

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC. Doing business as		D Employer identification number 95-4538450
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 FORBES WAY 200	E Telephone number (562) 502-1100	
	City or town, state or province, country, and ZIP or foreign postal code LONG BEACH, CA 90810		G Gross receipts \$ 18,153,822.
	F Name and address of principal officer: CALVIN LYONS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SOSC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENABLE INDIVIDUALS WITH INTELLECTUAL DISABILITIES TO LIVE BETTER LIVES THROUGH SPORTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	47
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	657
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,907,505.	Current Year 10,806,700.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,289.	166,627.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,033,799.	4,003,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,115,593.	14,976,482.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,876.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,801,750.	4,160,579.
16a Professional fundraising fees (Part IX, column (A), line 11e)		75,150.	142,620.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,085,485.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,530,165.	2,442,407.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,468,941.	6,753,161.
19 Revenue less expenses. Subtract line 18 from line 12	-353,348.	8,223,321.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,248,370.	End of Year 22,014,782.
	21 Total liabilities (Part X, line 26)	1,566,340.	1,432,992.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,682,030.	20,581,790.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JANET ROSE, CFO Type or print name and title	9/30/2022			
Paid Preparer Use Only	Print/Type preparer's name LIZBETH G. NEVAREZ	Preparer's signature LIZBETH G. NEVAREZ	Date 09/27/22	Check if self-employed <input type="checkbox"/>	PTIN P01399868
	Firm's name ▶ GREEN HASSON & JANKS LLP	Firm's EIN ▶ 95-1777440	Phone no. (310) 873-1600		
Firm's address ▶ 700 SOUTH FLOWER STREET, SUITE 3300		LOS ANGELES, CA 90017			

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

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF SPECIAL OLYMPICS SOUTHERN CALIFORNIA IS TO PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES, GIVING THEM CONTINUING OPPORTUNITIES TO DEVELOP PHYSICAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,009,800. including grants of \$) (Revenue \$) SPORTS AND HEALTH PROGRAMS

SPECIAL OLYMPICS SOUTHERN CALIFORNIA PROVIDES SPORTS TRAINING AND COMPETITIONS IN 13 SPORTS, HEALTH AND WELLNESS PROGRAMS, AND LEADERSHIP TRAINING TO PEOPLE WITH INTELLECTUAL DISABILITIES. ATHLETES HAVE OPPORTUNITIES TO COMPETE LOCALLY THROUGHOUT THE YEAR AND COULD EVEN COMPETE NATIONALLY AND INTERNATIONALLY. IN 2021, SOSOC CONTINUED TO WEATHER THE COVID-19 PANDEMIC, WITH THE NUMBER ONE PRIORITY BEING THE HEALTH AND SAFETY OF THE ATHLETES. WE NEVER STOPPED PREPARING PEOPLE WITH INTELLECTUAL DISABILITIES, ONE OF THE MOST VULNERABLE POPULATIONS IN THE WORLD, TO SUCCEED AT LIFE. WE ARE HAPPY TO SAY THAT SINCE JULY 2021, ATHLETES HAVE TRAINED IN-PERSON WITH THEIR COACHES AND TEAMMATES, AND WE HAVE NOT HAD ANY

4b (Code:) (Expenses \$ 1,335,935. including grants of \$ 7,555.) (Revenue \$) UNIFIED CHAMPION SCHOOLS PROGRAM:

SPECIAL OLYMPICS SOUTHERN CALIFORNIA'S UNIFIED CHAMPION SCHOOLS PROGRAM (UCS) IS SHAPING A GENERATION OF YOUNG PEOPLE WHO WILL LEAD US INTO A FUTURE OF INCLUSION. THE PROGRAM SPREADS ACCEPTANCE, INCLUSION, AND AN ACTIVE LIFESTYLE FOR STUDENTS WITH AND WITHOUT INTELLECTUAL DISABILITIES, REDUCES BULLYING BY 94% IN HUNDREDS OF SCHOOLS IN SOUTHERN CALIFORNIA, AND BUILDS HEALTHY HABITS. AS SCHOOLS TRANSITIONED TO A HYBRID-LEARNING MODEL (PARTIALLY REMOTE AND PARTIALLY IN-PERSON) DURING THE PANDEMIC, SOSOC ADAPTED WITH THEM. UCS PROMOTES A SOCIALLY INCLUSIVE SCHOOL CLIMATE WHERE ACCEPTANCE, RESPECT, AND HUMAN DIGNITY FOR ALL STUDENTS IS THE GOAL. IN A DISTANCE LEARNING ENVIRONMENT, SOSOC SUPPORTS EDUCATORS AND PRESCHOOL-TRANSITION

