## **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.

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning and	ending		
	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change			05-03778	67
	Initial return Final	,	Room/suite	E Telephone number	
	return/	370 GEORGE WASHINGTON HIGHWAY		401-349-	
	termin ated Amend	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	4,050,988.
	return Application			H(a) Is this a group re for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Тах-ехе	empt status: $\overline{X}$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) of the status ( ) (insert no.)	or 527	1 ` ′	list. See instructions
	Websit		51 021	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; RI
	art I	Summary	1 =		
_	1	Briefly describe the organization's mission or most significant activities: PROVI	IDES T	RAINING & CO	OMPETITION
Activities & Governance		IN OLYMPIC-TYPE SPORTS FOR PEOPLE WITH IN			
r	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
9	3			3	21
رد	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
ď	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			14
	6	Total number of volunteers (estimate if necessary)			2500
Δ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u>  b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	Prior Year	0. Current Year
		Oantiilo diana and sweets (Dart VIII line 41s)		1,338,212.	2,084,407.
4	8	Contributions and grants (Part VIII, line 1h)		108,457.	114,088.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,170.	160,289.
B	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		508,234.	391,809.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,970,073.	2,750,593.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,168,094.	1,022,458.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
٥	b	Total fundraising expenses (Part IX, column (D), line 25) 588,08	37.		
Ĺ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		690,264.	987,209.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,858,358.	2,009,667.
	19	Revenue less expenses. Subtract line 18 from line 12		111,715.	740,926.
Net Assets or	29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		5,408,399.	6,185,844.
et Ag	21	Total liabilities (Part X, line 26)		337,764.	376,726.
Ž	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,070,635.	5,809,118.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	ante and to the heet of my	knowledge and helief it is
		ties of perjury, I declare that I have examined this return, including accompanying scriedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge aliu bellei, it is
tiut	5, 001160	t, and complete. Declaration of preparet (other than officer) is based on an information of win	iicii pi epai ei	ilas ally kilowieuge.	
Sig	ın	Signature of officer		Date	
He		EDWIN PACHECO, PRESIDENT & CEO			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	DANIELLE NIHILL DANIELLE NIHILL	lo	5/10/24 if self-employ	ed P01350943
	parer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749
	only	Firm's address 4 BATTERYMARCH PARK, SUITE 100			
		QUINCY, MA 02169		Phone no. (7	81) 982-1001
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

orm	m 990 (2023) SPECIAL OLYMPICS F	RHODE ISLAND	INC.	05-0377867	Page 2
	art III Statement of Program Service Accomplisi				<u> </u>
	Check if Schedule O contains a response or note to any	/ line in this Part III			
1	Briefly describe the organization's mission:	, into interno i dire in			
•	TO PROVIDE YEAR-ROUND SPORTS TR	ATNING & ATHI	ETTC COMPETT	TTON TN A	
	VARIETY OF OLYMPIC-TYPE SPORTS				
	INTELLECTUAL DISABILITIES.		1110 1100110 111		
	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
_	Did the expenientian undertake any cignificant program contin	an during the year which y	ware not listed on the		
2	Did the organization undertake any significant program servic				<b>▼</b>
	prior Form 990 or 990-EZ?			Yes	Δ No
_	If "Yes," describe these new services on Schedule O.				37
3	Did the organization cease conducting, or make significant ch	anges in how it conducts	, any program services?	Yes [	<u>A</u> No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments				
	Section 501(c)(3) and 501(c)(4) organizations are required to re	eport the amount of grants	s and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.				
4a			) (Reveni		<u>88.</u> )
	TO PROVIDE SPORTS TRAINING & AT				
	SPORTS FOR CHILDREN AND ADULTS	WITH INTELLEC	TUAL DISABIL	ITIES.	
4b	(Code:) (Expenses \$ incl	uding grants of ¢	) (Payan	uo ¢	
TU	(Code) (Expenses \$ micr	uding grants or \$	/ (neveril	ue	
	·				
4c	(Code: ) (Expenses \$ incl	uding grants of \$	) (Reveni	ue \$	)
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$		) (Revenue \$	)	
_	1 1 7 4 (	200		,	

