING/COMPETITION FOR INDIVIDUALS WITH							
and									
ern		Check this box if the organization discontinued its operations or disposed			23				
200					23				
& 0		Number of independent voting members of the governing body (Part VI, line 1b)			32				
Activities & Governance		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9500				
ivit		Total number of volunteers (estimate if necessary)							
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11							
	_			Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		<u>4,819,636.</u> 15,994.	4,824,849.				
Revenue		Program service revenue (Part VIII, line 2g)		263,873.	23,474.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		68,325.	346,008.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			274,314.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,167,828. 269,212.	5,468,645.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			226,231.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,585,283.	1,681,754.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă		Total fundraising expenses (Part IX, column (D), line 25) 885,419		2 056 524	2 400 012				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,056,524.	3,486,613.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,911,019.	5,394,598.				
	19	Revenue less expenses. Subtract line 18 from line 12		256,809.	74,047.				
Net Assets or Fund Balances				jinning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		11,210,542.	12,397,396.				
et A nd F	21	Total liabilities (Part X, line 26)		1,232,908.	1,321,513.				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		9,977,634.	11,075,883.				
	rt II	Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is				
true,	correc	t, and complete. Becaration of preparer (other than officer) is based on all information of which	preparer i	nas any knowledge. 8/21/	/2024				
		Cignoture of officer		0/21/ Date	2024				
Sigr		Signature of of gegeso233C64F6		Dale					
Her	е	JEFF MOHLER, PRESIDENT AND CEO Type or print name and title							
				ate Check [PTIN				
		Print/Type preparer's name Preparer's signature		.r _					
Paid		ANDREW SMITH, CPA ANDREW SMITH, CPA	. 0	8/20/24 self-employ					
Prep		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749				
Use	Uniy	Firm's address 301 S.W. ADAMS STREET, SUITE 1000		DL (3	00) 671 4500				
		PEORIA, IL 61602		Phone no. (3	$\frac{09) \ 671 - 4500}{8}$				
		RS discuss this return with the preparer shown above? See instructions			X Yes No Form 990 (2023)				
LHA	∖ ⊢or	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21	1-23		Form 330 (2023)				

Check if Schedule 0 contains a response or note to any line in this Part III Dring describe the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 99022 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 99022 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(b)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. The total expenses, and evenue. Inst, to each program markice seconds (cote:	Page 2
SEE SCHEDULE 0. Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27 Ives: "describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services; and the organization are required to report the anount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompliatments for each of its three largest program services; and revenue, if any, for each program service are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompliatments for each of its three largest program services; and revenue, if any, for each program service are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service are required to report the grant and allocations to others, the total expenses, and revenue, if any, for each program service are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services; and revenue, if any, for each program services; and revenue, if any is a constraint of the program service are required to prove the annotation of the program services are required to provide the revenue of the program services; and revenue, if any is a constraint of the program service are required to prove the annotation of the program services; and the provide the provide the provide the provide services; and the provide the provide services; and the provide servi	X
<pre>prior Form 980 or 980-E27</pre>	
<pre>prior FOW 980 or 980-E27</pre>	
<pre>pror Form 990 or 990-E27</pre>	
<pre>I* Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6) and 501(6) organizations are required to report the amount of grants and adlocations to others, the total expenses, and reverue, if any, for each program service reported. (come</pre>	XNo
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
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, ifary, for each program service reported. (come:)(expenses 1,963,253. workeding grants of) (mermus 6,62,50 SPORTS COMPETITIONS: TO ORGANIZE, OPERATE, PROMOTE AND CONDUCT ATHLETIT COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULT WITH INTELLECTUAL DISABILITIES. SPECIAL OLYMPICS INDIANA (SOIN) PROVIDES YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION IN MORE THAN 20 OLYMPIC TYPE SPORTS, REACHING MORE THAN 18,000 ATHLETES ACROSS INDIANA. (come:)(expenses 1,366,791. metading grants of 226,231.) (mermus 23,477 PROGRAM INITIATIVES: SOIN CONDUCTS ACTIVITIES DESIGNED TO PROMOTE THE GROWTH OF SPECIAL OLYMPICS PROGRAMS SO THAT THE ORGANIZATION CAN BETTE SERVE EXISTING ATHLETES AND REACH OUT TO THOSE ATHLETES WHO HAVE NOT YET HAD AN OPPORTUNITY TO PARTICIPATE IN SPECIAL OLYMPICS. THIS INCLUDES THE UNIFIED CHAMPIONS SCHOOLS PROGRAM, HEALTHY ATHLETES INITIATIVES, AND THE ATHLETE LEADERSHIP PROGRAMS. UNIFIED CHAMPIONS SCHOOLS IS A COLLABORATIVE PARTNERSHIP BETWEEN THE INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION AND SPECIAL OLYMPICS INDIANA THAT PROMOTES SERVANT LEADERSHIP AMONG STUDENT ATHLETES WHILE CHANGING THEIR LIVES AS WELL AS THE LIVES OF THOSE WITH INTELECTUAL DISABILITIES. THIS PROGRAM IS ALSO EXPANDING TO INCLUDE MIDDLE AND (come)(expense) 724,229. metading grants of)(expense) TRAINING AND VOLUNTEER MANAGEMENT: SOIN PROVIDES TRAINING AND LEADERSHIP OPPORTUNITIES FOR OUR ATHLETES AND VOLUNTEERS IN A VARIETY OF WAYS, INCLUDING AN ANNUAL STATE CONFERENCE, TRAINING AND LEADERSHIP POPORTUNITIES POR OUR ATHLETES AND VOLUNTEERS IN A VARIETY OF WAYS, INCLUDING AN ANNUAL STATE CONFERENCE, TRAINING AND LEADERSHIP PERFERST, AND CONTINUOUS COMMUNICATION WITH OUR INCREDIBLE VOLUNTEERS. SOIN ALSO P	XNo
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(Expenses \$ including grants of \$) (Revenue \$)	
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Form 990	
SEE SCHEDULE O FOR CONTINUATION(S)	0 (202:

Form	990	(2023)

INDIANA SPECIAL OLYMPICS, 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	Х	
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		v	
_	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			v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	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.			
u	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(2023)
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Form	990	(2023)
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			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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		- v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
D	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	054		x
00	Schedule L, Part I	25b		
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%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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			<u> </u>
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 64			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	¥ 12-21-23	Form	990	(2023)

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Form	990 (2023) INDIANA SPECIAL OLYMPICS, INC.		35-1262	574	P	age 5
Par						<u> </u>
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х
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 Ad	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
ou				6a		х
h	any contributions that were not tax deductible as charitable contributions?			-04		
D.			-	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 ser	licas n	rovided to the povor?	7a	х	
				7b	X	
			uirod	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 20202			70		х
لم	to file Form 8282?	7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		 P0	70		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00. e.e. we en vine el 0	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7b		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9	•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	I			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>′</u> 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
14a				14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	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	incor	ne?	16		X
	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 ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				0000	
332005	12-21-23			Form	990	(2023)

Form 990	(2023)
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INDIANA SPECIAL OLYMPICS, INC.

