

2020 Exempt Org. Return
prepared for:

Alaska Special Olympics
DBA Special Olympics Alaska, Inc.
3200 Mountain View Dr
Anchorage, AK 99501-3109

ALTMAN ROGERS & CO
3000 C Street Suite 201
Anchorage, AK 99503

ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.

92-0057197

	2020	2019	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	951,492	773,932	177,560
INVESTMENT INCOME.....	43,648	55,308	-11,660
OTHER REVENUE.....	528,262	647,111	-118,849
TOTAL REVENUE.....	1,523,402	1,476,351	47,051
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	619,738	591,712	28,026
OTHER EXPENSES.....	796,540	1,044,789	-248,249
TOTAL EXPENSES.....	1,416,278	1,636,501	-220,223
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	107,124	-160,150	267,274
TOTAL ASSETS AT END OF YEAR.....	9,033,036	8,995,337	37,699
TOTAL LIABILITIES AT END OF YEAR.....	164,172	219,736	-55,564
NET ASSETS/FUND BALANCES AT END OF YEAR.	8,868,864	8,775,601	93,263

ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.

92-0057197

	2020	2019	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	1,009,284	949,146	60,138
NET SALES.....	1,009,284	949,146	60,138
GROSS PROFIT.....	1,009,284	949,146	60,138
 TOTAL REVENUE.....	 1,009,284	 949,146	 60,138
DEDUCTIONS			
OTHER DEDUCTIONS.....	19,570	105,346	-85,776
 TOTAL DEDUCTIONS.....	 19,570	 105,346	 -85,776
UNRELATED BUSINESS TAXABLE INCOME BEFORE UNRELATED BUSINESS TAXABLE INCOME.....	989,714 989,714	843,800 843,800	145,914 145,914
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
SPECIFIC DEDUCTION.....	1,000	0	1,000
 UNRELATED BUSINESS TAXABLE INCOME.....	 0	 0	 0
TAX COMPUTATION			
INCOME TAX.....	0	0	0
TAX AND PAYMENTS			
TOTAL TAX.....	0	0	0
 TOTAL PAYMENTS AND CREDITS.....	 0	 0	 0
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

2020

GENERAL INFORMATION
ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.

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92-0057197

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH O, 8868, 990-T

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %

CARRYOVERS TO 2021

NONE

SPECIAL EVENTS WORKSHEET

SPECIAL EVENT	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME OR LOSS
POLAR PLUNGE	\$ 187,800.	\$ 0.	\$ 187,800.	\$ 31,992.	\$ 155,808.
OTHER FUNDRAISING	119,872.	0.	119,872.	0.	119,872.
SUBTOTAL	\$ 307,672.	\$ 0.	\$ 307,672.	\$ 31,992.	\$ 275,680.
ANNUAL AUCTION	111,438.	1,800.	109,638.	10,097.	99,541.
TORCH RUN	83,284.	0.	83,284.	14,473.	68,811.
HAPPY HOUR	17,850.	0.	17,850.	370.	17,480.
BOMA GOLF TOURNAMENT	15,722.	15,722.	0.	4,156.	-4,156.
*SUBTOTAL	\$ 228,294.	\$ 17,522.	\$ 210,772.	\$ 29,096.	\$ 181,676.
TOTAL	\$ 535,966.	\$ 17,522.	\$ 518,444.	\$ 61,088.	\$ 457,356.

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	1,139,989.	PART IX, LINE 25, COL. B
GRANTS	0.	0. PART IX, LINES 1-3, COL. B
REVENUE	0.	0. PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

TOTAL	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND-RAISING
CONTRACT SERVICES	66,695.	46,687.	5,301.	14,707.
TOTAL	\$ 66,695.	\$ 46,687.	\$ 5,301.	\$ 14,707.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

TOTAL	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUCTION	21,633.			21,633.
POSTAGE AND SHIPPING	9,106.	7,285.		1,821.
EQUIPMENT LEASE	8,892.	8,002.	445.	445.
UNIFORMS	7,899.	7,899.		
TRAINING	7,344.	7,344.		
DUES/SUBSCRIPTIONS	6,800.	1,360.		5,440.
AWARDS	2,795.	2,375.	342.	78.

FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
CEREMONIES	2,217.	1,884.	271.	62.
PRINTING AND PUBLICATIONS	2,156.	1,293.	647.	216.
RECOGNITION	641.	545.	78.	18.
REGISTRATION	340.	306.	26.	8.
FUNDR EXP. REPORTED PART VIII	-61,088.			-61,088.
TOTAL	<u>\$ 8,735.</u>	<u>\$ 38,293.</u>	<u>\$ 1,809.</u>	<u>\$ -31,367.</u>

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>TOTAL</u>	<u>2% AMT</u>	<u>EXCESS</u>
BP EXPLORATION (ALASKA) INC	36,555	6,927	33,281	28,630	22,425	127,818	97,331	30,487
CONOCOPHILLIPS	10,000	5,670	0	0	5,300	20,970	0	0
MAY AND STANLEY SMITH	50,000	45,000	50,000	40,000	40,000	225,000	97,331	127,669
RASMUSON FOUNDATION	29,850	15,000	0	0	21,250	66,100	0	0
GCI COMMUNICATIONS	35,968	7,450	15,933	16,700	59,300	135,351	97,331	38,020
WELLS FARGO	9,100	8,500	9,478	42,100	0	69,178	0	0
KENDALL TOYOTA	0	0	10,000	0	0	10,000	0	0
BOMA	0	0	9,924	0	14,072	23,996	0	0
CARR FOUNDATION	10,000	10,000	0	10,000	0	30,000	0	0
FIRST NATIONAL BANK OF ALASKA	0	0	7,750	0	5,000	12,750	0	0
MATSON NAVIGATION COMPANY	0	13,500	17,800	12,425	20,300	64,025	0	0
M J MURDOCK CHARITABLE TRUST	0	200,000	0	0	0	200,000	97,331	102,669
BEATRICE KENNEDY REV. TRUST	0	360,591	0	0	0	360,591	97,331	263,260