### 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		_ <del>-</del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ <del></del>		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	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,"	_		17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
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	<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\vdash$
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a	Х	
h	"Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<del></del>
·	,	28c	х	
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
-	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
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		<u>x</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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?		_	1
<b>P</b> -	Note: All Form 990 filers are required to complete Schedule O	38	Х	Щ_
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2023)

### SPECIAL OLYMPICS RHODE ISLAND INC.

05-0377867

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	ر		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

SPECIAL OLYMPICS RHODE ISLAND INC. Form 990 (2023) 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 Yes No 21 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х 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 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "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 arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Another's website X Upon request Own website Other (explain on Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records EDWIN PACHECO - 401-349-4900

370 GEORGE WASHINGTON HIGHWAY, SMITHFIELD,

Form 990 (2023)

#### SPECIAL OLYMPICS RHODE ISLAND INC.

05-0377867

<u> Page</u> **7** 

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average		not c	Pos	C) ition	l than o	one	(D)  Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for	offic	cer an	ss per id a d	irecto	r/trus	tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC/	amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(1) EDWIN PACHECO	40.00									
PRESIDENT & CEO				Х				155,000.	0.	4,650.
(2) ROBIN MOSES	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) CHRIS EDEN	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) TIM RISHTON	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) KEVIN COLMAN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) STACI KOLB	2.00								_	_
PAST CHAIR		Х		Х				0.	0.	0.
(7) ROB BATISTA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL BULLOCK	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ROB EATON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JIM GILCREAST	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ALLISON GRAY	2.00									
DIRECTOR		Х						0.	0.	0.
(12) AMIRA JACKSON	2.00									
DIRECTOR		Х						0.	0.	0.
(13) ELWOOD JOHNSON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) LARRY LASALA	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID LICCIARDI	2.00									
DIRECTOR		Х						0.	0.	0.
(16) CYNTHIA LARIVIERE	2.00									
DIRECTOR		Х						0.	0.	0.
(17) THOMAS MAGGIACOMO	2.00									
DIRECTOR		Х						0.	0.	0.
										Earm 990 (2022)

332007 12-21-23

(F)
Estimated amount of other compensation from the

	SPECIAL OLYN	MPICS E	RHO	DE	IS	SLAI	ND INC.	05-0377
Part VII Section A. Officers,	Directors, Trustees, I	<b>Cey Employ</b>	ees,	and	Higl	hest (	Compensated Employe	es (continued)
(A)		(B)		(C	;)		(D)	(E)
Name and title	hou	ırs per 🗎 📆	o not ch x, unles	s pers	nore th	nan one both an (trustee)	Reportable compensation from	Reportable compensation from related
	hou re orgar	et any urs for lated hizations	onal trustee		ployee	t compensated ee	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)

	related organizations below line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensate employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(18) BO MATHEWS	2.00									
DIRECTOR		Х						0.	0.	0.
(19) NEAL MCNAMARA	2.00									
DIRECTOR		Х						0.	0.	0.
(20) STEPHANIE PALLADINI	2.00									
DIRECTOR		Х						0.	0.	0.
(21) DR. AMITY RUBEOR	2.00									
DIRECTOR		Х						0.	0.	0.
(22) JOSHUA VARONE	2.00									
DIRECTOR		Х						0.	0.	0.
		•								

1b	Subtotal	155,000.	0.	4,650.
С	Total from continuation sheets to Part VII, Section A	0.	0.	0.
d	Total (add lines 1b and 1c)	155,000.	0.	4,650.
2	Total number of individuals (including but not limited to those listed above) who re-	ceived more than \$100.	000 of reportable	

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed	t above) who received more than	