4c (Code:) (Expenses \$ 802,118. including grants of \$) (Revenue \$) OTHER PROGRAM ACTIVITIES

SPECIAL OLYMPICS SOUTHERN CALIFORNIA'S OTHER PROGRAM COSTS INCLUDE:

PUBLIC EDUCATION SOSOC COMMUNICATES STRATEGICALLY TO BUILD ON SPECIAL OLYMPICS STRONG BRAND RECOGNITION, WITH THE GOAL OF BETTER EDUCATING THE PUBLIC ON OUR PROGRAMS AND MISSION. SOSOC PROMOTES ITS MISSION AND PROGRAMS THROUGH A VARIETY OF MARKETING CHANNELS, INCLUDING DIRECT MAIL, PRINTED AND DIGITAL GRAPHICS, EMAIL MARKETING, SOCIAL MEDIA, TRADITIONAL MEDIA OUTREACH, CONTENT CREATION, AND MORE. THE CURRENT FOCUS HAS BEEN ON CULTIVATING SOSOC'S CURRENT DATABASE OF SUPPORTERS (ATHLETES,

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,147,853.

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	51
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	17
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Part 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		71
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

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

Section A. Governing Body and Management

		Yes	No
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.		
	1a 47		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 47		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JANET ROSE, CFO SPECIAL OLYMPICS SOUTHERN CALIFORNIA - (562) 502-1100
1600 FORBES WAY, SUITE 200, LONG BEACH, CA 90810**

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM SHUMARD PRESIDENT EMERITUS/EMERITUS MEMBER	20.00 0.00					X	264,686.	0.	3,984.	
(2) CALVIN LYONS PRESIDENT & CEO	40.00 0.00			X			229,700.	0.	12,134.	
(3) WAYNE STICKNEY VP, DEVELOPMENT	40.00 0.00					X	150,370.	0.	4,726.	
(4) JAN L. PALCHIKOFF SR. VP, SPORTS & PROGRAMS	40.00 0.00					X	145,917.	0.	14,667.	
(5) JANET ROSE VP, CFO	40.00 0.00			X			115,769.	0.	3,761.	
(6) LAURA SECKEL VP, HUMAN RESOURCES	40.00 0.00					X	114,976.	0.	14,127.	
(7) KELLY POND EXECUTIVE VP, COO (LEFT JUL 2021)	40.00 0.00			X			97,193.	0.	5,124.	
(8) KELLY JOHNSON CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(9) RICHARD VILLA TREASURER	1.00 0.00	X		X			0.	0.	0.	
(10) WILLIAM VOGT SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(11) ANDY BARKER BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(12) AARON BATTISTA BOARD MEMBER (JOINED MAR 2021)	1.00 0.00	X					0.	0.	0.	
(13) STEPHEN BOLTON BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(14) AMY BRUTTO BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(15) BILL BRYAN BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(16) STEVEN BUSHONG BOARD MEMBER (LEFT DEC 2021)	1.00 0.00	X					0.	0.	0.	
(17) DAVID CARTER BOARD MEMBER	1.00 0.00	X					0.	0.	0.	

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MACK CALVIN BOARD MEMBER (JOINED JUN 2021)	1.00 0.00	X						0.	0.	0.
(19) BILL CASWELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) CAMMY STARKS DUPONT BOARD MEMBER (JOINED SEP 2021)	1.00 0.00	X						0.	0.	0.
(21) BRIAN ERICKSON BOARD MEMBER (LEFT DEC 2021)	1.00 1.00	X						0.	0.	0.
(22) BILL FIELDS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) TODD GOLDSTEIN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) BLANCA GONZALEZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) JOSEPH GORIN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) LARRY GREEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,118,611.	0.	58,523.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,118,611.	0.	58,523.