35-1262574 Page 6

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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1 a E							
	Enter the number of voting members of the governing body at the end of the tax year	1a		23		Yes	No
1	f 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.						
	Enter the number of voting members included on line 1a, above, who are independent	1b		23			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
					2		х
	Did the organization delegate control over management duties customarily performed by or under the				~		
	of officers, directors, trustees, or key employees to a management company or other person?				3		x
	Did the organization make any significant changes to its governing documents since the prior Form 9			F	<u> </u>		X
				F	4 5		X
	Did the organization become aware during the year of a significant diversion of the organization's ass			[5 6		X
	Did the organization have members or stockholders?				0		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a		x
b∕	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
r	persons other than the governing body?				7b		Х
8 [Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
a٦	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?				8b	X	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			ſ			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)				
						Yes	No
10 a [Did the organization have local chapters, branches, or affiliates?			ſ	10a	Х	
	f "Yes," did the organization have written policies and procedures governing the activities of such ch						
			,		10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Г	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Beler			Tiu		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	x	
					12a	X	
	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	120		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	,			10	v	
	on Schedule O how this was done			ſ	12c	X	
	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14	X	
	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent				
r	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official				15a	X	
b (Other officers or key employees of the organization				15b	X	
ľ	f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a [Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
t	axable entity during the year?				16a		Х
bΙ	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			[
i	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
f	exempt status with respect to such arrangements?				16b		
Secti	on C. Disclosure						
17 L	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990-	T (section 50	1(c)(3)s	onlv) ;	availat	ole
	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 Sc	hedule ())				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cv. and	finand	ial	
	statements available to the public during the tax year.			, and			
	State the name, address, and telephone number of the person who possesses the organization's boo	ke ana	records				
	ORGANIZATION - (317)328-2000	ns and	1800105				
-	6200 TECHNOLOGY CENTER DRIVE, STE 105, INDIANAPOLIS	5, I	N 4627	78			
6	STAR THREE THREE CHATTER PRIME AT THE TARK THREE						(202

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.

• 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.

Name and tille Average hours per veck ist any hours for veck below Description below <	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list any hours for elated organizations concrete search is took an end and any search is took an form the organizations compensation form the organizations compensation form the organizations compensation form the organizations compensation form the organizations compensation form the organizations (1) JEFF MOHLER 40.00 x 136,206. 0. 17,664. (2) CARTE LISTERING 3.00 x x 0. 0. 0. (3) MAT DIXON 3.00 x x 0. 0. 0. (4) KRISTIN NUGHES SROUR 3.00 x x 0. 0. 0. (5) DOUG TODD 3.00 x x 0. 0. 0. 0. (6) SILL BENNER 2.000 x x 0. 0. 0. (1) DES EARTERDAY 2.000 x 0. 0. 0. 0. (6) SILL BENNER 2.000 x 0. 0. 0. 0. DARD MEMBER X 0. 0. 0. 0. 0. 0. <td>Name and title</td> <td>Average</td> <td>(do</td> <td colspan="2">Position</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
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(17) ROB LOUTHAIN 2.00 X 0.		2.00									-
BOARD MEMBER X 0. 0. 0.			X						0.	0.	0.
		2.00									<u> </u>
	BOARD MEMBER		Х						0.	0.	

332007 12-21-23

Form **990** (2023)

8

Form 990 (2023) INDIANA						-			35-1262	574	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do	not ch	Posi			200	Reportable	Reportable	Esti	mate	d
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amo	ount d	of
	week	offic	cer an	d a di	recto	or/trus [.]	tee)	from	from related	0	ther	
	(list any	ector						the	organizations	comp	ensat	tion
	hours for	or dir				ted		organization	(W-2/1099-MISC/	fro	m the	Э
	related	stee (ruste			pensa		(W-2/1099-MISC/	1099-NEC)		nizati	
	organizations below	al tru	onal t		loyee	com		1099-NEC)			relate	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organ	izatio	ons
(18) GIL PERI	2.00	-	=	0	×	Ξæ	ш					
BOARD MEMBER		X						0.	0.			0.
(19) PAUL REIS	2.00											
BOARD MEMBER		x						0.	0.			0.
(20) BRIAN RICHARDSON	2.00											
BOARD MEMBER		x						0.	0.			0.
(21) DR. KIMBERLY ROOP	2.00					-						
BOARD MEMBER	2.00	x						0.	0.			0.
(22) MELONY SALLA	2.00								0.			<u> </u>
BOARD MEMBER	2.00	x						0.	0.			0.
	2 00	^						0.	0.			0.
(23) TRENT SANDIFUR	2.00							0	0			0
BOARD MEMBER		X						0.	0.			0.
(24) LAYLA SPANENBERG	2.00								0			•
BOARD MEMBER		Х						0.	0.			0.
(25) MITCH BONAR	2.00											_
BOARD MEMBER THRU 4/23		Х						0.	0.			0.
(26) PAT CARNEY	2.00											
BOARD MEMBER THRU 4/23		Х						0.	0.			0.
1b Subtotal 136, 206.						0.	17	,66	54.			
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								136,206.	0.	17	,66	54.
2 Total number of individuals (including but r								ceived more than \$100,	000 of reportable			
compensation from the organization						,		. ,	·			1
										١	/es	No
3 Did the organization list any former officer	director trust	oo k		mnl	0.000	e or	hia	hest compensated empl				
č				•	-		Ŭ			3		х
line 1a? If "Yes," complete Schedule J for s										3		
4 For any individual listed on line 1a, is the s											x	
and related organizations greater than \$15	,		•							4	^	
5 Did any person listed on line 1a receive or										_		77
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ch p	bers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	ation fron	n	
the organization. Report compensation for	the calendar ye	ear e	endin	g wi	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		(C)		
Name and business	address	NC	ONE					Description of s	ervices (Compens	satior	ו
							+					
2 Total number of independent contractors (ncluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ					C)						
SEE PART VII, SECTIO	$\mathbf{N} = \mathbf{A} = \mathbf{CONT}$	IN	UΑ	TI	ON	S	HE	ETS		Form 9	90 (2	2023)
332008 12-21-23												

Form 990 INDIANA	SPECIAL	OL	YM	IΡΙ	CS	,	IN	C.	35-126	2574
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cł		(C Posi all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) VICKI JAMES BOARD MEMBER THRU 4/23	2.00	х						0.	0.	0.
(28) BEN TROCKMAN	2.00									.
BOARD MEMBER THRU 4/23	2.00	х						0.	0.	0.
(29) MARK SHERMAN	2.00									
BOARD MEMBER THRU 4/23		Х						0.	0.	0.
(30) TOMMY WALKER	2.00									
BOARD MEMBER THRU 4/23		Х						0.	0.	0.
(31) JAKE ZUPANCIC	2.00							_		_
BOARD MEMBER THRU 4/23		х						0.	0.	0.
Total to Part VII, Section A, line 1c										