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

Form 990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... 463,223. c Fundraising events ..... 1c d Related organizations 1d 531,152. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,090,032 1f g Noncash contributions included in lines 1a-1f 2,084,407. h Total. Add lines 1a-1f **Business Code** 2 a YOUTH SPORTS PROGRAM 624100 114,088. 114,088. Program Service b f All other program service revenue ..... 114,088, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 42,148 other similar amounts) 42,148 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,418,536. assets other than inventory **b** Less: cost or other basis 1,300,395. and sales expenses Other Revenue 7с c Gain or (loss) 118,141. 118,141. 118,141. d Net gain or (loss) 8 a Gross income from fundraising events (not 463,223. of including \$ contributions reported on line 1c). See 370,140 Part IV, line 18 **b** Less: direct expenses 370,140 370,140. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a INSURANCE CLAIM 900099 21,669 21,669. b d All other revenue 21,669 e Total. Add lines 11a-11d 2,750,593. 114,088, 552,098. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	er organizations must com	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	159,650.	92,597.	19,158.	47,895.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	722,863.	388,021.	141,377.	193,465.
8	Pension plan accruals and contributions (include	<u> </u>	4 = 44.		= 125
	section 401(k) and 403(b) employer contributions)	27,556.	15,684.	4,749. 9,139.	7,123. 13,151.
9	Other employee benefits	51,619.	29,329.		13,151.
10	Payroll taxes	60,770.	34,587.	10,473.	15,710.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	23,700.		23,700.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,498.		11,498.	
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	131,690.	82,265.	8,020.	41,405. 3,196.
12	Advertising and promotion	5,146.	1,546.	404.	
13	Office expenses	28,978.	14,818.	5,371.	8,789.
14	Information technology				
15	Royalties			12.22	
16	Occupancy	137,786.	94,425.	12,925.	30,436.
17	Travel	59,889.	47,071.		12,818.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	214,428.	142,678.	1,928.	69,822.
20	Interest	05.00	46 -1:		
21	Payments to affiliates	25,027.	12,514.	5,005.	7,508.
22	Depreciation, depletion, and amortization	66,344.	39,806.	2,654.	23,884.
23	Insurance	28,029.	14,015.	5,606.	8,408.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	141,807.	96,393.	140.	45,274.
b	MISCELLANEOUS EXPENSES	76,462.	22,064.	798.	53,600.
C	OTHER EXPENSES	36,425.	27,086.	3,736.	5,603.
d		,	=:,000	2,,300	2,0000
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,009,667.	1,154,899.	266,681.	588,087.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_, , , .	_,,		200,007
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Pa	rt X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,448,541.	1	2,127,544.
	2	Savings and temporary cash investments	105,551.	2	108,661.
	3	Pledges and grants receivable, net	130,142.	3	197,369.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	34,441.	9	24,690.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 3,015,877 10b 970,815			
	b	Less: accumulated depreciation 10b 970,815	2,111,406.	10c	2,045,062.
	11	Investments - publicly traded securities	1,578,318.	11	1,682,518.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	6 105 044
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,185,844.
	17	Accounts payable and accrued expenses	89,578.	17	79,524.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia	22	controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	248,186.	25	297,202.
	26	Total liabilities. Add lines 17 through 25	337,764.	26	376,726.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	4,854,766.	27	5,323,360.
Bal	28	Net assets with donor restrictions	215,869.	28	485,758.
pu		Organizations that do not follow FASB ASC 958, check here			
Ī.		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ret	32	Total net assets or fund balances	5,070,635.	32	5,809,118.
	33	Total liabilities and net assets/fund balances	5,408,399.	33	6,185,844.
				· <u>-</u>	Form <b>990</b> (2023)

orm	n 990 (2023) SPECIAL OLYMPICS RHODE ISLAND INC.	05-03	77867	Pag	<sub>je</sub> 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	2,750		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,009		
3	Revenue less expenses. Subtract line 2 from line 1	3		92, (	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,070		
5	Net unrealized gains (losses) on investments	5	-2	2,44	<u>13.</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	5,809	,11	<u> 18.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	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?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	9 <b>90</b> (2	2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CDECTAL OLYMPICS PHODE TSLAND INC