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAILING SYSTEMS, INC., 2431 MERCANTILE DRIVE, STE. A, RANCHO CORDOVA, CA 95742	PRINTING & MAILING SERVICES	261,916.
CREEL PRINTING AND PUBLISHING COMPANY, INC. P.O. BOX 932987, CLEVELAND, OH 44193	PRINTING & MAILING SERVICES	247,599.
NETREADY SYSTEMS, 5015 EAGLE ROCK BLVD STE 208, LOS ANGELES, CA 90041	IT SERVICES	152,003.
U.S. INTERNATIONAL MEDIA LOS ANGELES, 3415 S SEPULVEDA BLVD STE 800, LOS ANGELES, CA	TV MARKETING	149,833.
NETZEL GRIGSBY ASSOCIATES, INC. P.O. BOX 5122, CULVER CITY, CA 90231	CONSULTING	142,620.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Form 990

95-4538450

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STAN GREEN BOARD MEMBER (JOINED JUN 2021)	1.00 0.00	X						0.	0.	0.
(28) SCOTT GREGORY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) DAVID HALBERSTADTER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) LEWIS HANDELSMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(31) TIM HARRINGTON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(32) NEILO HARRIS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(33) TIM HEINEN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(34) VINCE HERRON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) MARSHA HIRANO-NAKANISHI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(36) KRYSTAL JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) MEGAN JORDAN BOARD MEMBER (LEFT DEC 2021)	1.00 0.00	X						0.	0.	0.
(38) AUDREY LEE BOARD MEMBER (JOINED SEP 2021)	1.00 0.00	X						0.	0.	0.
(39) APRIL LOPEZ BOARD MEMBER (LEFT DEC 2021)	1.00 0.00	X						0.	0.	0.
(40) ALAN MARTIN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(41) ROLANDA MAXIM-GOTT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(42) ROGER NIEVES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(43) MICAH OHLMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(44) ADAM PARRISH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(46) JENNIFER PETTIT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(47) ALEX POSADA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Form 990 (2021)

95-4538450 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,129,829.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,064,025.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,612,846.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 34,966.				
	h Total. Add lines 1a-1f			10,806,700.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		166,627.			166,627.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 1,129,829. of contributions reported on line 1c). See Part IV, line 18	8a		31,689.				
		b Less: direct expenses	8b	103,686.			
		c Net income or (loss) from fundraising events		-71,997.		-71,997.	
9 a Gross income from gaming activities. See Part IV, line 19	9a		7,129,785.				
		b Less: direct expenses	9b	3,071,549.			
		c Net income or (loss) from gaming activities		4,058,236.		4058236.	
10 a Gross sales of inventory, less returns and allowances	10a		2,699.				
		b Less: cost of goods sold	10b	2,105.			
		c Net income or (loss) from sales of inventory		594.		594.	
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	16,322.		16,322.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			16,322.			
12 Total revenue. See instructions			14,976,482.	0.	0.	4169782.	

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Form 990 (2021)

95-4538450 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,555.	7,555.		
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	463,681.	354,025.	36,824.	72,832.
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	2,982,093.	2,274,379.	237,662.	470,052.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,988.	55,830.	5,426.	10,732.
9 Other employee benefits	331,289.	256,929.	24,971.	49,389.
10 Payroll taxes	311,528.	237,661.	24,806.	49,061.
11 Fees for services (nonemployees):				
a Management	211,922.	122,348.	43,467.	46,107.
b Legal				
c Accounting	62,010.		62,010.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	142,620.			142,620.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	159,476.	145,737.	4,614.	9,125.
12 Advertising and promotion				
13 Office expenses	483,161.	370,279.	23,933.	88,949.
14 Information technology	115,158.	87,853.	9,169.	18,136.
15 Royalties				
16 Occupancy	388,819.	296,643.	28,025.	64,151.
17 Travel	23,000.	11,866.	302.	10,832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	150,096.	150,096.		
22 Depreciation, depletion, and amortization	5,505.	2,285.	155.	3,065.
23 Insurance	190,275.	185,099.	1,654.	3,522.
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 O.)				
a EVENT SUPPLIES	449,692.	443,253.	5,342.	1,097.
b FACILITIES RENTAL	109,231.	93,434.	5,305.	10,492.
c UNIFORMS	4,300.	4,259.	41.	
d MEALS	4,046.	2,070.	92.	1,884.
e All other expenses _____	85,716.	46,252.	6,025.	33,439.
25 Total functional expenses. Add lines 1 through 24e	6,753,161.	5,147,853.	519,823.	1,085,485.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Form 990 (2021)