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

KEY BANK	0	0	6,450	0	0	6,450	0	0
LEXUS	0	0	10,000	0	0	10,000	0	0
STANLEY RETIMAN TRUST	0	0	64,250	50,000	0	114,250	97,331	16,919
WILLIAM SCHMID	0	0	6,295	0	0	6,295	0	0
ALASKA USA	0	0	0	9,750	0	9,750	0	0
ALASKA USA FOUNDATION	0	0	0	10,000	10,000	20,000	0	0
COCA COLA	0	0	0	10,862	0	10,862	0	0
COALASKA	0	0	0	10,511	5,000	15,511	0	0
CREDIT UNION 1	0	0	0	7,700	0	7,700	0	0
SALTCHUK	0	0	0	10,000	0	10,000	0	0
SCOTTY GOMEZ FOUNDATION	0	0	0	30,489	0	30,489	0	0
TEXAS ROADHOUSE HOLDINGS	0	0	0	6,108	0	6,108	0	0
ALASKA COMMUNITY FOUNDATION	0	0	0	0	199,583	199,583	97,331	102,252
ALASKA STATE ELKS ASSOCIATION	0	0	0	0	50,000	50,000	0	0
ALASKA USA FEDERAL CREDIT UNION	0	0	0	0	31,000	31,000	0	0
EAGLE RIVER HOCKEY LEAGUE	0	0	0	0	7,000	7,000	0	0
LARA MABRY	0	0	0	0	7,600	7,600	0	0
SUZANNE PERLES	0	0	0	0	8,205	8,205	0	0

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

LAP FOUNDATION, INC	0	0	0	0	10,000	10,000	0	0
ARCTIC SLOPE REGIONAL CORPORATION	0	0	0	0	5,000	5,000	0	0
PETRO STAR, INC.	0	0	0	0	5,000	5,000	0	0
	0	0	0	10,500	0	10,500	0	0
	<u>181,473</u>	<u>672,638</u>	<u>241,161</u>	<u>305,775</u>	<u>526,035</u>	<u>1,927,082</u>	<u>681,317</u>	<u>681,276</u>

02:22 PM

Altman, Rogers & Company

Client 8053	- Alaska Special Olympics	EIN: 92-0057197
US Ext.	Even Return.....	\$0
US	Even Return.....	\$0
US UBIT Ext.	Even Return.....	\$0
US UBIT	Even Return.....	\$0

Activity

Extension - Federal Extension

US - E-FILE COMPLETE 05/13 (Current Status)
Submission ID: 920364202113304w90bi

Previous Activity

- 05/13 Accepted
- 05/13 Sent to the IRS
- 05/13 Received at Lacerte
- 05/13 Sent to Lacerte
- 05/13 Ready to Send
- 05/13 Passed Validation

US - ACCEPTED 10/06 (Current Status)
Submission ID: 920364202127905h4tup

Previous Activity

- 10/06 Sent to the IRS
- 10/06 Received at Lacerte
- 10/06 Sent to Lacerte
- 10/06 Ready to Send
- 10/06 Passed Validation

Extension - Federal UBIT Extension

E-FILE COMPLETE 05/13 (Current Status)
Submission ID: 920364202113304wb57k

Previous Activity

- 05/13 Accepted
- 05/13 Sent to the IRS
- 05/13 Sent to Lacerte
- 05/13 Ready to Send
- 05/13 Passed Validation
- 05/13 Received at Lacerte

Other - Federal 990-T

ACCEPTED 10/18 (Current Status)
Submission ID: 9203642021291058h084

Previous Activity

- 10/18 Sent to the IRS
- 10/18 Received at Lacerte
- 10/18 Sent to Lacerte

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax
**ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.**

Taxpayer identification number
92-0057197

Name and title of officer or person subject to tax
SUZANNE PERLES PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>1,523,402.</u>
2 a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5 b	
6 a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6 b	
7 a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7 b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ALTMAN ROGERS & CO to enter my PIN 08053 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Suzanne Perles Date ▶ 10-6-2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 92036492036
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature] Date ▶ 9/30/2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

**IRS e-file Signature Authorization
for an Exempt Organization**

Form **8879-EO**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

**ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.**

Taxpayer identification number

92-0057197

SUZANNE PERLES

PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1 a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5 b _____
6 a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6 b _____ 0.
7 a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7 b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ALTMAN ROGERS & CO to enter my PIN 08053 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Suzanne Perles Date ▶ 10-6-2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN **92036492036**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Tommy O'Connell, CPA* Date ▶ 9/30/2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC.	Taxpayer identification number (TIN) 92-0057197
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 3200 MOUNTAIN VIEW DR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANCHORAGE, AK 99501-3109	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ SUZANNE PERLES -----

Telephone No. ▶ 907-222-7625 ----- Fax No. ▶ -----

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 20 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

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

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

Form **8868** (Rev. 1-2020)

Return of Organization Exempt From Income Tax

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

2020

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 2020 calendar year, or tax year beginning , 2020 , and ending , 20	
B Check if applicable:	C
<input type="checkbox"/> Address change	ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC. 3200 MOUNTAIN VIEW DR ANCHORAGE, AK 99501-3109
<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	D Employer identification number 92-0057197
	E Telephone number 907-222-7625
	G Gross receipts \$ 3,912,781.
	F Name and address of principal officer: SUZANNE PERLES SAME AS C ABOVE
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	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
J Website: WWW.SPECIALOLYMPICALASKA.ORG	H(c) Group exemption number ▶
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: 1974 M State of legal domicile: AK

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPECIAL OLYMPICS ALASKA, INC. WAS FORMED IN 1974 UNDER THE GUIDANCE AND APPROVAL OF SPECIAL OLYMPICS, INC. THE ORGANIZATION SERVES INDIVIDUALS WITH INTELLECTUAL DISABILITIES THROUGH YEAR ROUND SPORTS TRAINING, CONDITIONING AND ATHLETIC COMPETITION.		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	20
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	16
	6 Total number of volunteers (estimate if necessary).....	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	70,902.
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	Current Year
	9 Program service revenue (Part VIII, line 2g).....	773,932.	951,492.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	55,308.	43,648.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	647,111.	528,262.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,476,351.	1,523,402.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	591,712.	619,738.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 129,552.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	1,044,789.	796,540.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,636,501.	1,416,278.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-160,150.	107,124.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	8,995,337.	9,033,036.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	219,736.	164,172.
		8,775,601.	8,868,864.