332201 04-01-23

Га	rt V	/111	_								
			Check if Schedule O co	ontains a	a respons	se or note to a	iny line T	e in this Part VIII (A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
ant	•				10 1b						
n Gr			Fundraising events			1,351,	822.				
ifts r A			Related organizations		1d	. ,					
s, G mila			Government grants (contrib		1e						
ion; Sii			All other contributions, gifts, gi		t I						
but			similar amounts not included a	bove	1f	3,473,	027.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lin	nes 1a-1f	1g \$	13,	734.				
a O		h	Total. Add lines 1a-1f					4,824,849.			
						Business	Code				
e	2	а	PROGRAM INITIATIVES			900099		23,474.	23,474.		
Program Service Revenue		b				_					
n Se enu		С									
ran 3ev		d				_					
rog		е									
ፈ			All other program service re			-		02 474			
			Total. Add lines 2a-2f					23,474.			
	3		Investment income (includir	•				355,015.			355 015
			other similar amounts)				·····	555,015.			355,015.
	4 5		Income from investment of		•	•	ŀ				
	5		Royalties		(i) Real	(ii) Perso	nal				
	6	a	Gross rents	6a	(i) Hour						
	U			6b			-+				
		c		6c							
			Net rental income or (loss).								
	7		Gross amount from sales of		Securitie	s (ii) Oth	er				
				7a 1,	074,02	0. 8,	291.				
		b	Less: cost or other basis								
an			and sales expenses	7b 1,	089,15	2. 2,	166.				
Revenue		с		7c	-15,13	2. 6,	125.				
Rev			Net gain or (loss)					-9,007.			-9,007.
Jer			Gross income from fundraising								
Othe			including \$ 1,35	51,822	• of						
			contributions reported on li	ne 1c). S	See						
			Part IV, line 18			Ba ³⁰⁹ ,					
		b	Less: direct expenses			3b ⁹⁸ ,	180.				
		С	Net income or (loss) from fu	undraisin	ng events	;		211,807.			211,807.
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from g	-	Г						
	10	а	Gross sales of inventory, les			101					
			and allowances			0a 121,					
						633.	C0 507	60.507			
		С	Net income or (loss) from sa	ales of ir	nventory			62,507.	62,507.		
sn						Business	Joae				
neot	11					-					
ellanec		b				-					
Miscellaneous Revenue		C d				-					
Ä			All other revenue								
	12		Total. Add lines 11a-11d					5,468,645.	85,981.	0.	557,815.
33200			Total revenue. See instruction	دו				5,100,013.	1 05,501.	ı ³ .	Form 990 (2023)

INDIANA SPECIAL OLYMPICS, INC.

332009 12-21-23

Form 990 (2023)

11

35-1262574 Page 9

INDIANA SPECIAL OLYMPICS, INC. 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 respons t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21	226,231.	226,231.		·
2 0	Grants and other assistance to domestic advisional and the Part IV, line 22				
	Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	136,206.	78,999.	20,431.	36,776
	ompensation not included above to disqualified				•
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,342,650.	866,970.	171,285.	304,395
	ension plan accruals and contributions (include			-	-
	ection 401(k) and 403(b) employer contributions)	36,081.	14,798.	7,657.	13,626
	Other employee benefits	58,330.	23,924.	12,378.	22,028
	Payroll taxes	108,487.	69,348.	14,081.	25,058
	ees for services (nonemployees):	-		-	-
	lanagement				
	egal				
		51,800.		51,800.	
	obbying	4,256.	4,256.	-	
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees	26,745.		26,745.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A), amount, list line 11g expenses on Sch O.)	445,475.	380,257.	35,975.	29,243
12 A	dvertising and promotion	95,722.	72,227.	580.	22,915
	Office expenses	95,492.	80,131.	2,406.	12,955
	nformation technology	21,494.	16,271.	1,879.	3,344
	Royalties				
	Occupancy	248,373.	185,246.	22,711.	40,416
	ravel	861,746.	832,061.	1,794.	27,891
18 F	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
2 0 Ir	nterest				
21 P	Payments to affiliates				
	Depreciation, depletion, and amortization	46,740.	31,386.	5,524.	9,830
2 3 Ir	nsurance	87,643.	63,215.	13,248.	11,180
a li	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount line 24e expenses on Schedule Q).				
	mount, list line 24e expenses on Schedule 0.)	651,443.	638,005.	11,578.	1,860
_	RECOGNITION AND AWARDS	297,829.	137,960.	4,915.	154,954
_	SUPPLIES	183,358.	163,786.	2,635.	16,937
_	FUNDRAISING MATERIALS &	141,219.	100,700.	2,000	141,219
_	Il other expenses SEE SCH O	227,278.	169,202.	47,284.	10,792
	otal functional expenses. Add lines 1 through 24e	5,394,598.	4,054,273.	454,906.	885,419
	oint costs. Complete this line only if the organization	5,552,550.	1,001,01,0	101,000	000,410
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

12

332010 12-21-23

2023.04010 INDIANA SPECIAL OLYMPICS, A8359841

Form 990 (2023)

09160820 131839 A835984

INDIANA SPECIAL OLYMPICS, INC.

35-1262574 Page 11

		Check if Schedule O contains a response or no	te to any	line in this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		573,521.	1	322,227.	
	2	Savings and temporary cash investments			3,456,888.	2	1,270,153.
	3	Pledges and grants receivable, net			290,459.	3	332,515.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	ified pers	ſ			
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				90,233.	9	147,882.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	541,324.			
	b	Less: accumulated depreciation	10b	388,813.	118,238.	10c	152,511.
	11	Investments - publicly traded securities			5,877,178.	11	6,821,520.
	12	Investments - other securities. See Part IV, line				12	2,663,204.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		804,025.	15	687,384.	
	16	Total assets. Add lines 1 through 15 (must equ			11,210,542.	16	12,397,396.
	17	Accounts payable and accrued expenses	362,338.	17	389,247.		
	18	Grants payable		18			
	19	Deferred revenue		19	87,400.		
	20					20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			870,570.	25	844,866.
	26	Total liabilities. Add lines 17 through 25			1,232,908.	26	1,321,513.
		Organizations that follow FASB ASC 958, che	eck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			9,843,887.	27	10,907,105.
Ba	28	Net assets with donor restrictions			133,747.	28	168,778.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
s O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, c	or other funds		31	
Net	32	Total net assets or fund balances			9,977,634.	32	11,075,883.
	33	Total liabilities and net assets/fund balances			11,210,542.	33	12,397,396.