95-4538450 Page **11**

Part X Balance Sheet

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

		(A)			(B)	
		Beginning of year			End of year	
Assets	1 Cash - non-interest-bearing	3,472,728.	1		5,251,536.	
	2 Savings and temporary cash investments	2,371,744.	2		2,875,210.	
	3 Pledges and grants receivable, net	498,736.	3		1,559,935.	
	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			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	167,978.	9		246,833.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	199,282.	10a			
	b Less: accumulated depreciation	197,252.	10b			
	11 Investments - publicly traded securities	7,535.	10c		2,030.	
	12 Investments - other securities. See Part IV, line 11	6,621,304.	11		11,964,338.	
	13 Investments - program-related. See Part IV, line 11		12			
	14 Intangible assets		13			
	15 Other assets. See Part IV, line 11	108,345.	14			
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,248,370.	15		114,900.		
		16		22,014,782.		
Liabilities	17 Accounts payable and accrued expenses	563,940.	17		532,992.	
	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			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties	1,002,400.	24		900,000.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26 Total liabilities. Add lines 17 through 25	1,566,340.	26		1,432,992.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	11,386,775.	27		19,250,778.	
	28 Net assets with donor restrictions	295,255.	28		1,331,012.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	11,682,030.	32		20,581,790.	
	33 Total liabilities and net assets/fund balances	13,248,370.	33		22,014,782.	

Form **990** (2021)

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Part 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	14,976,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,753,161.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,223,321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,682,030.
5	Net unrealized gains (losses) on investments	5	676,439.
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	20,581,790.

Part XII Financial Statements and Reporting

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

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

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8633211.	9603276.	11594345.	5907505.	10806700.	46545037.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8633211.	9603276.	11594345.	5907505.	10806700.	46545037.
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)						4293349.
6 Public support. Subtract line 5 from line 4.						42251688.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8633211.	9603276.	11594345.	5907505.	10806700.	46545037.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	146,304.	143,324.	195,558.	172,154.	166,627.	823,967.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2131708.	1505000.	1864842.	2029672.	3986239.	11517461.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,850.			1,137.	16,322.	20,309.
11 Total support. Add lines 7 through 10						58906774.
12 Gross receipts from related activities, etc. (see instructions)					12	260,411.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	71.73 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	73.40 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

SPECIAL OLYMPICS SOUTHERN
CALIFORNIA, INC.

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

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

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

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

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

SPECIAL OLYMPICS SOUTHERN
CALIFORNIA, INC.

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

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

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number 95-4538450
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number 95-4538450
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>3,020,122.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,359,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,033,236.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,002,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>630,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number 95-4538450
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number 95-4538450
---	---

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC. Employer identification number 95-4538450

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,041,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	676,439.	
b	Donated services and use of facilities	2b	791,408.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,597,281.	
e	Add lines 2a through 2d	2e		4,065,128.
3	Subtract line 2e from line 1	3		14,976,482.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		14,976,482.

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

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

1	Total expenses and losses per audited financial statements		1	10,141,850.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	791,408.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,597,281.	
e	Add lines 2a through 2d	2e		3,388,689.
3	Subtract line 2e from line 1	3		6,753,161.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,753,161.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE EARNINGS OF SOSOC'S ENDOWMENT FUND SUPPORT THE TEAM WELLNESS PROGRAM.

PART X, LINE 2:

SPECIAL OLYMPICS SOUTHERN CALIFORNIA RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR ENDED DECEMBER 31, 2021, SPECIAL OLYMPICS SOUTHERN CALIFORNIA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	2,105.
RECLASSIFICATION OF RAFFLE EXPENSE	1,850,325.
RECLASSIFICATION OF ERC CREDIT	744,851.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,597,281.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	2,105.
RECLASSIFICATION OF RAFFLE EXPENSE	1,850,325.
RECLASSIFICATION OF ERC CREDIT	744,851.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,597,281.

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BREAKFAST WITH CHAMPION DRIVE (event type)	COLUMBUS DAY DRIVE (event type)	17 (total number)		
Revenue	1	Gross receipts	154,050.	113,550.	893,918.	1,161,518.
	2	Less: Contributions	154,050.	81,861.	893,918.	1,129,829.
	3	Gross income (line 1 minus line 2)		31,689.		31,689.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		5,503.	12,070.	17,573.
	8	Entertainment				
	9	Other direct expenses	351.	26,186.	59,576.	86,113.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				103,686.
11	Net income summary. Subtract line 10 from line 3, column (d)				-71,997.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			7,129,785.
Direct Expenses	2	Cash prizes			1,063,300.	1,063,300.
	3	Noncash prizes			225,310.	225,310.
	4	Rent/facility costs				
	5	Other direct expenses			1,782,939.	1,782,939.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				3,071,549.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				4,058,236.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	75.00	%
b An outside facility	13b	25.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JANET ROSE, VP CFO