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	
	SUZANNE PERLES		PRESIDENT & CEO
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TOM J. DOMAGALA, CPA		
	Firm's name ▶	Firm's EIN ▶	
	ALTMAN ROGERS & CO	92-0143182	
Firm's address ▶	Phone no.		
3000 C STREET SUITE 201	(907) 274-2992		
ANCHORAGE, AK 99503			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 1,139,989. including grants of \$) (Revenue \$)

SPORTS TRAININGS AND COMPETITION - INCLUDES ALL FUNCTIONS NECESSARY TO PROVIDE CONTINUING OPPORTUNITIES FOR ATHLETES TO DEVELOP PHYSICAL FITNESS, TO DEMONSTRATE COURAGE, TO EXPERIENCE JOY AND TO PARTICIPATE IN A SHARING OF GIFTS, SKILLS AND FRIENDSHIP WITH THEIR FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES AND THE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,139,989.

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 Revenue Procedure 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

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>		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>		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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
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>		X
25b 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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
35b 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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

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 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	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? 3a	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. 3b	X	
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)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
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? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
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? 7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		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? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
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? 12a		
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? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 20		
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
7 a	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
7 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:		
8 a	The governing body?	X	
8 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
10 a	Did the organization have local chapters, branches, or affiliates?	X	
10 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	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	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
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 SUZANNE PERLES 3200 MOUNTAIN VIEW DR. ANCHORAGE AK 99501 907-222-7625

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

1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 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 dotted 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)	(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			
(1) SUZANNE PERLES PRESIDENT & CEO	40 0			X			126,795.	0.	23,205.	
(2) SARAH ARTS VICE PRES/COO	40 0			X			93,651.	0.	4,199.	
(3) JIMMY JOHNSON CHAIRMAN	3 0	X		X			0.	0.	0.	
(4) GEOFF LUNDFELT CHAIR ELECT	3 0	X		X			0.	0.	0.	
(5) RYAN MUSPRATT TREASURER	3 0	X		X			0.	0.	0.	
(6) ADOLF ZEMAN SECRETARY	3 0	X		X			0.	0.	0.	
(7) CHARLIE MICHAEL IMM. PAST CHAIR	3 0	X		X			0.	0.	0.	
(8) BILL BISHOP DIRECTOR	3 0	X					0.	0.	0.	
(9) KATHERINE BURRILL DIRECTOR	3 0	X					0.	0.	0.	
(10) AMBER COMEAU DIRECTOR	3 0	X					0.	0.	0.	
(11) BAL DREYFUS DIRECTOR	3 0	X					0.	0.	0.	
(12) MARK GINGRICH DIRECTOR	3 0	X					0.	0.	0.	
(13) BRYAN KNIGHT DIRECTOR	3 0	X					0.	0.	0.	
(14) AARON LAUTARET DIRECTOR	3 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(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			
(15) JESSICA LINQUIST DIRECTOR	3 0	X					0.	0.	0.
(16) LARA MABRY DIRECTOR	3 0	X					0.	0.	0.
(17) SCOTT MILLER DIRECTOR	3 0	X					0.	0.	0.
(18) CHARISSE MILLETT DIRECTOR	3 0	X					0.	0.	0.
(19) ANDY TEUBER DIRECTOR	3 0	X					0.	0.	0.
(20) TIM THOMPSON DIRECTOR	3 0	X					0.	0.	0.
(21) NICOLLE WELCH DIRECTOR	3 0	X					0.	0.	0.
(22) SCOTT WOODLAND DIRECTOR	3 0	X					0.	0.	0.
(23) KRISTINA WOOLSTON DIRECTOR	3 0	X					0.	0.	0.
(24)									
(25)									
1 b Subtotal							220,446.	0.	27,404.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							220,446.	0.	27,404.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1								

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 17,522.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 360,799.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 573,171.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		951,492.			
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)		38,078.		38,078.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 b Less: cost or other basis and sales expenses				
		7 c Gain or (loss)				
	d Net gain or (loss)		5,570.		5,570.	
	8 a Gross income from fundraising events (not including \$ 17,522. of contributions reported on line 1c). See Part IV, line 18		518,444.			
		8 b Less: direct expenses		61,088.		
c Net income or (loss) from fundraising events			457,356.		457,356.	
9 a Gross income from gaming activities. See Part IV, line 19		1,009,284.				
	9 b Less: direct expenses		938,382.			
	c Net income or (loss) from gaming activities		70,902.	70,902.		
10 a Gross sales of inventory, less returns and allowances						
	10 b Less: cost of goods sold.					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a Business Code					
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d		4.			
12 Total revenue. See instructions		1,523,402.	4.	70,902.	501,004.	