Employer identification number

				CS RHODE ISLA					5-0377867			
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	it describ	ed in			
		section 170(b)(1)(A)(iv).		•	·	, ,						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
	X		_					e general	oublic described in			
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	H	An agricultural research org				ed in coni	inction with a	and-arant	college			
•	ш	or university or a non-land-g				-		-	-			
		university:	grant conege or agric	ulture (see iristructions).	Litter tile i	iairie, city	, and state or i	rie college	, 01			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne mambarshi	n fees an	d gross receipts from			
	ш	•	• • • • • • • • • • • • • • • • • • • •	• •			•					
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
		See section 509(a)(2). (Con		(ICSS SCOTION STITLEN) ITO	iii busiiica	soco acqui	rea by the org	ariizatiori e	inci dune do, 1070.			
11		An organization organized a	•	ively to test for nublic saf	ety See	section 50	)9(a)(4)					
12	H	An organization organized a	•	•	-			ry out the	nurnoses of one or			
12	ш	more publicly supported or										
		lines 12a through 12d that							SHECK THE BOX OH			
_		¬	• •					-	aivina			
а			•		•	_						
		the supported organization			majority c	i the direc	ctors or trustee	s or the st	apporting			
L		organization. You must o			ion with its		d araani-atian	(a) by bay	ina			
b		☐ Type II. A supporting org	•				_		-			
		control or management o			arne perso	ns that co	ntroi or manag	e trie supp	Jortea			
_		organization(s). You mus	•		in connoct	م طائند موند	and franctional	, into avot	ad with			
С			= ::					y integrate	ea with,			
ام		its supported organization		·				ad araani	-ation(a)			
d		☐ Type III non-functionally					• •	•	. ,			
		that is not functionally int	•	• ,	•		•	an attenti	reness			
_		requirement (see instructi	·	-				Tura a III				
е		☐ Check this box if the orga					Type I, Type I	, Type III				
	Ent	functionally integrated, or				ation.						
		er the number of supported o vide the following informatior	•	d organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization	, ,	(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)			
				above (see instructions))	163	140						
Tota	al											

Schedule A (Form 990) 2023

SPECIAL OLYMPICS RHODE ISLAND INC.

05-0377867 Page 2

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

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

Sec	ction A. Public Support		alt II				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2020	(0) 2021	(u) 2022	(6) 2020	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	1976095.	2083722.	2162072.	1338212.	1750721.	9310822.
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	1976095.	2083722.	2162072.	1338212.	1750721.	9310822.
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.						9310822.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1976095.	2083722.	2162072.	1338212.	1750721.	9310822.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	39,247.	26,302.	1,349.	3,293.	42,148.	112,339.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					21,669.	
11	<b>Total support.</b> Add lines 7 through 10						9444830.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	817,914.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I	, ,,,	•	.,,		14	98.58 %
	Public support percentage from 2022					15	98.93 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- <b>2023.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- <b>2022.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t <b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

### SPECIAL OLYMPICS RHODE ISLAND INC.

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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

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(2,) = 0.10	(2) 2020	(0) = 0 = 1	(4) = = =	(5) = 5 = 5	(1)
•	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						<del>                                     </del>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		, ,	` '			,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b  Net income from unrelated business				+		
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						<u> </u>
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	<u>%</u>
<u>16</u>	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	, , , ,						
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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# Schedule A (Form 990) 2023 SPEC 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.)

	V	
	Yes	NO
1		
2		
3a		
- Ou		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
 A /F	~ 000	0000

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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 <sup>1</sup>	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	-	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec <sup>1</sup>	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec <sup>1</sup>	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2023 SPECIAL OLYMPICS RHODE			05-0377867 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting or	ganization (see

Schedule A (Form 990) 2023

05-0377867 Page 7 SPECIAL OLYMPICS RHODE ISLAND INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** 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 3i and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule A	(Form 990)	) 2023					CS RHO				05-0377867	Page 8
Part VI	Supple	mental	Inforn	nation. F	Provide	the explan	ations requir	ed by Pa	rt II, line 10;	Part II, line 17a	or 17b; Part III, line 12;	
	Part IV, S	section A,	lines 1,	2, 3b, 3c, 4	4b, 4c, 5	5a, 6, 9a, 9	9b, 9c, 11a, 1	1b, and 1	11c; Part IV,	Section B, lines	: 1 and 2; Part IV, Sectio	n C,
	line 1; Pa	rt IV, Sect	ion D, li	nes 2 and	3; Part I	V, Section	E, lines 1c,	2a, 2b, 3a	a, and 3b; P	art V, line 1; Part	t V, Section B, line 1e; P	art V,
	Section D	), lines 5, (	6, and 8	s; and Part	V, Sect	ion E, lines	s 2, 5, and 6.	Also com	nplete this p	art for any additi	ional information.	
	(See instr	uctions.)										
COLLEDI	א ידוד	שמגם	тт	TTME	1.0	PVDI	7	ם סים		TMCOME.		
SCHEDU	JLE A,	PART	тт,	LINE	10,	EXPL	ANATIO	1 FOR	OTHER	INCOME:		
MISCEL	LANEO	US										
2023 A	TRUOMA	: \$	21,	669.								
_												
_												

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

epartment of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization **Employer identification number** SPECIAL OLYMPICS RHODE ISLAND INC.