Address ▶ 1600 FORBES WAY, SUITE 200 - LONG BEACH, CA 90810

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ VICTORIA TRACEY

Gaming manager compensation ▶ \$ 24,798.
**

Description of services provided ▶ VICTORIA TRACEY, THE RAFFLE ADMINISTRATOR, IS RESPONSIBLE FOR COORDINATING AND MANAGING ALL ASPECTS OF THE DREAM RAFFLE IN ACCORDANCE WITH CALIFORNIA LAWS AND REGULATIONS GOVERNING

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 6,473,629.

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

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

(I) NAME OF FUNDRAISER: NETZEL GRIGSBY ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: P.O. BOX 5122, CULVER CITY, CA 90231

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

VICTORIA TRACEY, THE RAFFLE ADMINISTRATOR, IS RESPONSIBLE FOR COORDINATING AND MANAGING ALL ASPECTS OF THE DREAM RAFFLE IN ACCORDANCE WITH CALIFORNIA LAWS AND REGULATIONS GOVERNING

Part IV Supplemental Information (continued)

BUSINESS PRACTICES, CHARITABLE RAFFLES, AND NON-PROFIT FUNDRAISING,
INCLUDING THE REGULATIONS SET FORTH IN CALIFORNIA PENAL CODE SECTION
320.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.** Employer identification number **95-4538450**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

Schedule J (Form 990) 2021

95-4538450

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM SHUMARD PRESIDENT EMERITUS/EMERITUS MEMBER	(i)	264,686.	0.	0.	3,115.	869.	268,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CALVIN LYONS PRESIDENT & CEO	(i)	229,700.	0.	0.	1,627.	10,507.	241,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WAYNE STICKNEY VP, DEVELOPMENT	(i)	150,370.	0.	0.	4,346.	380.	155,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAN L. PALCHIKOFF SR. VP, SPORTS & PROGRAMS	(i)	145,917.	0.	0.	4,410.	10,257.	160,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.** Employer identification number **95-4538450**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		25,021.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	5,387.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	9	4,138.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>POSTAGE & SHI</u>)	X	1	420.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NONCASH CONTRIBUTIONS ARE LISTED BY TOTAL NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

**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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS SOUTHERN
CALIFORNIA, INC.

Employer identification number
95-4538450

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FITNESS, DEMONSTRATE COURAGE, EXPERIENCE JOY AND PARTICIPATE IN A
SHARING OF GIFTS, SKILLS AND FRIENDSHIP WITH THEIR FAMILIES, OTHER
SPECIAL OLYMPICS ATHLETES AND THE COMMUNITY. OUR VISION IS TO PROMOTE
ACCEPTANCE, INCLUSION, AND WELL-BEING FOR PEOPLE WITH INTELLECTUAL
DISABILITIES THROUGH SPORTS.

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

KNOWN COVID-19 CASES FROM A SOSOC PRACTICE OR SPORTS EVENT.
KNOWING THAT NOT ALL ATHLETES AND COACHES ARE READY TO TRAIN IN-PERSON,
WE CONTINUED TO OFFER VIRTUAL PROGRAMMING. THIS INCLUDED THE HEALTHY
LIFESTYLE CHALLENGE, MOVE ACROSS CALIFORNIA, VIRTUAL SPORTS LEAGUES,
ACTIVITIES FOR UNIFIED CHAMPION SCHOOLS, AND ATHLETE LEADERSHIP
TRAINING.
WE DID ALL OF THIS WITH ONE THING IN MIND: EMPOWERING THE ATHLETES TO
LIVE HEALTHIER AND MORE FULFILLING LIVES. ATHLETES AND THEIR FAMILIES
INFORMED THE SOSOC STAFF THAT WHEN THEY HEARD FROM US OR PARTICIPATED IN
VIRTUAL PROGRAMMING, THEIR MENTAL HEALTH, SELF-ESTEEM, AND OUTLOOK ON
LIFE IMPROVED.