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				
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	247,850.	198,280.	12,393.	37,177.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	283,491.	226,793.	14,174.	42,524.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,806.	17,445.	1,090.	3,271.
9 Other employee benefits	43,274.	34,619.	2,164.	6,491.
10 Payroll taxes	23,317.	18,654.	1,166.	3,497.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,946.	12,562.	1,427.	3,957.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	66,695.	46,687.	5,301.	14,707.
12 Advertising and promotion	50,783.	43,165.	6,208.	1,410.
13 Office expenses	74,117.	65,686.	5,383.	3,048.
14 Information technology	6,554.	5,898.	492.	164.
15 Royalties				
16 Occupancy	65,782.	53,210.	3,564.	9,008.
17 Travel	20,770.	19,732.	519.	519.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	225.	213.	6.	6.
20 Interest	759.		304.	455.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	315,488.	236,615.	78,873.	
23 Insurance	29,192.	23,354.		5,838.
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 <u>REPAIRS AND MAINTENANCE</u>	54,482.	43,586.		10,896.
b <u>ATHLETIC EQUIPMENT</u>	32,242.	32,242.		
c <u>BANK FEES</u>	29,450.		11,780.	17,670.
d <u>LICENSES/FEES</u>	23,320.	22,955.	84.	281.
e All other expenses	8,735.	38,293.	1,809.	-31,367.
25 Total functional expenses. Add lines 1 through 24e	1,416,278.	1,139,989.	146,737.	129,552.
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)				

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	240,503.	1	5,066.
	2 Savings and temporary cash investments	30,549.	2	632,258.
	3 Pledges and grants receivable, net		3	13,096.
	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	9,410.	9	17,147.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,616,561.		
	b Less: accumulated depreciation	10b 2,710,683.	6,949,497.	10c 6,905,878.
	11 Investments – publicly traded securities	1,492,145.	11	1,459,591.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	273,233.	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,995,337.	16	9,033,036.	
Liabilities	17 Accounts payable and accrued expenses	149,880.	17	36,540.
	18 Grants payable		18	
	19 Deferred revenue	42,036.	19	3,390.
	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		24	
	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	27,820.	25	124,242.
	26 Total liabilities. Add lines 17 through 25	219,736.	26	164,172.
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	8,047,984.	27	8,141,247.
	28 Net assets with donor restrictions	727,617.	28	727,617.
	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	8,775,601.	32	8,868,864.
33 Total liabilities and net assets/fund balances	8,995,337.	33	9,033,036.	

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	1,523,402.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,416,278.
3	Revenue less expenses. Subtract line 2 from line 1	3	107,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,775,601.
5	Net unrealized gains (losses) on investments	5	-13,861.
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	8,868,864.

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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC.	Employer identification number 92-0057197
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	731,323.	1,064,376.	726,162.	773,932.	951,492.	4,247,285.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	731,323.	1,064,376.	726,162.	773,932.	951,492.	4,247,285.
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)						681,276.
6 Public support. Subtract line 5 from line 4.						3,566,009.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	731,323.	1,064,376.	726,162.	773,932.	951,492.	4,247,285.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	17,232.	20,523.	29,017.	33,390.	38,078.	138,240.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	103,787.	90,174.	105,266.	105,346.	70,902.	475,475.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	5,524.				4.	5,528.
11 Total support. Add lines 7 through 10.						4,866,528.
12 Gross receipts from related activities, etc. (see instructions)					12	3,492,061.
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 2020 (line 6, column (f), divided by line 11, column (f)).	14	73.28 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	71.58 %

16a **33-1/3% support test—2020.** 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. ▶

b **33-1/3% support test—2019.** 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. ▶

17a **10%-facts-and-circumstances test—2020.** 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. ▶

b **10%-facts-and-circumstances test—2019.** 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. ▶

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. ▶

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. 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—2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

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? 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.	1	
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? 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.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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? 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.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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).		

BAA

Schedule A (Form 990 or 990-EZ) 2020

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 – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016
OTHER	\$ 4.				\$ 5,524.
TOTAL	<u>\$ 4.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 5,524.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Table with 2 columns: Name of the organization (ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC.) and Employer identification number (92-0057197)

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization ALASKA SPECIAL OLYMPICS	Employer identification number 92-0057197
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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	BP EXPLORATION (ALASKA) INC 900 E BENSON BLVD ANCHORAGE, AK 99508	\$ 22,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SPECIAL OLYMPICS INC. 1133 19TH STREET, NW WASHINGTON, DC 20036-3604	\$ 125,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GCI COMMUNICATIONS 5151 FAIRBANKS ST ANCHORAGE, AK 99503	\$ 59,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MUNICIPALITY OF ANCHORAGE 632 W 6TH AVE ANCHORAGE, AK 99501	\$ 54,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RASMUSON FOUNDATION 301 W. NORTHERN LIGHTS #601 ANCHORAGE, AK 99503	\$ 21,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MATSON NAVIGATION COMPANY 1717 TIDEWATER ROAD ANCHORAGE, AK 99501	\$ 20,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALASKA SPECIAL OLYMPICS	Employer identification number 92-0057197
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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
7	MAY AND STANLEY SMITH 770 TAMALPAIS DR #309 CORTE MADERA, CA 94925	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ALASKA COMMUNITY FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE, AK 99503	\$ 199,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ALASKA STATE ELKS ASSOCIATION 231 KNOLL CIR SOLDOTNA, AK 99669	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ALASKA USA FEDERAL CREDIT UNION PO BOX 196020 ANCHORAGE, AK 99519	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SOA DEPARTMENT OF EDUCATION 801 W 10TH SUITE 200 JUNEAU, AK 99801	\$ 45,000.	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 ALASKA SPECIAL OLYMPICS	Employer identification number 92-0057197
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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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **ALASKA SPECIAL OLYMPICS** Employer identification number **92-0057197**

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 information once. See instructions.)..... ▶\$ _____ **N/A**
 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
	N/A		
(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	
-----		-----	
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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

2020

Open to Public Inspection

Name of the organization

Employer identification number

ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC.

92-0057197

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, number of conservation easements on a certified historic structure, and number of conservation easements included in (c) acquired after 7/25/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	998,086.	411,971.	400,000.	400,000.	400,000.
b Contributions		586,115.	11,971.		
c Net investment earnings, gains, and losses	3,112.				
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	1,001,198.	998,086.	411,971.	400,000.	400,000.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,588,029.		1,588,029.
b Buildings		7,630,935.	2,333,064.	5,297,871.
c Leasehold improvements				
d Equipment				
e Other		397,597.	377,619.	19,978.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,905,878.

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Part VII Investments – Other Securities. N/A
 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶		

Part VIII Investments – Program Related. N/A
 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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶		

Part IX Other Assets. N/A
 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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) PAYROLL LIABILITIES	9,242.
(3) PPP LOAN	115,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	124,242.

