Form **99**0

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

ck lung 2008

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A	For	r the 2008 cale	endar	year, or tax year i	peginning		, 2008, and		orting r	equire	ments	opcollon	
E		k if applicable:	Piease	C Name of organizati	on Special Olympi	ics Louisia	na. inc.	ending		П	Emple	, 20 Oyer identification num	
	Addr		rse IRS abel or	Doing Business As			maj mo.			- "		i	1De
	7	e change p	print or	Number and street (or	P.O. box if meil is not deliv	vered to street a	dotress) R	oom/suite		+-	72	0706608	
		return	type. See	1000 East Morri			1."	OOMVSuite					
	-	SI	pecific natruc-	City or town, state	or country, and ZIP + 4						985)	345-6644	
	Amer		tions.	Hammond, LA						- 1			
	7	ation pending F	F Nar	ne and address of prin	cipal officer: Patrici:	a C. Bourg	oolo com					ecelpts \$ 2,839,867	
			abo		· · · · · · · · · · · · · · · · · · · ·	a C. Douig	eois, same	e as	H(a) is	this a gro	oup retur	n for affiliates? Yes	ZΝ
	Tax-	exempt status:	Z 5	01(c) (3) ⊲ (insert n	o.) 4947(a)(1) or	527						included? Tyes	Jи
J	Wet	bsite: ► www	v.lasc	o.org								a list. (see instructions)	
K	Туре	of organization:	Corpo	ration Trust Asso	ciation ☐ Other ▶		T. Vacanti	£a	H(c) Gro				
E	art I						L Year of	iormation:	1971	M	State o	f legal domicile: LA	
	1			the organization's								····	
		athletes in	age	roximately 90 ev	mission or most s	significant a	activities:	i he Org	anizati	on se	rves	more than 12,000	
Activities & Coverno	2	Healthy At	hlete	s program provi	ents. Specialized	programs	are also pr	rovided	for you	ing a	thlete	s ages 2-7. The	
Ē		encourage	s at	letes to become	des free dental, he	aring and	vision scr	eening.	The A	thiete	Leac	Jership program	
9	2	Check this ha	ν . Γ	if the organization	leaders in the mo	veineur P	LOTECT CIVIL	FY was	initiate	d to p	prome	ote inclusion.	
Č	3	Number of v	votin	members of the	discontinued its opera	ations or disp	osed of mor	e than 25	% of its	assets			
ě	4	Number of i	inder	endent voting me	governing body (F	art VI, line	1a)	• . •		٠,	3		16
Š	5	Total number	er of	employees (Part '	embers of the gove	irning body	(Part VI, li	ne 1b)			4		16
1	6	Total number	or of	voluntoers (raft	v, line 2a)					. -	5	<u> </u>	<u>25</u>
		Total gross	01 OI	volunteers (estima	ate if necessary)					.	6	12,00	
	l 'b	Net unrelate	uning ad bu	einese tavable inc	enue from Part VIII	I, line 12, c	olumn (C).	٠.			7a	0.0	00
	 	- 1,00 0,111 0,121,0	<u> </u>	onicos taxable inc	one non romi 98	<u>10-1, line 3</u> 4	<u>4 </u>		<u> </u>		7b	0.0	00
	8	Contribution		d anama (D 1/1)				ļ	Prior '			Current Year	
Revenue		Drogram con	is an	grants (Part VIII	, line 1h)				1,80	09,883		2,025,928.0	00
Ž.	9	Program ser	rvice	revenue (Part VIII	, line 2g)			.			0.00	0.0	00
å		Investment income (Part VIII, column (A), lines 3, 4, and 7d)								46,114.00		33,836.0	
	11 12	Total revenue	ue (P	art viii, column (A	(), lines 5, 6d, 8c, 9)c, 10c, an	d 11e) .			27,058		168,611.0	00
_	 	Total levellue	<u>au</u>	u illes o tillough	1 (must equal Part	VIII, column	(A), line 12)	1,98	33,055	5.00	2,228,375.0	00
	13	Grants and s	sim ila	ir amounts paid (I	Part IX, column (A),	, lines 1-3)						0.0	00
8	14	Benefits paid	d to	or for members (P	art IX, column (A),	line 4) .						0.0	00
Š	15	Salaries, othe	er cor	npensation, emplo	yee benefits (Part IX,	, column (A)	, lines 5–10)		86,528.00		817,152.0	00
Expenses	16a	Professional	fund	raising fees (Part I	X, column (A), line 1	l1e)			24	l8,758	.00	223,586.0)0
щ	D	lotal fundrals	sing e	expenses (Part IX, o	column (D), line 25) 1	▶ 5	88,232.00						
	17	Other expens	ses (Part IX, column (A	N), lines 11a-11d, 1	1f-24f) .			89	0,029	.00	1,158,359.0)O
	18	Povenue less	ses. /	Add lines 13-17 (r	nust equal Part IX,	column (A), line 25).	.	1,82	5,315	.00	2,199,097.0)0
ک څ	19	Heveline less	expe	enses. Subtract line	18 from line 12 .		<u> </u>		15	7,740	.00	29,278.0	0
at S		·						В	ginning	of Yea	ır	End of Year	
Assets Balanc	20	Total assets							2,06	8,526	.00	2,082,275.0	00
Net /	4.	lotal liabilitie	es (Pa	art X, line 26)				.	8	6,048	.00	70,519.0	0
	rt II	Signatur	or lun	o balances. Subtr	act line 21 from lin	<u>ie 20</u>	<u></u>		1,98	2,478	.00	2,011,756.0	
	42 L II	Signatur											
		and belief, it is	s true,	correct, and complete	ave examined this return Declaration of prepare	i, including acc	companying so	chedules a	nd state	ments, a	and to t	the best of my knowledg	ge
Sig		1. 6.	- C	. 12		. (moory to page	o on an in					je.
He		Signature	of off	<u>~ .100mge</u>						<u>8-1:</u>	<u>7-09</u>	<u> </u>	
He	•	Dat	- M	~~ O	P	>			Da	te			_
		PU	<u> </u>	vourgeois	> Pres/C	760				_	_		
			mnt na	me and title 3	· ·								_
		Preparer's signature					Date	Check if self-				entifying number	_
Paid								employe	ad ▶ 🔲	(See In	structio	ль	
	arer's	Firm's name (o	or voi	'9 L									
Use	Only	if self-employe	₃d),						EIN	EIN ►			_
NA	the	address, and Z							Phone r	no. 🕨 ()	_
ivia	, ule	ino discuss t	unis r	eturn with the pre	parer shown above	e? (see inst	tructions)					Voc Nie	