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

STUDENTS BY PROVIDING AN ONLINE CURRICULUM PROMOTING INCLUSIVE SCHOOL
CLIMATES, ANTI-BULLYING, AND FITNESS. WE ALSO MADE UNIFIED FITNESS KITS
AVAILABLE TO SCHOOLS IN BOTH ENGLISH AND SPANISH. THE KITS INCLUDED A
PEDOMETER, A JUMP ROPE, RESISTANCE BANDS, WORKOUT GUIDES, AND MORE. WE
ALSO BEGAN TO ENGAGE THE STUDENTS IN-PERSON AGAIN WITH TRADITIONAL

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number	95-4538450
--------------------------	--	--------------------------------	------------

UNIFIED SPORTS, INCLUSIVE YOUTH LEADERSHIP AND WHOLE SCHOOL ENGAGEMENT.

THESE OPTIONS IN ALL THREE UCS COMPONENTS ARE A TESTAMENT TO SOSCS'

COMMITMENT TO PROVIDE THE SAME OPPORTUNITIES TO SCHOOLS NO MATTER HOW

THE STUDENTS LEARN.

WE ALSO SUPPORTED CHILDREN AGES 2-7 IN AN EARLY INTERVENTION PROGRAM

CALLED YOUNG ATHLETES (YA). BACKPACKS WERE DISTRIBUTED TO FAMILIES OF

CHILDREN PARTICIPATING IN YA. THIS SUPPLIED PARENTS AND GUARDIANS WITH

AN ACTIVITY KIT THAT INCLUDES FUN AND ENGAGING EQUIPMENT AND FLASHCARDS

FOR FAMILIES TO USE AT HOME. BOTH ENGLISH AND SPANISH LANGUAGE

RESOURCES ARE AVAILABLE IN PRINT FORM WITH ACCESS TO MULTIPLE OTHER

LANGUAGES AVAILABLE ONLINE. ADDITIONALLY, ONLINE CONTENT HAS BEEN

DEVELOPED TO SUPPORT BOTH EDUCATORS AND FAMILIES, FROM USER-FRIENDLY

ONLINE RESOURCES TO LIVE WEEKLY TRAINING SESSIONS HOSTED BY SOSC IN

MULTIPLE COUNTIES AND CELEBRATION EVENTS.

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

VOLUNTEERS, DONORS, AND SPONSORS) AND NEW AUDIENCES TO REACH OUR

FUNDRAISING, SPORTS & PROGRAMS, AND VOLUNTEER GOALS.

ATHLETE LEADERSHIP

SPECIAL OLYMPICS SOUTHERN CALIFORNIA'S ATHLETE LEADERSHIP GIVES

ATHLETES OPPORTUNITIES BEYOND SPORTS TRAINING AND COMPETITION. ATHLETES

CAN BECOME COACHES, OFFICIALS, TEAM CAPTAINS, SPOKESPEOPLE, BOARD OF

DIRECTORS, AND COMMITTEE MEMBERS. ATHLETES HELP GUIDE THE DIRECTION OF

THE MOVEMENT AND ARE ADVOCATES OF ACCEPTANCE AND INCLUSION FOR ALL.

PROFESSIONAL DEVELOPMENT FOR STAFF, INCLUDING STAFF CONFERENCES

PART OF SOSC'S SUCCESS IS THROUGH BUILDING A STRONG TEAM CULTURE AND

Name of the organization	SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number	95-4538450
--------------------------	--	--------------------------------	------------

ENCOURAGING EMPLOYEES TO GROW SO THEY ARE EQUIPPED WITH THE TOOLS TO ADVANCE SOSOC'S SPORTS, WELLNESS, AND LEADERSHIP PROGRAMS. THIS SUPPORT OF EMPLOYEES INCLUDES YEAR-ROUND PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND AN ANNUAL STAFF CONFERENCE TO DEVELOP STRATEGIC PLANS, CREATE CONSISTENCY WITHIN PROGRAM IMPLEMENTATION, PROVIDE PROFESSIONAL DEVELOPMENT, AND BUILD TEAM MORALE.