Form **990** (2023)

Part X Balance Sheet

Form 990 (2023)

	1990 (2023) INDIANA SPECIAL OLYMPICS, INC.	35-1	262574	Page	12
Pa	rt 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	5,468		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,394	<u>,598</u>	3.
3	Revenue less expenses. Subtract line 2 from line 1	3		,047	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,977		
5	Net unrealized gains (losses) on investments	5	1,024	,202	<u>.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0).
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>11,075</u>	,883	<u>، ا</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			X	<u> </u>
				Yes N	o
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	ζ
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nan	ne of t	the organization	ANA ODECTA		TNO				identification number	
De				L OLYMPICS, 1					5-1262574	
	rt I	Reason for Public (ee instructions			
	organ	ization is not a private found								
1		A church, convention of ch				n 170(b)(1	l)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative					•			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
_		city, and state:								
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental un	It describe	ed in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X									
-		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	ne college	or	
40		university:	II							
10		An organization that norma	•						•	
		activities related to its exer		-					-	
		income and unrelated busin See section 509(a)(2). (Con		(less section 511 tax) in		ses acqui	red by the orga	anization a	inter Julie 30, 1975.	
11		An organization organized a	. ,	volu to tost for public co	foty Soo	soction 50	Q(a)(4)			
12		An organization organized a	-	•	•			wout the	nurnoses of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •					-	aivina	
		the supported organization	-	-	• • • •	-				
		organization. You must o			, ,					
b		Type II. A supporting org	-		tion with it:	s supporte	d organization	(s), by hav	ving	
		control or management o	-				-		-	
		organization(s). You mus	t complete Part IV,	Sections A and C.	-		-			
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functionally	/ integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.			
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its support/	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	uirement and	an attentiv	veness	
		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	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			(iv) Is the orga	nization listed				
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ins	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)	
Tota										
	••								1	

Schedule	A (Form 990) 2023
Part II	Suppo	rt Sc

INDIANA SPECIAL OLYMPICS, INC.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4600701.	3587187.	3948059.	4819636.	4824849.	21780432.
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	4600701.	3587187.	3948059.	4819636.	4824849.	21780432.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						21780432.
Sec	ction B. Total Support	•		•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4600701.	3587187.	3948059.	4819636.	4824849.	21780432.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	138,336.	109,330.	165,482.	128,328.	355,015.	896,491.
9	Net income from unrelated business			-	-		
	activities, whether or not the						
	business is regularly carried on	268,517.	82,100.	157,173.	7,422.	309,987.	825,199.
10	Other income. Do not include gain			-	-		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						23502122.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	781,793.
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.67 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	94.49 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	0 10% -facts-and-circumstances test	-			-	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, <u>16</u> a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A	(Form	990	2023
		000	

INDIANA SPECIAL OLYMPICS, INC. 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

Sec	Stion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
-	• • • • • • • • • • • • • • • • • • • •						
Э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orgar	nization,
	check this box and stop here				·····	-	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					3 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	-	•				3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		•	-		-	
	23 12-21-23			, , ,			lule A (Form 990) 2023
_ ,			17				, -

INDIANA SPECIAL OLYMPICS, INC.

Yes No

Part IV | Supporting Organizations

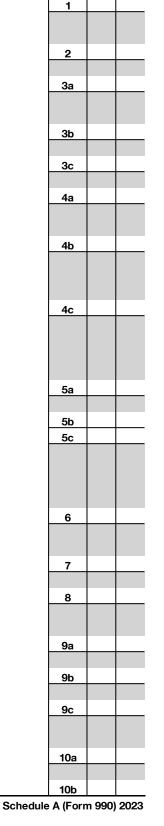
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

18

332024 12-21-23



Schedule A (Form 990) 2023 INDIANA SPECIAL OLYMPICS, INC.

2

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Schedule A (Form 990) 2023

Yes No

332025 12-21-23

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

 Schedule A (Form 990) 2023
 INDIANA SPECIAL OLYMPICS, INC.
 3

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

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

Schedule A (Form 990) 2023

35-1262574 Page 6

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6

Distributable amount for 2023 from Section C, line 6

Underdistributions, if any, for years prior to 2023 (reason-

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

10 Line 8 amount divided by line 9 amount

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Section D - Distributions

3

7

8

9

1

2

	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
а	From 2018		
b	From 2019		
с	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
<u>a</u>	Excess from 2019		
b	Excess from 2020		
C	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		
		•	/=

(i)

Excess Distributions

1

2

3

4

5

6 7

8 9

10

(ii)

Underdistributions

Pre-2023

Current Year

(iii)

Distributable

Amount for 2023

Schedule A (Form 990) 2023

INDIANA SPECIAL OLYMPICS, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Schedule A (Form 990) 2023

09160820 131839 A835984

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

٦

NDIANA	SPECIAL	OLYMPICS,	INC.	

35-1262574

0	
Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Schedule B (Form 990) (2023)

INDIANA SPECIAL OLYMPICS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 1,198,993. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 160,013. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 123,674. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

09160820 131839 A835984

Page **2**

Employer identification number

35-1262574

Schedu

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

25

INDIANA SPECIAL OLYMPICS, INC.

Name of organization

Employer identification number

35-1262574

Schedule B (Form 990) (2023)

09160820 131839 A835984

Schedule I	B (Form 990) (2023)				Page 4		
Name of o	organization				Employer identification number		
	NA CDECTAL OLYMPICS IN	~			35-1262574		
	NA SPECIAL OLYMPICS, INC Exclusively religious, charitable, etc., contribution		bed in section 50	1(c)(7), (8), or (10) th			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	through (e) and the following	ng line entry. For or	ganizations			
	Use duplicate copies of Part III if additional s			e year. (Enter this into: t	5hce.) +		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Dese	cription of how gift is held		
		(e) Transf	er of gift				
			_				
	Transferee's name, address, a	nd ZIP + 4	K	elationship of tra	Insferor to transferee		
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held		
	·						
-	(e) Transfer of gift						
			-				
·	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee		
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held		
1 4111							
				. <u></u>			
-		l (e) Transf	er of aift				
		(0) 110.00					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held		
Part I							
	(e) Transfer of gift						
		(e) Transi	er of gift				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee		
	<u> </u>						
323454 12-26					Schedule B (Form 990) (2023)		

LHA	332041	11-06-23	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

. . . -----. ...