Į,	Alt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: To provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendships.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:
4b	(Code:) (Expenses \$ 453,894.00 including grants of \$) (Revenue \$) Communications & Marketing - The Organization has a goal of transparency and keeping the public informed of the services provided to Louisiana citizens with intellectual disabilities. Awareness brings additional opportunities to reach the other 130,000 citizens who qualify to participate but are not yet being served. This public awareness, a crucial component of the Organization, is accomplished through multiple avenues, including newsletters, emails, direct contact of homes and businesses, annual reports, and media campaigns.
lc	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$ 1,470,885.00 (Must equal Part IX, Line 25, column (B))
<u> </u>	Total program service expenses ► \$ 1,470,885.00 (Must equal Part IX, Line 25, column (B),)

Part IV Checklist of Required Schedules

			1,,	
1	separated described in section 50 I(c)(3) or 4947(a)(1) (other than a private foundation? If "Yes	,	Ye	s N
2		1	1	
3	Schedule of Contributors	. 2	✓	
4	candidates for public office? If "Yes," complete Schedule C. Part I			
4	School to C. Dest "Yes." complete	,		
5	Total of the time	4		✓
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt.	8	┪	✓
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Ves." complete School to D. Bartillo	10	1	✓
11	bid the diganization report an amount in Part X, lines 10, 12, 13, 15, or 252 if "Ves." complete School to Delicate School to D	"	† *	
	rand vi, vii, viii, ix, or x as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
13	that was prepared in accordance with GAAP? If "Yes." complete Schedule D. Parts VI. and VIII.	12	1	
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		1
b	and the control of th	14a		1
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	 		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or cocieta as the	14b		/
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
	to individuals located outside the United States? If "Yes." complete Schedule F. Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule is Part I	17	1	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule C. Part II	18	✓	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes." complete Schedule is Part III.	19	✓	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23	•	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	3/b 3/d and complete Sahadule Ke It "It was issued after December 31, 2002? If "Yes," answer questions	. 1	.	_
b	24b-24d and complete Schedule K. If "No," go to question 25.	24a		<u>√</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>√</u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04-	.	,
d	Did the organization not as an first babase on	24c		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		<u>√</u>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes " complete Schedule I. Part II.	26		<u>·</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	27		<u>. </u>
	, , , , , , , , , , , , , , , , , , ,			▼