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. SEE PART XIII.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,575,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-13,861.
	b Donated services and use of facilities	2b	4,937.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	-8,924.
3	Subtract line 2e from line 1	3	1,584,490.
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.) SEE PART XIII	4b	-61,088.
	c Add lines 4a and 4b	4c	-61,088.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,523,402.

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	1,482,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	4,937.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	61,088.
	e Add lines 2a through 2d	2e	66,025.
3	Subtract line 2e from line 1	3	1,416,278.
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,416,278.

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 - INTENDED USES OF ENDOWMENT FUND

IT IS THE DONOR'S WISH THAT THE PRINCIPAL BE USED TO GENERATE AN ANNUAL CASH FLOW FOR THE ORGANIZATION AND THEREFORE ONLY THE INCOME EARNED ON THE PRINCIPAL, I.E. INTEREST, DIVIDENDS, REALIZED GAINS AND LOSSES, ETC., MAY BE SPENT BY THE ORGANIZATION AND IS RECORDED AS UNRESTRICTED INCOME.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS A NONPROFIT CORPORATION EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

ALTHOUGH THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES, ANY INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO THE REQUIREMENT OF FILING FEDERAL INCOME TAX FORM 990-T AND A TAX LIABILITY MAY BE DETERMINED ON THESE ACTIVITIES. THE ORGANIZATION HAD GAMING ACTIVITIES THAT ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019. HOWEVER, MANAGEMENT BELIEVES THAT ALL PROCEEDS WILL BE OFF SET WITH QUALIFYING EXPENSES AND THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN ACCRUED. THE ORGANIZATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2020 AND 2019, THERE ARE NO ACCRUED INTEREST OR PENALTIES. AS OF DECEMBER 31, 2020 AND 2019 THERE WERE NO UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS FOR WHICH MANAGEMENT BELIEVES IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF TAX CONTINGENCIES WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ALASKA. AS OF 2020, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGINS WITH 2017.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

FUNDRAISING EXP. REPORTED ON PART VIII.....	\$ -61,088.
TOTAL	<u>\$ -61,088.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXP. REPORTED ON PART VIII.....	\$ 61,088.
TOTAL	<u>\$ 61,088.</u>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.** Employer identification number **92-0057197**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON DC 20036	FUNDRAISING	X		136,014.	62,237.	73,777.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				136,014.	62,237.	73,777.

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

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		
		POLAR PLUNGE (event type)	OTHER FUNDRAIS (event type)	4 (total number)	(add column (a) through column (c))		
Revenue	1	Gross receipts	187,800.	119,872.	228,294.	535,966.	
	2	Less: Contributions			17,522.	17,522.	
	3	Gross income (line 1 minus line 2)	187,800.	119,872.	210,772.	518,444.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	31,992.		29,096.	61,088.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					61,088.
	11	Net income summary. Subtract line 10 from line 3, column (d)					457,356.

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 column (a) through column (c))	
		1	Gross revenue	445,694.	506,872.	56,718.
Direct Expenses	2	Cash prizes	250,000.	375,451.	28,334.	653,785.
	3	Noncash prizes				
	4	Rent/facility costs	24,764.			24,764.
	5	Other direct expenses	151,360.	92,375.	16,098.	259,833.
	6	Volunteer labor	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					938,382.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					70,902.

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	10.0 %
b An outside facility	13b	90.0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JEANNIE BECK

Address ▶ 3200 MOUNTAIN VIEW DR, ANCHORAGE, AK 99501

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 ▶ \$ 59,699. and the amount of gaming revenue retained by the third party ▶ \$ _____

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

Name ▶ POWER BROTHERS, INC.

Address ▶ PO BOX 24113, ANCHORAGE, AK 99524-1123

16 Gaming manager information:

Name ▶ JEANNIE BECK

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ OVERSEE GAMING ACTIVITIES

- 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 ▶ \$ 70,902. SEE PART IV

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.

**PART III, LINE 17B
DISTRIBUTIONS REQUIRED UNDER STATE LAW**

ALASKA	\$	<u>70,902.</u>
TOTAL	\$	<u><u>70,902.</u></u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 990-EZ.

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ALASKA SPECIAL OLYMPICS
DBA SPECIAL OLYMPICS ALASKA, INC.

Employer identification number

92-0057197

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SPECIAL OLYMPICS ALASKA, INC. WAS FORMED IN 1974 UNDER THE GUIDANCE AND APPROVAL OF SPECIAL OLYMPICS, INC. THE ORGANIZATION SERVES INDIVIDUALS WITH INTELLECTUAL DISABILITIES THROUGH YEAR ROUND SPORTS TRAINING, CONDITIONING AND ATHLETIC COMPETITION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN IS REVIEWED BY THE PRESIDENT/CEO, THE FINANCE COMMITTEE, AND BOARD.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE PRESIDENT/CEO AND ACCOUNTANT MONITOR THE FINANCES WEEKLY, THE FINANCE COMMITTEE, THE CHAIR, EXECUTIVE COMMITTEE AND BOARD QUARTERLY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

REVIEW OF STATE, LOCAL AND NATIONAL SALARY RANGES BY THE CHAIR, EXECUTIVE COMMITTEE AND PRESIDENT/CEO.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

REVIEW OF STATE AND LOCAL SALARY RANGES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THEY ARE PROVIDED UPON REQUEST, VIA MAIL OR EMAIL THROUGH SPECIAL OLYMPICS INTERNATIONAL ONSITE.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC.	Taxpayer identification number (TIN) 92-0057197
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 3200 MOUNTAIN VIEW DR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANCHORAGE, AK 99501-3109	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ SUZANNE PERLES -----

Telephone No. ▶ 907-222-7625 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2020 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

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

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

Form **8868** (Rev. 1-2020)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____,

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions.) ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC. 3200 MOUNTAIN VIEW DR ANCHORAGE, AK 99501-3109	D Employer identification number 92-0057197 E Group exemption number (see instructions.) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year. ▶ 9,033,036.			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T). ▶ 3