	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.		1	
Nan	ne of organization			Em	ployer identification number
	INDIANA	SPECIAL OLYMPICS	, INC.		35-1262574
Pa	rt I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 o	rganization.
	Provide a description of the organiz	-			
	Political campaign activity expendit				\$
3	Volunteer hours for political campai	gn activities			
Pa	rt I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		\$
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for section	on 527 exempt functio	n activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
	exempt function activities				\$
3	Total exempt function expenditures				
	line 17b				\$
4	Did the filing organization file Form				
5	, , , , , , , , , , , , , , , , , , , ,		-	-	
	made payments. For each organiza				-
	contributions received that were propolitical action committee (PAC). If			· · ·	te segregated fund or a
	· · · ·				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	
				,	delivered to a separate
					political organization. If none, enter -0

OMB No. 1545-0047

23 Open to Public Inspection

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule	e C (Form 990) 2023 Ⅰ-A │ Complete if the org	INDIANA SPE	CIAL OLYMPI	CS, INC.	35-1	262574 Page 2
Part II	I-A Complete if the org section 501(h)).	anization is exen	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ction under
A Cheo B Cheo	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
<u></u>	Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
b Tot c Tot d Ott e Tot	tal lobbying expenditures to influte tal lobbying expenditures to influte tal lobbying expenditures (add lite her exempt purpose expenditure tal exempt purpose expenditure bbying nontaxable amount. Ente	uence a legislative boo ines 1a and 1b) es s (add lines 1c and 1d	dy (direct lobbying)		0. 4,256. 4,256. 5,390,342. 5,394,598. 419,730.	
If the notion of	he amount on line 1e, column (a) of t over \$500,000, er \$500,000 but not over \$1,000 er \$1,000,000 but not over \$1,5 er \$1,500,000 but not over \$17, er \$17,000,000,	or (b) is: The lob 20% of 20% of 0,000, \$100,00 00,000, \$175,00	bying nontaxable amount the amount on line 1e. 20 plus 15% of the exce 20 plus 10% of the exce 20 plus 5% of the excess	ount is: ess over \$500,000. ess over \$1,000,000.	415,750.	
g Gra h Su i Su j Ift	assroots nontaxable amount (en Ibtract line 1g from line 1a. If zer Ibtract line 1f from line 1c. If zero here is an amount other than ze porting section 4911 tax for this	o or less, enter -0- o or less, enter -0- ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	104,933. 0. 0.	Yes No
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
(0)	Calendar year r fiscal year beginning in)	Lobbying Expendence (a) 2020	nditures During 4-Yea	ar Averaging Period (c) 2022	(d) 2023	(e) Total

2a Lobbying nontaxable amount		395,551.	419,730.	815,281.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 				1,222,922.
c Total lobbying expenditures		1,338.	4,256.	5,594.
d Grassroots nontaxable amount		98,888.	104,933.	203,821.
e Grassroots ceiling amount (150% of line 2d, column (e))				305,732.
f Grassroots lobbying expenditures				

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	es" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	า 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
	Current year					
	Carryover from last year					
-	Total					
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
_	expenditures next year?					
5 Dar	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5			
	de the descriptions required for Part I-A. line 1: Part I-B. line 4: Part I-C. line 5: Part II-A (affiliated group)	liet): Dort II A	lines 1 a			

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

	HEDULE D m 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered , 11a, 11b, 11c, 11	"Yes d, 11e	" on Form 990),		20)23
	tment of the Treasury al Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990.		ne latest inform	nation			n to Public ection
	e of the organizati						Fmr	oloyer identifica	
	ie er tile er gamzat	INDIANA SPECIAL OLY	YMPICS, IN	c.				35-126	
Pa	rt I Organiza	ations Maintaining Donor Advise			imilar Fund	s or Ac	cour	its. Complete	if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.						
			(a) Donor a	dvise	d funds	(b) Fun	ids and other ac	counts
1	Total number at e	nd of year							
2	Aggregate value o	of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5	-	on inform all donors and donor advisors in v	-						<u> </u>
-		on's property, subject to the organization's						Yes	└── No
6	•	on inform all grantees, donors, and donor a	•	Ũ			-		
		poses and not for the benefit of the donor of					•		
Pa	impermissible priv	vate benefit? vation Easements. Complete if the org							No
1		servation easements held by the organization	-		5 011101111390	, raitiv,	nne 7.		
'		n of land for public use (for example, recrea		,piy).	Preservation	of a histo	rically	important land a	area
		of natural habitat	tion of education,		7			storic structure	lica
		n of open space		L			iou m		
2		through 2d if the organization held a qualif	ied conservation co	ntribu	ution in the for	n of a cor	nserva	tion easement o	n the last
	day of the tax yea	o o .						Held at the End o	
а	Total number of c	onservation easements					2a		
b	Total acreage rest	take dike a second take a second set					2b		
с	Number of conser	vation easements on a certified historic stru	ucture included on I	ine 2a	a		2c		
d	Number of conser	vation easements included on line 2c acqui	ired after July 25, 20	006, a	and not				
	on a historic struc	ture listed in the National Register					2d		
3	Number of conser year	vation easements modified, transferred, rele	eased, extinguished	l, or te	erminated by t	ne organiz	zation	during the tax	
4	Number of states	where property subject to conservation eas	sement is located						
5		tion have a written policy regarding the per		spect	ion, handling c	_ f			
	violations, and ent	forcement of the conservation easements it	holds?					🗌 Yes	🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violatior	ns, an	d enforcing co	nservatio	n ease	ements during the	e year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, ar	nd ent	forcing conser	ation eas	ement	ts during the yea	ır
8	Does each conser	vation easement reported on line 2d above	satisfy the requiren	nents	of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?						Yes	🗌 No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its	reven	ue and expension	e statem	ent an	d	
	balance sheet, an	d include, if applicable, the text of the footn	ote to the organization	tion's	financial state	nents tha	t desc	ribes the	
De		counting for conservation easements.	Art Historiaal	Tro		hor C		× Acceto	
Ра		ations Maintaining Collections of	-		asures, or Q	other S	mila	r Assets.	
		f the organization answered "Yes" on Form							
1a	•	elected, as permitted under FASB ASC 95	•						
		easures, or other similar assets held for pub					ce or p	JUDIIC	
F		Part XIII the text of the footnote to its finan					shoot	works of	
b	-	elected, as permitted under FASB ASC 95 sures, or other similar assets held for public							
		ing amounts relating to these items.	ENHIBILION, EQUCATION	JII, OF	research in IU	unerance	or put	5110 SELVICE,	
	-	ided on Form 990, Part VIII, line 1						\$	
								\$\$	
2	. ,	received or held works of art, historical trea							

_	······································	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	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.	
332051 09-28-23	

30				
2023.04010	INDIANA	SPECIAL	OLYMPICS,	A8359841

Schedule D (Form 990) 2023

Sche		SPECIAL OI						35-12	62574	e Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	cal Tre	easures, or	r Othei	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	/ of the f	following that	make si	ignificant (use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 Loa	n or exc	hange progra	am					
b	Scholarly research	e	Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	cal treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the org	anizatior	n answered "	Yes" on I	Form 990	, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi		liary for con	tributior	s or other as	sets not	included				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ ∟]] 110
-			io in ig table						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation ha	as been	provided in P	art XIII]
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes	on For	rm 990, Part I	V, line 1	0.				
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three y	years back	(e) Four	years	back
1a	Beginning of year balance	3,555,087.	3,75	0,033.	3,148	3,535.	2,3	94,855.	2,	087,	990.
b	Contributions	1,066,220.	29	1,606.	230	0,000.	3	90,000.			
с	Net investment earnings, gains, and losses	680,933.	-48	6,552.	371	L,498.	3	63,680.		306,	865.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	5,302,240.	3,55	5,087.	3,750	0,033.	3,1	.48,535.	2,	394,	855.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a))) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment .0000	%									
с	Term endowment .0000	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are	e held ar	nd administer	ed for th	e		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		Х
	(ii) Related organizations?								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sche	dule R?					Зb		
4	Describe in Part XIII the intended uses of the		wment fund	S.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn		• •	t or other (other)	• •	ccumulate preciation		(d) Book	c value	Э
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment			54	1,324.		388,8	13.	152	2,51	11.
	Other				, ,		, -				
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c	column	<i>(</i> B))				152	2,51	11.
								Schedule			