Part IV Checklist of Required Schedules (continued)

28	Divine the transfer of		Yes	No
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
b	complete Schedule L, Part IV	28a 28b		1
c 29	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		✓
30	conservation contributions? If "Yes," complete Schedule M	30	√	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	*	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R. Part V. line 2	36		<u> </u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	30	_	✓_
		37		✓

Form **990** (2008)

P	art V Statements Regarding Other IRS Filings and Tax Compliance			F	Page
1:	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	Alban Se ¹		Yes	N
	V.O. IIIIOIIIIalion Nelums, Emer-u- ir not applicable	8			
١	The life humber of Forms W-2G included in line 1a. Enter -0- if not applicable	_			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
28	Enter the number of employees reported on Form W.3. Transmitted of the				
	Oracements, filed for the calendar year ending with or within the comment of the calendar year	25			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns. Note, If the sum of lines 1a and 2a is greater than 250.	? 2	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (seinstructions)	19.74			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?				
b	1 103, That it filed a FORTH 990-1 for this year? If "No," provide an explanation in Schodulo O	- 2	a b		_
4a	At any time during the calendar year, did the organization have an interest in the second sec		D	\dashv	
	account)?	_1	а	j	s
þ	163, enter the name of the foleigh collutty.				V
	and Financial Accounts.	k			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a		7
	bid any taxable party notiny the organization that it was or is a party to a prohibited tay sholter transaction	? 5	b		1
	Regarding Prohibited Tax Shelter Transaction?	5			
ba	bid the organization solicit any contributions that were not tax deductible?	6	а	7	√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of a statement that such contributions of the statem	r			
7	gifts were not tax deductible?. Organizations that may receive deductible contributions under section 170(c).	. 61			
а	Did the organization provide goods or services in exchange for any guid pro que contribution of more than				
	Ψ(0)	72			
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7t	<u> </u>	4	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	.	1.	_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	_		7
y	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	\perp	\Box	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?				
		7h			77773
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		_ V	
а	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	-	7
0	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
b ₁	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
2a :	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			-
	12b				

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Part VI Section A. Governing Body and Management

	The state of the s			
	For each "Yes" response to lines 2—7h holow, and for a "N-"	The state of	Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1	a Enter the number of voting members of the governing hads.			
J	b Enter the number of voting members that are independent			
2		5		
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily porformed by an analysis	2	+	1
	supervision of officers, directors of trustees, or key employees to a management company or other annual	1	1	1,
4	the organization make any significant changes to its organizational documents since the prior form one was fit to	4	+	1
5	bid the organization become aware during the year of a material diversion of the organization's constant	5	+	1
6	boes the organization have members or stockholders?	6	1	+
78	Does the organization have members, stockholders, or other persons who may elect one or more members	-	+ -	╁
_	of the governing body:	7a	1	
ŀ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	1	The second
t o	and a sum as the state of the doverning body	8b	1	
9a	organization may record chapters, branches, or animates?	9a	1	
t				
10	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	1	
Ю	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990			
11	Is the arganization uses to review the Form 990. Is the arganization uses to review the Form 990. Is the arganization uses to review the Form 990. Is the arganization uses to review the Form 990.	10	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		ĺ ,	
Sec	ction B. Policies	11		✓
				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		····
	describe in Schedule O now this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14		✓
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			
	The organization's CEO, Executive Director, or top management official?	15a	1	
D	Other officers or key employees of the organization?	15b	✓	
40-	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	:		
	with a taxable entity during the year?	16a		\checkmark
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	THE OFFICIALITY TO BE SECURITY STATUS WITH POSSOCI TO SUCH OFFICIALITY	401		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	·		
	available for public inspection. Indicate how you make these available. Check all that apply.	(3)s c	nly)	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	f into	roet	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and record	ds of	the	
	organization: ► Sylvia Alaniz, 1000 E. Morris Avenue, Hammond LA 70403, (985) 345-6644			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