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

L The books are in care of ▶ SUZANNE PERLES 3200 MOUNTAIN VIEW DR. ANCHORAGE AK 9 Telephone number ▶ 907-222-7625

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	0.
2 Reserved.	2	
3 Add lines 1 and 2.	3	0.
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	0.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9.	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). ▶	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions.	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		0.
2 Subtract line 1e from Part II, line 7	2		0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies ... <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ...	6g		
7 Total payments. Add lines 6a through 6g	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> \$ _____ 0.		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Date _____	Title PRESIDENT & CEO
			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name TOM J. DOMAGALA, CPA	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P00122688
	Firm's name ▶ ALTMAN ROGERS & CO	Firm's EIN ▶ 92-0143182			
	Firm's address ▶ 3000 C STREET SUITE 201 ANCHORAGE, AK 99503	Phone no. (907) 274-2992			

BAA

Form 990-T (2020)

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part 1, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A).	▶ _____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).	▶ _____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).	▶ _____			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).	▶ _____			
11 Total dividends-received deductions included in line 10	▶ _____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	▶ _____			
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	▶ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....				
5 Readership costs.....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....	▶ _____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1..... ▶ _____

Part XI Supplemental Information (see instructions)

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part 1, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%.....)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ▶	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)..... ▶	_____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ▶	_____			
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ▶	_____			
11 Total dividends-received deductions included in line 10..... ▶	_____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)..... ▶	_____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)..... ▶	_____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13..... ▶	_____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1..... ▶ _____

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ALASKA SPECIAL OLYMPICS DBA SPECIAL OLYMPICS ALASKA, INC.	B Employer identification number 92-0057197
C Unrelated business activity code (see instructions) ▶ 713200	D Sequence: 3 of 3

E Describe the unrelated trade or business ▶ RAFFLES

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>56,718.</u>			
b Less returns and allowances <u> </u> c Balance ▶	1c 56,718.		
2 Cost of goods sold (Part III, line 8).....	2		
3 Gross profit. Subtract line 2 from line 1c.....	3 56,718.		56,718.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions).....	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts.....	4c		
5 Income (loss) from a partnership or an S corporation (attach statement).....	5		
6 Rent income (Part IV).....	6		
7 Unrelated debt-financed income (Part V).....	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI).....	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).....	9		
10 Exploited exempt activity income (Part VIII).....	10		
11 Advertising income (Part IX).....	11		
12 Other income (see instructions; attach statement).....	12		
13 Total. Combine lines 3 through 12.....	13 56,718.		56,718.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X).....	1		
2 Salaries and wages.....	2		
3 Repairs and maintenance.....	3		
4 Bad debts.....	4		
5 Interest (attach statement) (see instructions).....	5		
6 Taxes and licenses.....	6		
7 Depreciation (attach Form 4562) (see instructions).....	7		
8 Less depreciation claimed in Part III and elsewhere on return.....	8a		8b
9 Depletion.....	9		
10 Contributions to deferred compensation plans.....	10		
11 Employee benefit programs.....	11		
12 Excess exempt expenses (Part VIII).....	12		
13 Excess readership costs (Part IX).....	13		
14 Other deductions (attach statement)..... SEE STATEMENT 7	14		56,718.
15 Total deductions. Add lines 1 through 14.....	15		56,718.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).....	16		
17 Deduction for net operating loss (see instructions).....	17		
18 Unrelated business taxable income. Subtract line 17 from line 16.....	18		

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part 1, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%.....)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ▶	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)..... ▶	_____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ▶	_____			
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ▶	_____			
11 Total dividends-received deductions included in line 10..... ▶	_____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	▶ _____			
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	▶ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....				
5 Readership costs.....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....	▶ _____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1..... ▶ _____

Part XI Supplemental Information (see instructions)

STATEMENT 1
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

GAMING CASH PRIZES.....	\$	250,000.
GAMING RENT/FACILITY COST.....		24,764.
GAMING OTHER DIRECT EXPENSES.....		151,360.
ALASKA STATUTE SEC. 05.15.150 EXPENSES.....		19,570.
TOTAL	\$	<u>445,694.</u>

STATEMENT 5
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

ALASKA STATUTE SEC. 05.15.150 EXPENSES.....	\$	39,046.
GAMING CASH PRIZES.....		375,451.
GAMING OTHER DIRECT EXPENSES.....		92,375.
TOTAL	\$	<u>506,872.</u>

STATEMENT 7
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

ALASKA STATUTE SEC. 05.15.150 EXPENSES.....	\$	12,286.
GAMING CASH PRIZE.....		28,334.
GAMING OTHER DIRECT EXPENSES.....		16,098.
TOTAL	\$	<u>56,718.</u>

CLIENT AKSO

ALTMAN ROGERS & CO
3000 C STREET SUITE 201
ANCHORAGE, AK 99503
(907) 274-2992

October 7, 2021

Alaska Special Olympics
Special Olympics Alaska, Inc.
3200 Mountain View Dr
Anchorage, AK 99501-3109

FEDERAL ID: 92-0057197

Dear Client:

Your 2020 Alaska Corporation Income Tax Return was acknowledged as accepted by the State of Alaska on October 6, 2021. No tax is payable with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,



Tom J. Domagala, CPA

10:52 AM

Altman, Rogers & Company

Client AKSO - Alaska Special Olympics EIN: 92-0057197
AK Even Return.....\$0

Activity

AK - ACCEPTED 10/06 (Current Status)
Submission ID: 920364202127905h4uc9

Previous Activity

- 10/06 Sent to Alaska
 - 10/06 Received at Lacerte
 - 10/06 Sent to Lacerte
 - 10/06 Ready to Send
 - 10/06 Passed Validation
-