332052 09-28-23

(2) Closely held equity interests			
(3) Other			
(A) US TREASURY SECURITIES	1,113,236.	END-OF-YEAR 1	MARKET VALUE
(B) MUNICIPAL BONDS	96,854.	END-OF-YEAR 1	MARKET VALUE
(C) CORPORATE BONDS	1,222,181.	END-OF-YEAR I	MARKET VALUE
(D) PRIVATE EQUITY FUND	230,933.	END-OF-YEAR I	MARKET VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,663,204.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990. Part IV. line 1	1c. See Form 990. Part X. lii	ne 13.
(a) Description of investment	(b) Book value		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, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes		1d. See Form 990, Part X, li	
) Description		(b) Book value
(1) RIGHT OF USE ASSET			687,384
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 15. c	ol. (B))		687,384
Part X Other Liabilities			
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) RIGHT OF USE LIABILITY			698,549
(3) REFUNDABLE ADVANCE			146,31
(4)			110,31
(5)			
(6)			
(7)			
(8)			
(9)			044.00
Total. (Column (b) must equal Form 990. Part X. line 25. c	ol. (B))		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X 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

Schedule D (Form 990) 2023

332053 09-28-23

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INDIANA SPECIAL OLYMPICS, INC. Schedule D (Form 990) 2023 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) US TREASURY SECURITIES	1,113,236.	END-OF-YEAR MARKET VALUE
(B) MUNICIPAL BONDS	96,854.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	1,222,181.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUND	230,933.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,663,204.	

(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, line 13, col. (B))		

35-1262574 Page 3

_	edule D (Form 990) 2023 INDIANA SPECIAL OLYMPICS,				1262574 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,333,924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,024,202.		
b	Donated services and use of facilities	. 2b	79,629.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	98,180.		
е	Add lines 2a through 2d			2e	<u>1,202,011.</u> 5,131,913.
3	Subtract line 2e from line 1			3	5,131,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	<u>26,745.</u> 309,987.		
b	Other (Describe in Part XIII.)	. 4b	309,987.		
С	Add lines 4a and 4b			4c	336,732.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,468,645.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per R	letur	n
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		letur	
Pa 1		a.		letur	n 5,235,675.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 	79,629.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c			5,235,675.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	79,629. 98,180.	1 2e	5,235,675.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	79,629. 98,180.	1	5,235,675.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	79,629. 98,180.	1 2e	5,235,675.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 2a 2b 2c 2d	79,629. 98,180. 26,745.	1 2e	5,235,675.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d	79,629. 98,180.	1 2e	5,235,675. 177,809. 5,057,866.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	79,629. 98,180. 26,745. 309,987.	1 2e 3 4c	5,235,675. 177,809. 5,057,866. 336,732.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	79,629. 98,180. 26,745. 309,987.	1 2e 3	5,235,675. 177,809. 5,057,866.

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:

THE INVESTMENT OBJECTIVE OF THE BOARD-DESIGNATED ENDOWMENT - GENERAL FUND

IS THE PRESERVATION OF PRINCIPAL AND A GROWTH RATE, AFTER DISTRIBUTION, OF

THE RATE OF INFLATION MEASURED AT SEPTEMBER 30.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), THOUGH IT IS SUBJECT TO TAX

ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE

EXCLUDED BY THE IRC. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY

THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION WITHIN

THE MEANING OF SECTION 509(A) OF THE IRC. THERE WAS NO UNRELATED BUSINESS 332054 09-28-23 Schedule D (Form 990) 2023 33

Schedule D (Form 990) 2023 INDIANA SPECIAL OLYMPICS, INC. Part XIII Supplemental Information (continued)	35-1262574 Page 5
INCOME TAX FOR 2023 AND 2022.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	98,180.
	50,100
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF BENEFITS TO DONORS	309,987.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	98,180.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF BENEFITS TO DONORS	309,987.
	Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming Ad	ctivit	ies	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on l organization entered more than \$15				⁻ 19, o	r if the	2023	
Department of the Treasury		Attach to Form 990 o						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information			Inspection	
Name of the organizatior	25-126	entification number 2574							
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lir	ne 17.	Form 990-E	Z 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 f Solicitation of non-government grants c Phone solicitations g Special fundraising events d In-person solicitations 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? 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 or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or fL	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified i	it is ex	empt from r	egistration	
or licensing.									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

INDIANA SPECIAL OLYMPICS, INC.

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			POLAR PLUNGE	PLANE PULL	82	(add col. (a) through col. (c))
еl			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	983,682.	179,583.	498,544.	1,661,809
	2	Less: Contributions	875,043.	152,954.	323,825.	1,351,822
	3	Gross income (line 1 minus line 2)	108,639.	26,629.	174,719.	309,987
	4	Cash prizes	-		3,315.	3,315
	5	Noncash prizes				
beliser	6	Rent/facility costs	4,485.	4,415.	9,561.	18,461
DILECT EXPENSES	7	Food and beverages				
		Entertainment		11 205	0 506	
	9	Other direct expenses		11,387.	9,596.	76,404 98,180
	10	Direct expense summary. Add lines 4 throu	gh 9 in column (d)			90.100
	11 rt I	Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	i line 3, column (d)			
a a	11		i line 3, column (d)			211,807 (d) Total gaming (add
'a	11	II Gaming. Complete if the organizatio	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	211,807 (d) Total gaming (add
	11 rt I	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d)n n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	211,807 (d) Total gaming (add
	11 rt I 1 2	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	211,807 (d) Total gaming (add
	<u>11</u> rt I 2 3	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	211 , 807 (d) Total gaming (add
	<u>11</u> rt I 2 3 4	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c
	11 rt I 2 3 4 5	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	211,807 (d) Total gaming (add
	11 rt I 2 3 4 5 6	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (b) Column (c) Column (c	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	211,807 (d) Total gaming (add
a evenue	11 rt I 2 3 4 5 6 7	II Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Column (d)	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	211,807 (d) Total gaming (add