Check this box if the organization did not (A)	(B)	T		1	(C)	30101,	trac	(D)	(E)	
Name and Title	Average	Posi	tion (•		that a	(vlac	Reportable	Reportable	(F)
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Michael Crawford Chairman	1							· · · · · · · · · · · · · · · · · · ·		
	1	1						0	0	O
Ricky Ouber	1									· · · · · · · · · · · · · · · · · · ·
Vice-Chairman		✓						0	0	0
James Bates	1									
Treasurer		1						0	0	0
Dayle Guillory	1	l								
Secretary		✓						0	0	0
Brandon Black	1			ı	ļ					
Legal Advisor		✓						0	0	0
Mona Brown	1		Ì		- 1			0		
Board Member		✓			_				0	0
Steven Deist Board Member	1							0		
A.N. Diodene, MD		✓	_		_				0	0
	1	ا ہ	Ī	- 1		ľ		0		
Board Member John Paul Funes	- -	1	_				_		0	0
Board Member	1		ĺ		ĺ			0	0	1
Rose Garrett		✓		-	-		_			0
Board Member	1				i			0	0	
Edward Gautier		✓	4	-	\dashv		_			0
Board Member	1	, [- 1				0	0	0
Louis P. Griffin	- 	1		-	-					U
Board Member	1				1			0	0	0
Gayle Horaist	+	✓	\dashv	\perp	-		_			U
Board Member	·- 1							0	0	0
William McDonald	+	/	+	+	+		-			
Board Member	·- 1							0	0	0
Charles Trent	 	✓	+	+	+					U
Board Member	1	1						0	o	0
K. Scott Wester	† <u>; </u>	* +	+	- -	+		+			
Board Member	- 1	1						0	0	0
Patricia C. Bourgeois	1		+	+	\vdash		+			
President/CEO	50		١.				I	90,922.00	0	9,013.00

F	art VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	/ees	, an	nd Hig	ahes	t Compensate	ed Employees (or	Page
	(~)	(B)			((C)			(D)	(E)	
	Name and title	Average	Posit	tion ((chec	k ali	that a	pply)	Reportable	Reportable	(F) Estimated
		hours per week	_						compensation	compensation	amount of
			Individual trustee or director	Institutional trustee	Officer	Key employee	동물	Former	from the	from related organizations	other
			[중 트	l on		를	8 0	-	organization	(W-2/1099-MISC)	compensation from the
	•	j	trus	1 1 1		yee] #		(W-2/1099-MISC)		organization
			8	uste		"	ens	1			and related organizations
			}	0			Highest compensated employee				
										 	
											· · · · · · · · · · · · · · · · · · ·
			İ								
											
			-								
						7					-
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				ŀ		l					
1b		<u></u>	<u>·····</u>				. •	<u> </u>	90,922.00	0	9,013.00
2	Total number of individuals (including those organization ▶ 0	in 1a) who	rece	ivec	m t	ore	than	\$100	0,000 in repor	table compensat	ion from the
	organization • 0										-
											Yes No
3	Did the organization list any former officer,	director o	r trus	tee	, ke	у ө	mploy	yee,	or highest co	mpensated	
	employee on line 1a? If "Yes," complete Sch	nedule J fo	r suc	h in	divi	dua					3 ✓
4	For any individual listed on line 1a, is the su	m of report	table	cor	npe	nsa	tion a	and (other compen	sation from	
	the organization and related organizations gr	eater than	\$150	,00	0? <i>l</i> i	f "Ye	es," c	omp	olete Schedule	J for such	
_	individual				_					į .	4 /
5	Did any person listed on line 1a receive or services rendered to the organization? If "Vo	r accrue co	ompe	ņsa	ition	fro	m ar	ny u	nrelated orga	nization for	
Soc	services rendered to the organization? If "Yestion B. Independent Contractors	s, comple	te Sc	nec	Jule	Jt	or su	ch p	erson		5 🗸
1								<u>.</u>	······································		
•	Complete this table for your five highest comcompensation from the organization.	npensated	ındep	enc	dent	co	ntract	tors	that received	more than \$100,	000 of
											
	(A) Name and business addres	ss						1	(B) Description of ser	ulana O-	(C)
The	Heritage Company								<u> </u>	vices Co	mpensation
	Box 16325, Little Rock, AR 72231-6325						7	ele	marketing		547,822.00
<u>J</u>	, /VORO, ELLIO (VOR, ALL 12231-0323										
		·····									
											
2	Total number of independent contractors (in	cluding the	ec i-	41	14 ch -			۔۔ لم	M M		
~	compensation from the organization > 1	oracing inc	ise in	1)	wn() re	ceive	a m	ore than \$100	,000 in 1435 i.	