05-0377867 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

		OLYMPICS F			0.		77867		ige <b>2</b>		
Pai	rt III   Organizations Maintaining C						s (continu	ued)			
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that make	e signific	cant use of its					
	collection items (check all that apply).										
а	Public exhibition	d		nange program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co						XIII.				
5	During the year, did the organization solicit or		*	•	ilar asse	ets	_	_	1		
D	to be sold to raise funds rather than to be ma						Yes		No		
Pai	rt IV Escrow and Custodial Arrang		te if the organization	answered "Yes"	on Form	990, Part IV,	ine 9, or				
	reported an amount on Form 990, Par										
1a	la Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included										
	on Form 990, Part X?										
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		Г		A t				
					-	_	Amount				
	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year				·····	1e					
	• • • • • • • • • • • • • • • • • • • •				L		٦,,	$\overline{}$	1		
	Did the organization include an amount on Fo					∟	_ Yes		No		
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
ı aı	Endownient i ands Complete ii	(a) Current year	(b) Prior year	(c) Two years bac		hree years back	(e) Four	veare I	nack		
4.	Basinain a standarda de la constante de la con	37,920.	44,483.	41,083	<u> </u>	36,141.	+ · ·	26,4			
_	Beginning of year balance	37,920.	44,403.	41,00	3.	30,141.		20,5	±20.		
b	Contributions	4,804.	-6,563.	3,400	<del>,                                     </del>	4,942.		<u> </u>	721.		
C	Net investment earnings, gains, and losses	4,004.	-0,303.	3,400	-	4,342.		9,7			
d											
е	. '										
	and programs										
		42,724.	37,920.	44,483	3	41,083.		36 .	141.		
g	End of year balance	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		3.1	41,003.		30,1	141.		
2	Provide the estimated percentage of the curre	ent year end balance		neid as:							
a	Board designated or quasi-endowment  Permanent endowment 100	%	_%								
b	Permanent endowment 100  Term endowment 0000										
С	The percentages on lines 2a, 2b, and 2c shou	-									
20	Are there endowment funds not in the posses	•	tion that are hold an	d administered fo	r tha						
Sa	organization by:	ssion of the organiza	tion that are new an	u auministereu io	ı uı <del>c</del>		Г	Yes	No		
	3						3a(i)		X		
	(i) Unrelated organizations?						3a(ii)	$\rightarrow$	X		
h	If "Yes" on line 3a(ii), are the related organizations:	tions listed as requir						-+			
4	Describe in Part XIII the intended uses of the						. [30]				
	rt VI Land, Buildings, and Equipme		Willett fullus.								
	Complete if the organization answered		. Part IV. line 11a. Se	ee Form 990. Part	X. line	10.					
	Description of property	(a) Cost or o	, ,	<u> </u>	Accun		(d) Book	value			
	Description of property	basis (investr		1 '	depreci		(a) Door	value	,		
	Land	<u> </u>	,	1,075.	,		771	.,07	75.		
b	Buildings	I		1,355.	638	796.	1,232				
C	Leasehold improvements					,	_,	,,,,,,			
	Equipment	<b>I</b>	32	5,185.	283	757.	41	,42	28.		
	Other			8,262.		,262.			0.		
	I. Add lines 1a through 1e. (Column (d) must ed						2,045	,06	_		