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Seco

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	INDIANA	SPECIAL	OLYMPICS,	INC.	35-1	262574	Page 3
11 Does the organization cond						Yes	No
12 Is the organization a granto	or, beneficiary or trustee	of a trust, or a	member of a partne	rship or other entity forme	ed		
to administer charitable ga						Yes	No
13 Indicate the percentage of							
a The organization's facility						13a	%
b An outside facility						13b	%
14 Enter the name and addres	ss of the person who pre	epares the orgar	nization's gaming/sp	pecial events books and re	ecords:		
Name							
Address							
15a Does the organization have	e a contract with a third	party from who	m the organization r	eceives gaming revenue?		Yes	No
b If "Yes," enter the amount	of gaming revenue recei	ived by the orga	nization \$	and th	e amount		
of gaming revenue retained	d by the third party \$						
c If "Yes," enter name and ac	ddress of the third party	:					
News							
Name							
Address							
16 Gaming manager informati	on:						
Name							
Gaming manager compens	sation \$						
Description of services pro	vided						
Director/officer	Employee		Independent cont	tractor			
17 Mandatory distributions:							
a Is the organization required		ke charitable dis	tributions from the	gaming proceeds to			
retain the state gaming lice						Yes	└── No
b Enter the amount of distrib organization's own exempt	•		stributed to other e	xempt organizations or sp	ent in the		
			ons required by Par	t I, line 2b, columns (iii) an	d (v): and Par	t III. lines 9. 9	9b. 10b.
	17b, as applicable. Also					, , ,	
332083 09-13-23			37		Schedu	ule G (Form	990) 2023
			5,				

Schedule G	(Form	990)
D . I N/	~	

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Attach to Form 990. Open to Public									
Internal Revenue Service	evenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization							Employer identification number			
INDIANA Part I General Information on Grant		YMPICS, INC	•				35-1262574			
1 Does the organization maintain recor		amount of the grants	or assistance the	arantees' eligibility	for the grants or assis	stance and the selection	n			
criteria used to award the grants or a		C C		c c .						
2 Describe in Part IV the organization's										
Part II Grants and Other Assistance recipient that received more that	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
INDIANAPOLIS PUBLIC SCHOOLS 120 E WALNUT ST INDIANAPOLIS, IN 46204		PUBLIC SCHOOL	30,000.	0.	FMV		TO USE IN THEIR UNIFIED CHAMPIONS SCHOOLS INITIATIVES.			
INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION - 9150 N MERIDIAN ST INDIANAPOLIS, IN 46240	- 35-0905952	501(C)(3)	122,770.	0.	FMV		TO USE IN THEIR UNIFIED CHAMPIONS SCHOOLS INITIATIVES.			
2 Enter total number of section 501(c)(3) and government or	ganizations listed in the	e line 1 table				2.			

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

35-1262574

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.			
PART I, LINE 2:							
SOIN PARTNERS WITH IHSAA AND VARIOUS SCHOOL CORPORATIONS TO MONITOR THE USE							
OF GRANT FUNDS. IHSAA GRANTS \$1,500 TO EACH HIGH SCHOOL THAT FORMS A							

UNIFIED TEAM AND SENDS ITS COACH THROUGH TRAINING. SOIN GRANTS \$1,000 TO

EACH SCHOOL CORPORATION FOR DISTRIBUTION TO ELEMENTARY AND MIDDLE SCHOOLS

THAT MEET THE SAME REQUIREMENTS. SCHOOLS THEN QUALIFY TO PARTICIPATE IN

SECTIONALS AND STATE COMPETITION. IHSAA OR THE RESPECTIVE SCHOOL

CORPORATION DOCUMENTS THE QUALIFICATION AND PARTICIPATION OF EACH RECIPIENT

AND REPORTS BACK TO SOIN.

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)
		Compensated Employees		20	ZJ)
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization			identificatio		nber
		INDIANA SPECIAL OLYMPICS, INC.	35-1	126257	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4		
•				1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а						X
b		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	-				
а						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
•		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
Ear	Regulations section					
ror	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	1 990)	2023

Schedule J (Form 990) 2023

Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JEFF MOHLER	(i)	131,706.	4,500.	0.	0.	17,664.	153,870.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 35 - 1262574

INDIANA SPECIAL OLYMPICS, INC.

FORM 990, PART III, LINE 1:

TO PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION IN A

VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH

INTELLECTUAL DISABILITIES, OFFERING 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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ELEMENTARY SCHOOL STUDENTS. UNIFIED CHAMPIONS SCHOOLS' GOAL IS TO ACTIVATE YOUTH IN AN EFFORT TO DEVELOP SCHOOL COMMUNITIES WHERE ALL YOUNG PEOPLE ARE AGENTS OF CHANGE, FOSTERING RESPECT, DIGNITY, AND ADVOCACY FOR PEOPLE WITH INTELLECTUAL DISABILITIES.

THE SPECIAL OLYMPICS HEALTHY ATHLETES INITIATIVE IS DESIGNED TO HELP SPECIAL OLYMPICS ATHLETES IMPROVE THEIR HEALTH AND FITNESS. DEVELOPED THE MISSION OF HEALTHY ATHLETES IS TO IMPROVE EACH ATHLETE'S IN 1996, ABILITY TO TRAIN AND COMPETE IN SPECIAL OLYMPICS AS WELL AS LIFE. THE GOAL OF ALL HEALTHY ATHLETE INITIATIVES IS TO CREATE COMMUNITIES WHERE SPECIAL OLYMPICS ATHLETES AND OTHERS WITH INTELLECTUAL DISABILITIES HAVE THE SAME ACCESS TO HEALTH AND WELLNESS RESOURCES AND HAVE THE OPPORTUNITY TO ATTAIN THE SAME LEVEL OF GOOD HEALTH AS ALL COMMUNITY MEMBERS AND WHERE THERE IS NO "WRONG DOOR" FOR SOMEONE WITH AN INTELLECTUAL DISABILITY TO WALK THROUGH. THIS INITIATIVE INCLUDES THE FOLLOWING DISCIPLINES: HEALTHY HEARING, OPENING EYES SPECIAL SMILES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

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44

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
INDIANA SPECIAL OLYMPICS, INC.	35-1262574

HEALTH PROMOTION, FIT FEET, AND FUN FITNESS.

ATHLETE LEADERSHIP PROGRAMS (ALPS) PROVIDE TRAINING AND SUPPORT FOR

ATHLETES WHO DESIRE TO EXPAND THEIR PARTICIPATION IN SPECIAL OLYMPICS

BOTH ON AND OFF THE COMPETITION FIELD. THROUGH ALPS, ATHLETES RECEIVE

LEADERSHIP TRAINING AND HAVE OPPORTUNITIES TO HOLD POSITIONS OF

LEADERSHIP AND INFLUENCE. IN THESE ROLES, ATHLETES HELP DETERMINE

POLICY AND SET DIRECTION FOR SPECIAL OLYMPICS. ULTIMATELY, ALPS HELPS

TO CREATE A "CULTURE OF WELCOME" THROUGHOUT THE ORGANIZATION AS

ATHLETES ARE WELCOMED INTO THEIR LEADERSHIP ROLES AND SERVE ALONGSIDE

OTHER VOLUNTEERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 9,000 SOIN VOLUNTEERS THROUGHOUT THE STATE. SOIN RELIES ON

VOLUNTEERS AT ALL LEVELS OF THE SPECIAL OLYMPICS MOVEMENT TO ENSURE

THAT EVERY ATHLETE IS OFFERED A QUALITY SPORTS TRAINING AND COMPETITION EXPERIENCE.