Alaska Special Olympics

FEDERAL TAXABLE INCOME

Federal taxable income 0

TAXABLE INCOME

Alaska apportionment factor 1.000000

Alaska taxable income 0

TAX COMPUTATION

Alaska corporate income tax 0

Net Alaska income tax 0

TAX RATES

Marginal tax rate 0.00%

Forms needed for this return

Alaska: 6000

PDF Attachments

Auto-Attach PDFs will be added to the list after the E-File is submitted

Alaska

Federal Form 990-T Attachment, Federal Form 990-T.PDF

Tax Rates

	<u>Marginal</u>	<u>Effective</u>
Alaska	0%	0%

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2020 or the taxable year beginning _____, 2020, ending _____, _____

2020

EIN 92-0057197		NAICS Code 713200	Contact Person Suzanne Perles	
Name Alaska Special Olympics			Title President & CEO	
Mailing Address 3200 Mountain View Dr			Contact Email Address sue@specialolympicsalaska.o	
City Anchorage			State AK	Zip Code 99501-3109
			Contact Telephone Number (907) 222-7625	Contact Fax Number
Return Information (check applicable boxes)				
<input type="checkbox"/> Final Alaska return		<input type="checkbox"/> Carryback is waived for net operating loss		<input type="checkbox"/> Exempt organization with UBTI
<input type="checkbox"/> Consolidated Alaska return		<input type="checkbox"/> Public Law 86-272 applies		<input type="checkbox"/> S Corporation (attach Form 1120S)
<input type="checkbox"/> Amended return		<input type="checkbox"/> HOA filing Form 1120-H		<input type="checkbox"/> Personal Holding Company
<input checked="" type="checkbox"/> Federal extension is in effect		<input type="checkbox"/> Small corporation exemption (see instructions)		<input type="checkbox"/> Cooperative Association
If amended return box above is checked, then check the following boxes, if applicable:				
<input type="checkbox"/> Amended return to report IRS audit or Form 1120X			<input type="checkbox"/> This is a protective claim	

SCHEDULE A – NET INCOME TAX SUMMARY

1 Alaska income (loss) from Schedule H, line 12.....	1	
2 Alaska net operating loss utilized: carryover (_____) carryback (_____). Total.....	2	(_____)
3 Alaska taxable income. Add lines 1-2.....	3	
4 Alaska income tax from Schedule D, line 2.....	4	
5 Other taxes from Schedule E, line 7.....	5	
6 Total tax. Add lines 4-5.....	6	
7 Alaska incentive credits applied against tax from Form 6300, line 49.....	7	
8 Federal-based credits from Form 6390, line 33.....	8	
9 Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220.....	9	0.
10 Payments from page 3, Schedule C.....	10	
11 Alaska credit for prior year minimum tax (see instructions).....	11	
12 Alaska incentive credits claimed as refund from Form 6300, line 38.....	12	
13 Tax due (overpaid). Subtract the sum of lines 10-12 from line 9.....	13	0.
14 Penalty for underpayment of estimated tax (see instructions).....	14	
15 Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP.....	15	0.
16 Overpayment credited to 2021 estimated tax (enter as positive number).....	16	
17 Refund. Add lines 15-16.....	17	

<i>I declare, under penalty of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.</i>			<input checked="" type="checkbox"/> Check if the DOR may discuss this return with the preparer (see instructions)
Officer's Signature		Date	Title
			President & CEO
Preparer's Signature Tom J. Domagala, CPA		Date 10-06-2021	Preparer Firm's Name ALTMAN ROGERS & CO
			Preparer's SSN or PTIN P00122688
Preparer Firm's Address 3000 C Street Suite 201		EIN 92-0143182	Phone (907) 274-2992
City Anchorage	State AK	Zip Code 99503	

EIN 92-0057197	Name Alaska Special Olympics
-------------------	---------------------------------

SCHEDULE B – ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska	B P.L. 86-272 applies	C Alaska Insurance Company	D EIN	E NAICS Code		
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						

2 If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name		
Address	City	State	Zip Code

3 If this is the first return, indicate if: Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name		
Address	City	State	Zip Code

4 Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name		
Reason			

EIN 92-0057197	Name Alaska Special Olympics
-------------------	---------------------------------

SCHEDULE C – TAX PAYMENT RECORD

Estimated Payments	Date	Amount
First.....		
Second.....		
Third.....		
Fourth.....		
Total estimated tax payments.....		0.

Summary	Date	Amount
Payment with extension		
Total estimated tax payments		0.
Overpayment from prior year		
Less: Quick Refund from Form 6230		
Amended return only:		
Tax paid with original return and additional tax paid		
Less: Overpayment previously credited to 2021		
Less: Refund from original return and additional refunds		
Total net payments to Schedule A, line 10		0.

SCHEDULE D – ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

1 Alaska taxable income from Schedule A, line 3.....	1	
2 Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4.....	2	

SCHEDULE E – OTHER TAXES

1 Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991.....	1	
2 Apportionment factor, from Schedule I, line 14.....	2	1.000000
3 Multiply line 1 by line 2.....	3	
4 Personal Holding Company tax (see instructions).....	4	0.
5 Tax on early cessation of operations – LNG storage facility.....	5	0.
6 Other taxes (see instructions).....	6	0.
7 Add lines 3-6. Enter here and on Schedule A, line 5.....	7	0.

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SCHEDULE H – COMPUTATION OF ALASKA INCOME