Schedule D (Form 990) 2023

	MPICS RHODE I	SLAND INC.	05-0377867 Page <b>3</b>
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 000 Part IV line	o 11h Soo Form 900 Part V line	0.12
(a) Description of security or category (including name of security)	(b) Book value		e 12. Cost or end-of-year market value
	(b) Book value	(b) Welfied of Valuation.	300t of one of your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.	an Faura 000 Bart IV line	a 11a Caa Farra 000 Bart V lia	- 10
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		e 13. 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"	on Form 990 Part IV line	a 11d See Form 990 Part Y line	o 15
	Description	e i i d. See i oiiii 990, i ait A, iiii	(b) Book value
(1)	Boomption		(2) Been value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Par	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			207 200
(2) LIABILITY FOR TEAM FUNDS			297,202.
(3)			
(4)			
(5)			
(8) (Q)			
(9) Total (Column /b) must equal Form 200 Port V line 25 and	/ /D)\		297,202.
Total. (Column (b) must equal Form 990, Part X, line 25, co 2. Liability for uncertain tax positions. In Part XIII, provide			•
organization's liability for uncertain tax positions under		•	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SPECIAL OLYMPICS RHODE 1	TOTAND IN	٠.	05-0	J3//00/ Page 4
Part XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 990, Part IV, line			1	3,091,417.
<ul> <li>Total revenue, gains, and other support per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> </ul>			-	3,031,417.
a Net unrealized gains (losses) on investments	2a	-2.443.		
b Donated services and use of facilities		-2,443. 354,765.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	352,322.
3 Subtract line 2e from line 1			3	2,739,095.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,498.		
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	11,498.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,498. 2,750,593.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	≀eturr	1
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
Total expenses and losses per audited financial statements			1	2,352,934.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	354,765.		
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	354,765.
3 Subtract line 2e from line 1			3	1,998,169.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,498.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	11,498.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	2,009,667.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X	K, line 2; Part XI,
PART X, LINE 2:				
SPECIAL OLYMPICS RHODE ISLAND, INC. IS OR	GANIZED A	AS A RHODE	ISLA	AND
NONPROFIT CORPORATION AND HAS BEEN RECOGNI				
SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOM	E TAXES U	NDER IRC S	ECT:	ION 501(A)
AS AN ORGANIZATION DESCRIBED IN INTERNAL R	EVENUE CO	DDE (IRC) S	ECT	ION
501(C)(3), QUALIFIES FOR THE CHARITABLE CO	NTRIBUTIO	N DEDUCTIO	N UI	NDER IRC
SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND	HAS BEEN	DETERMINED	NO	r to be
PRIVATE FOUNDATION. THE ORGANIZATION IS AN				
OF ORGANIZATION EXEMPT FROM INCOME TAX (FO			s. I	
ADDITION, THE ENTITY IS SUBJECT TO INCOME				
DERIVED FROM BUSINESS ACTIVITIES THAT ARE				

13010510 131839 A810192

PURPOSES. THE ORGANIZATION HAS DETERMINED THAT IT IS NOT SUBJECT TO

UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.	Schedule D (Form 990) 2023 SPECIAL OLYMPICS RHODE ISLAND INC.  Part XIII   Supplemental Information (continued)	05-0377867	Page 5
DUGINEGO INCOME ENV DEEDIN / FORM 000 E) WIEN ENG INC			

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization  SPECTAL	OLYMPICS RHODE IS	[,ANI	יוד כ	VC.		Employer ide 05-0377	ntification number 867
	- Complete if the organization answe				ine 17		
Indicate whether the organization rais	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 332082 09-13-23

a Is the organization licensed to conduct gaming activities in each of these states?

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

**b** If "No," explain:

b If "Yes," explain: \_

Sch	nedule G (Form 990) 2023 SPECIAL OLYMPICS RHODE ISLAND INC. 05-0	377867	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	<u>%</u>
k	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	+ III I: O C	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IIIIes 9, 9	ю, тою,
_	130, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			

Schedule G	G (Form 990) Supplemental Inform	SPECIAL	OLYMPICS	RHODE	ISLAND	INC.	05-0377867	Page 4
Part IV	Supplemental Inform	nation <sub>(contin</sub>	ued)					
-								
-								

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

SPECIAL OLYMPICS RHODE ISLAND INC.

Employer identification number 05-0377867

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			l <u></u>
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2023

05-0377867

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	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) EDWIN PACHECO	(i)	155,000.	0.	0.	4,650.	0.	159,650.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Forn	n 990) 2023	SPECIAL	OLYMPICS	RHODE IS	LAND INC.				<u> 05-0377867</u>		Page 3
Part III Supple	emental Information	l									
			equired for Part I,	lines 1a, 1b, 3, 4a	a, 4b, 4c, 5a, 5b, 6a	a, 6b, 7, and 8, and	for Part II. Also com	plete this part	for any additional info	rmation.	

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization

SPECIAL OLYMPICS RHODE ISLAND INC.