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT/CEO, CFO AND FINANCE COMMITTEE OF THE BOARD. THE BOARD IS PROVIDED AN OVERVIEW AND COPY OF THE FORM 990 IN ADVANCE OF ITS FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST QUESTIONNAIRE, WHICH IS ALIGNED

WITH THE POLICY, IS DISTRIBUTED TO THE BOARD AND KEY EMPLOYEES ON AN ANNUAL

BASIS. ALL FORMS ARE REVIEWED BY THE PRESIDENT/CEO AND, AS NECESSARY, THE

BOARD CHAIR, FOR POTENTIAL CONFLICTS. ANY POTENTIAL CONFLICTS INVOLVING THE Schedule O (Form 990) 2023 332212 11-14-23 45

09160820 131839 A835984

2023.04010 INDIANA SPECIAL OLYMPICS, A8359841

THE BOARD OR THE PRESIDENT/CEO ARE DISCUSSED WITH AND MANAGED BY THE BOARD

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

THE BOARD CHAIR AND ONE OTHER MEMBER OF THE EXECUTIVE COMMITTEE CONDUCT AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT/CEO AND MAKE COMPENSATION RECOMMENDATIONS FOR APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. WHEN AVAILABLE, COMPENSATION STUDIES ARE USED TO PROVIDE INSIGHT INTO THE APPROPRIATE LEVEL OF COMPENSATION FOR THE PRESIDENT/CEO. KEY EMPLOYEES REVIEW THEIR ESTABLISHED GOALS AND PERFORMANCE WITH THE PRESIDENT/CEO ON AT LEAST AN ANNUAL BASIS. WHEN AVAILABLE, COMPENSATION STUDIES ARE USED TO PROVIDE INSIGHT INTO THE APPROPRIATE LEVEL OF ALL STAFF POSITIONS. SALARY INCREASES FOR KEY EMPLOYEES ARE DETERMINED BY THE PRESIDENT/CEO BASED UPON PERFORMANCE AND APPROVED BUDGET PARAMETERS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

THE ORGANIZATION MAKES AVAILABLE UPON REQUEST ALL DOCUMENTS REQUIRED TO BE PROVIDED FOR PUBLIC INSPECTION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	4,181.
MANAGEMENT AND GENERAL EXPENSES	1,820.
FUNDRAISING EXPENSES	318.
TOTAL EXPENSES	6,319.

Schedule O (Form 990) 2023 Name of the organization	Employer identification number
INDIANA SPECIAL OLYMPICS, INC.	35-1262574
CONSULTING:	
PROGRAM SERVICE EXPENSES	323,079.
MANAGEMENT AND GENERAL EXPENSES	11,082.
FUNDRAISING EXPENSES	24,894.
TOTAL EXPENSES	359,055.
COMPUTER SUPPORT:	
PROGRAM SERVICE EXPENSES	52,997.
MANAGEMENT AND GENERAL EXPENSES	23,073.
FUNDRAISING EXPENSES	4,031.
TOTAL EXPENSES	80,101.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	445,475.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
EQUIPMENT RENTAL & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	81,723.
MANAGEMENT AND GENERAL EXPENSES	163.
FUNDRAISING EXPENSES	10,541.
TOTAL EXPENSES	92,427.
STATE PROGRAM ASSESSMENT:	
PROGRAM SERVICE EXPENSES	71,366.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,366.
UNCOLLECTIBLE PROMISES TO GIVE:	
PROGRAM SERVICE EXPENSES	0.
332212 11-14-23 Δ7	Schedule O (Form 990) 202

Schedule O (Form 990) 2023 Name of the organization INDIANA SPECIAL OLYMPICS, INC.	Employer identification number 35-1262574
MANAGEMENT AND GENERAL EXPENSES	26,329.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,329.
OTHER :	
PROGRAM SERVICE EXPENSES	11,538.
MANAGEMENT AND GENERAL EXPENSES	8,365.
FUNDRAISING EXPENSES	251.
TOTAL EXPENSES	20,154.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,427.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,427.
MINOR EQUIPMENT:	
PROGRAM SERVICE EXPENSES	4,575.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,575.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL 2	A 227,278.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE PROCESS FOR THE OVERSIGHT	OF THE AUDIT.
THE ORGANIZATION'S TREASURER AND BOARD OF DIRECTORS ARE R	ESPONSIBLE FOR
THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND	D THE
SELECTION OF AN INDEPENDENT AUDITOR.	
332212 11-14-23 48	Schedule O (Form 990) 202

INDIANA	apparat			
	SPECIAL	OLYMPICS,	INC.	Employer identification number 35-1262574
				Schedule O (Form 990) 20

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

must use	Form 7004 to request an extension of time to file incom-	e tax retur	ns.			
<u>Part I - Ic</u>	dentification					
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpaye	Taxpayer identification number (TIN)	
Print						
File by the	INDIANA SPECIAL OLYMPICS, INC.				35-1262574	
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.					
filing your return. See	6200 TECHNOLOGY CENTER DR., 105					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	INDIANAPOLIS, IN 46278					
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application Is For		Return	Application Is For Re		Return	
		Code				Code
Form 990 or Form 990-EZ		01	Form 4720 (other than individual)			09
Form 4720 (individual)		03	Form 5227			10
Form 990-PF		04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12
Form 990-T (trust other than above)		06	Form 5330 (individual)			13
Form 990-T (corporation)		07	Form 5330 (other than individual)			14
Form 1041-A		08				
	ou enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable of	only for an	extension of	
	e Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,		
 If this a 	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Plan Name						
Plan Number						
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The books are in the care of ORGANIZATION - 6200 TECHNOLOGY CENTER DRIVE, STE 105 -						
INDIANAPOLIS, IN 46278						
Telephone No. (317) 328-2000 Fax No.						
 If the organization does not have an office or place of business in the United States, check this box 						
 If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If this is for the whole group, check this 						
box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.						
1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for						
the organization named above. The extension is for the organization's return for:						
X calendar year 20 23 or						
tax year beginning, 20, and ending , 20, 20						
		,	; and onlining			°
2 If +h	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return					
 3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
		, enter ule	10111111VE 10A, 1033	3a	\$	0.
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				Ψ	
				Зb	\$	0.
	imated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa				پ ا	
				0.5	¢	0.
usli	ng EFTPS (Electronic Federal Tax Payment System). See	# INSTRUCTIO	115.	3c	\$	<u> </u>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.