RECRUITMENT VOLUNTEERS

TO EMPOWER ATHLETES TO REACH THEIR GOALS ON AND OFF THE SPORTS FIELD, WE NEED TO BECOME A STAFF LEAD, VOLUNTEER DRIVEN ORGANIZATION. TO DO THIS, WE HAVE IDENTIFIED CULTIVATING CURRENT DAY OF VOLUNTEERS TO BECOME YEAR-ROUND VOLUNTEERS AS A PRIORITY. EMPLOYEES ARE DEVELOPING AND IMPLEMENTING A STRATEGIC VOLUNTEER ENGAGEMENT PLAN, WHICH INCLUDES INCREASING THE AMOUNT OF SKILLED AND CAPACITY-BUILDING ROLES FOR VOLUNTEERS WITHIN SPORTS, WELLNESS, AND LEADERSHIP PROGRAMMING AND BUILDING RESOURCES TO EMPOWER VOLUNTEERS. WITH MORE VOLUNTEERS SUPPORTING THE MISSION, WE KNOW WE CAN CONTINUE TO GROW AND SERVE TENS OF THOUSANDS MORE ATHLETES. IN 2021, WE IMPLEMENTED NEW VOLUNTEER SOFTWARE. OVER THE YEARS, WE HAVE RECEIVED FEEDBACK FROM PEOPLE THAT REGISTERING TO VOLUNTEER AND KNOWING WHAT THEY NEEDED TO DO TO BECOME A VOLUNTEER WAS TOO COMPLICATED. THIS SOFTWARE WILL STREAMLINE THE PROCESS AND ADDRESS THESE ISSUES, WHICH WILL AID US IN RECRUITING MORE VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS COMPOSED OF THE FOLLOWING MEMBERS:

- 1) KELLY JOHNSON, CHAIR
- 2) RICHARD VILLA, VICE-CHAIR & TREASURER

Name of the organization	SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number	95-4538450
--------------------------	--	--------------------------------	------------

- 3) JANET ROSE, CFO
- 4) WILL VOGT, SECRETARY
- 5) AMIE BISIUP, ASSISTANT SECRETARY (NOT A BOARD MEMBER)
- 6) CALVIN LYONS, PRESIDENT & CEO
- 7) JOSEPH GORIN, BOARD MEMBER
- 8) CAREN ROBERSON, BOARD MEMBER
- 9) MARSHA HIRANO-NAKANISHI, BOARD MEMBER
- 10) RICK VAN KIRK, BOARD MEMBER
- 11) VINCE HERRON, BOARD MEMBER
- 12) KIMBERLY UNLAND, BOARD MEMBER
- 13) RAMIN ZOLFAGARI, BOARD MEMBER
- 14) DAVID HALBERSTADTER, BOARD MEMBER
- 15) JUSTIN WONG, BOARD MEMBER
- 16) TOM STEVENS, BOARD MEMBER

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM SHUMARD, PRESIDENT EMERITUS AND EMERITUS BOARD MEMBER, AND MEREDITH BATTIN-SHUMARD, BOARD MEMBER, HAVE A FAMILY RELATIONSHIP.

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

FORM 990 IS FIRST REVIEWED BY THE VP AND CFO. A COPY IS THEN PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING.

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

QUESTIONNAIRES WITH THE LIST OF VENDORS OVER \$5,000 AND DISCLOSURE FORMS ARE SENT ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES BY THE CFO. THEY ARE TO READ IT, MAKE DISCLOSURES IF NECESSARY AND SIGN IT. THE FORMS ARE REVIEWED BY THE CFO. THE CFO'S CONFLICT OF INTEREST REPORT IS REVIEWED

Name of the organization SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.	Employer identification number 95-4538450
--	--

BY THE CEO. CONFLICTS WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE. THE CFO MONITORS THE POLICY.

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

THE COMPENSATION COMMITTEE FOR THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION (SALARY AND BENEFITS) OF THE CEO AND CFO, INDEPENDENTLY, WITHOUT PARTICIPATION OF THE INTERESTED PERSON, TO ENSURE THAT IT IS JUST AND REASONABLE. THE REVIEW AND APPROVAL OCCURS AT THE TIME OF INITIAL HIRING, AND ANNUALLY TO ASSESS NEED FOR MERIT INCREASES. EXTERNAL COMPENSATION SURVEY DATA IS USED TO DETERMINE THE COMPENSATION OF THE CEO INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED PERSONS. NEITHER THE CEO OR CFO HAVE EMPLOYMENT CONTRACTS.

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

WHEN OFFICERS ARE ORIGINALLY HIRED THE CEO USES COMPARABILITY DATA TO DETERMINE A REASONABLE COMPENSATION INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED PERSONS. ANY SALARY INCREASES ARE BASED ON PERFORMANCE REVIEWS.

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

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE: SOSC.ORG. CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.