Employer identification number 05-0377867

Part I Excess Benefit	t Transactio	ons (section 50	)1(c)(3)	), secti	on 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns on	ly)			
						; or Form 990-EZ, Pa						
1 (a) Name of disqualified per	(b) R	elationship betw			ified	c) Description of tran	oootio	'n		(d)	(d) Corrected?	
(a) Name of disquaimed per	SOFI	person and or	ganiza	tion	(0	Description of tran	ISactio	)T1		Y	es	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount of tax inc	curred by the or	ganization mana	agers (	or disq	ualified persons dur	ing the year under						
section 4958								\$				
3 Enter the amount of tax, if a	any, on line 2, a	above, reimburse	ed by t	the org	anization			\$				
Part II Loans to and/o	or From Inte	erested Pers	ons									
Complete if the org	anization answ	ered "Yes" on F	orm 9	90-EZ,	Part V, line 38a, or	Form 990, Part IV, Iir	ne 26;	or if th	ne orga	anizati	on	
reported an amoun	it on Form 990,	Part X, line 5, 6	, or 22	2.								
	<b>b)</b> Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due		,	<b>(h)</b> Ap bv bo		(1) **	
interested person w	ith organization	of loan		zation?	principal amount		defa	ault?	comn		agreer	ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												

_ (1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total \$											·	

#### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

	AL OLYMPICS RHODE ISL	AND INC.	05-0377	867	Page 2
Part IV Business Transactions Invol	_				
Complete if the organization answere  (a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	b, or 28c. (c) Amount of	(d) Description of	<b>(e)</b> Sh	aring of
(a) Name of interested person	person and the organization	transaction	transaction	organi	zation's nues?
				Yes	No
(1)THOMAS MAGGIACOMO	BOARD MEMBER	5,643.	THE ORGANIZ		X
(2)					+
(3) (4)					
(5)					
(6)					
(7)					
(8)					+
(9) (10)					
Part V Supplemental Information			l	l .	.1
Provide additional information for resp	ponses to questions on Schedule L. See in	nstructions.			
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVING	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: THOMAS	S MAGGIACOMO				
(D) DESCRIPTION OF MEANING	OMION. MIE ODGANIZAMI		IG TNIGHT ANGE		
(D) DESCRIPTION OF TRANSAC	CTION: THE ORGANIZATION	ON PURCHASE	IS INSURANCE		
THROUGH AN AGENCY (MAGGIA	COMO INSURANCE COMPAN	Y) 100% OWN	ED BY THE B	OARD	i
•		•			
MEMBER. THIS TRANSACTION	IS APPROVED BY THE BO	ARD OF DIRE	CTORS.		
_					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SPECIAL OLYMPICS RHODE ISLAND INC.

Employer identification number 05-0377867

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

FORM 990 REVIEW CONDUCTED BY MANAGEMENT AND THE BOARD PRIOR TO FILING.

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

THE ORGANIZATION (SORI) ANNUALLY REVIEWS AND REMINDS BOARD MEMBERS AND

STAFF ABOUT THESE POLICIES. INDIVIDUALS ARE INSTRUCTED TO REPORT ANY AND

ALL INSTANCES THAT MAY BE IN CONFLICT AND/OR REQUIRE PUBLIC REPORTING.

ADDITIONALLY, THE CODE OF CONDUCT AND THE ORGANIZATION'S BYLAWS ARE

REVIEWED AND SIGNED BY ALL BOARD MEMBERS AND STAFF. WITHIN THE BYLAWS,

ARTICLE III, SECTION 17 AND SECTION 18 SPEAK TO THE CONFLICT OF INTEREST

POLICY. THIS IS OVERSEEN BY THE PRESIDENT OF THE BOARD.

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

THE CEO IS HIRED BY A TWO-THIRDS (2/3) VOTE OF THE FULL BOARD OF DIRECTORS

AND REPORTS TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ANNUALLY

APPRAISES THE PERFORMANCE OF THE CEO AT PERIODS NOT TO EXCEED FIFTEEN (15)

MONTHS. COMPENSATION IS ASSESSED ANNUALLY BY THE BOARD OF DIRECTORS. A

REVIEW OF THE CEO WAS COMPLETED ON MARCH 9, 2023.

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

THE 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE FOR REVIEW UPON REQUEST.

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

Schedule O (Form 990) 2023