	1	Federal taxable income (loss) (see instructions)	
Combined Reporting	2a	Federal taxable income (loss) of corporations not included in line 1	
	2b	Foreign corporations with 20% or greater U.S. factors	
	2c	Income from tax haven corporations and any FSC profit	
	2d	Federal taxable (income) loss of non-unitary corporations	
	2e	Federal taxable (income) loss of corporations with U.S. factors of less than 20%	
	2f	Intercompany eliminations (see instructions)	
	2g	Total adjustments for combined reporting. Add lines 2a-2f	
	3	Net income before state modifications and adjustments. Add lines 1 and 2g	
Additions	4a	Taxes based on or measured by net income	
	4b	Expenses incurred to produce non-business income	
	4c	Federal charitable contributions from federal Form 1120, line 19	
	4d	Net Section 1231 losses from federal Form 4797, line 11	
	4e	Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	
	4f	Reserved	
	4g	Other (attach schedule)	
	4h	Total additions. Add lines 4a-4g	
	5	Total. Add lines 3 and 4h	
Subtractions	6a	Interest from obligations of the United States	
	6b	Intercompany dividends	
	6c	Section 78 gross-up dividends	
	6d	80% of dividends received from foreign corporations	
	6e	80% of royalties accrued or received from foreign corporations	
	6f	Non-business income (attach schedule)	
	6g	Federal Form 1120, line 8 capital gain income	
	6h	Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12	
	6i	Other (attach schedule)	
	6j	Total subtractions. Add lines 6a-6i	
	7	Apportionable income (loss). Subtract line 6j from line 5	
	8	Apportionment factor from Schedule I, line 14	1.000000
	9	Income (loss) apportioned to Alaska. Multiply line 7 by line 8	
	10	Non-business income (loss) net of expenses allocable to Alaska (attach schedule)	
Alaska Items	11a	Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	
	11b	Alaska charitable contribution deduction from Schedule K, line 10d, column C	
	11c	Alaska dividends-received deduction (see instructions)	
	11d	Total Alaska items (add lines 11a-11c)	
	12	Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1	

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SCHEDULE I – APPORTIONMENT FACTOR

Property	1 Property within Alaska		
	A	B	C
	EIN	Name	Property within Alaska
	1a		
	1b		
	1c		
	1d		
	1e		
	2	Total of line 1 column C	
	3	Property everywhere	
4	Property factor. Divide line 2 by line 3.....		
Payroll	5 Payroll within Alaska		
	A	B	C
	EIN	Name	Payroll within Alaska
	5a		
	5b		
	5c		
	5d		
	5e		
	6	Total of line 5 column C	
	7	Payroll everywhere.....	
8	Payroll factor. Divide line 6 by line 7.....		
Sales	9 Sales within Alaska		
	A	B	C
	EIN	Name	Sales within Alaska
	9a		
	9b		
	9c		
	9d		
	9e		
	10	Total of line 9 column C	
	11	Sales everywhere.....	
12	Sales factor. Divide line 10 by line 11.....		
13	Add lines 4, 8, and 12.....		
14	Apportionment factor. Divide line 13 by 3..... (if less than 3 factors are used, see instructions)		
		1.000000	

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SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES

Section 1231 Gains and Losses		A Combined	B AK factor	C Alaska Gain or (loss)
1	Current Section 1231 gains and (losses). If a loss enter the result on line 19 . . .		1.000000	
2	Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number			
3	If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15.			
4	If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero			0.

Short-Term Capital Gains and Losses – STCG/(L)

5	Total current STCG/(L)			
6	Non-business STCG/(L)			
7	Apportionable STCG/(L). Subtract line 6 from line 5.		1.000000	
8	Non-business STCG/(L) allocable to Alaska.			
9	Alaska capital loss carryover utilized (_____) carryback utilized (_____). Total			
10	Net STCG/(L), add lines 7C, 8, and 9.			

Long-term Capital Gains and Losses – LTCG/(L)

11	Total current LTCG/(L)			
12	Non-business LTCG/(L)			
13	Apportionable LTCG/(L). Subtract line 12 from line 11.		1.000000	
14	Non-business LTCG/(L) allocable to Alaska.			
15	Enter amount from line 3.			
16	Net LTCG/(L). Add lines 13C, 14, and 15.			

Summary

17	Excess net short-term capital gain, line 10, over net long-term capital loss, line 16.			
18	Excess net long-term capital gain, line 16, over net short-term capital loss, line 10.			
19	If line 1C is a loss, enter here, otherwise enter the amount from line 4			
20	Add lines 17-19. Enter here and on Schedule H, line 11a.			

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SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION

		A 10% Limit	B 25% Limit	C Total
1 Current charitable contributions	1			
2 Education credit contributions. See instructions	2			
3 Subtract line 2 from line 1	3			
4 Apportionment factor from Schedule I, line 14	4	1.000000		
5 Current Alaska Charitable Contributions. Multiply line 3 by line 4	5			
6 Alaska charitable contribution carryover from Form 6385, line 18	6			
7 Add lines 5-6	7			
8 Taxable income for deduction limitation purposes (see instructions)	8			
9 Multiply line 8, column A by 10% and column B by 25% ..	9			
10a Lesser of line 7, column A or line 9, column A. Send to 10d	10a			
10b Subtract line 10a, column A from line 9, column B	10b			
10c Lesser of line 7, column B or line 10b. Send to 10d	10c			
10d Alaska Charitable Contribution Deduction is the sum of line 10d, columns A and B. Enter on column C and Schedule H, line 11b	10d			

SCHEDULE L – ALASKA DIVIDENDS – RECEIVED DEDUCTION (DRD)

1 Dividend income included in Schedule H, line 3 1

Not Eligible	2 a Intercompany dividends from Schedule H, line 6b	2 a	
	2 b Section 78 gross-up dividends from Schedule H, line 6c	2 b	
	2 c 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80%	2 c	
	2 d Dividends subtracted on Schedule H, line 6f as non-business income	2 d	
	2 e Total dividends not eligible for DRD. Add lines 2a-2d	2 e	

3 Total dividends eligible for DRD. Subtract line 2e from line 1	3	
4 Apportionment factor from Schedule I, line 14	4	1.000000
5 Apportioned dividends. Multiply line 3 by line 4	5	
6 Dividends allocable to Alaska included on Schedule H, line 10	6	
7 Total dividends included in taxable income. Add lines 5-6	7	

		A Apportioned Dividends	B Percentage	C DRD (A x B)
8 a Dividends qualifying for 100% deduction	8 a		100%	
8 b Dividends qualifying for 65% deduction	8 b		65%	
8 c Dividends qualifying for 50% deduction	8 c		50%	
8 d Dividends qualifying for 26.7% deduction	8 d		26.7%	
8 e Dividends qualifying for 23.3% deduction	8 e		23.3%	
8 f Other, if applicable (enter % in column B)	8 f		0	

9 Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions) 9