P	art \	/III Statement of F	Revenue				7	Page
S	<u>ا</u> ي				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from ta under sections
alit	틹.	la Federated campaigns		27,018.00				512, 513, or 514
Contributions, gifts, grants	힘	b Membership dues .	1b	0.00				
	<u>-</u>		1c	80,748.00				
	<u> </u>	d Related organizations	1d	0.00				
	5	e Government grants (con		214,026.00				
and i	Ē	f All other contributions, gifts,						
₩.	5	and similar amounts not inc		1,704,136.00				
ပ္ပြဲ		g Noncash contributions included to the Total Add lines to the	ded in lines 1a-1f: \$	73,441.00	in the second			
	→—	h Total. Add lines 1a-1f			2,025,928.00			
Program Service Revenue		_		Business Code				
Ě	2			ļ				
8		b		ļ				
eZ		cd		ļ		·		
S					+			
g		All other program serv	ice revenue		 			
F.		Total. Add lines 2a-2f	····		0.00			
	1 2				0.00			
	3	Investment income (income control	cluding dividend	s, interest, and	22 026 00			
	4	other similar amounts) Income from investment	of tox over-at here		33,836.00			33,836.00
	5		or tax-exempt bon		2,917.00	2,917.00		
			(i) Real	(ii) Personal	2,917.00	2,917.00		
	68	Gross Rents		(4)				
	l b	Less: rental expenses						
		: Rental income or (loss)						
	d		oss) ,		0.00			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	'	assets other than inventory						
	b	Less: cost or other basis						
	-	and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss)		. >	0.00			
ē	8a	Gross income from	fundraising					
enne		events (not including \$						
-	ļ	of contributions reported	d on line 1c).					
<u>μ</u>		See Part IV, line 18	и,	176,815.00	· 1000 (17) (17) (17) (17) (17) (17) (17) (17)			
Other Re	b	Less: direct expenses	b	50,706.00	Andreas commence and the second secon			
0	C	Net income or (loss) fro	m fundraising e	vents 🕨	126,109.00	119,189.00		6,920.00
	9a	Gross income from gam	ing activities.					
		See Part IV, line 19		48,870.00				
		Less: direct expenses.		15,712.00	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			
	i	Net income or (loss) fro	· · · ·	ties 🕨	33,158.00	33,158.00		
	10a	Gross sales of inve		40 554 00				
		returns and allowances		13,554.00				
		Less: cost of goods sol		7,127.00				
	,C	Net income or (loss) from Miscellaneous Reve			6,427.00	6,427.00		
	4.4		-	Business Code				
				·				
	b							
	Ċ	All other revenue						
•		All other revenue						
	е 12	Total Revenue. Add line						
	12	9c, 10c, and 11e	co III, 2g, 3, 4,	o, oa, /a, 8c,	2,228,375.00	161,691.00	0.00	40 25
						101,001.00	0.00	40,756.00

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) but are not regulated to complete all columns.

Do _7b,	All other organizations must complete column include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			Silver Orporates	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
1	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
1	Compensation of current officers, directors, trustees, and key employees	99,936.00	49,968.00	14,990.00	34,978.0
Į Į	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	550,443.00	321,078.00	47,741.00	181,624.0
а	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,691.00	21,970.00	6,596.00	14,125.0
	Other employee benefits	73,247.00	45,339.00	7,393.00	20,515.0
10 F	Payroll taxes	50,835.00	28,762.00	4,764.00	17,309.0
a N	Fees for services (non-employees): Management	22,633.00	13,300.00	7,024.00	2,309.0
b L	.egal				
d L	accounting	5,138.00	3,428.00	329.00	1,381.00
	rofessional fundraising services. See Part IV, line 17	223,586.00			223,586.00
	nvestment management fees				
g O	Other	372,537.00	272 527 00		
	dvertising and promotion	96,808.00	372,537.00 48,060.00	22,004.00	00 744 00
14 ir	nformation technology	30,000.00	40,000.00	22,004.00	26,744.00
15 R	oyalties				
	Occupancy	27,971.00	16,022.00	4,929.00	7,020.00
	ravel	170,159.00	134,558.00	4,465.00	31,136.00
fo	ayments of travel or entertainment expenses or any federal, state, or local public officials				
	onferences, conventions, and meetings .	62,397.00	56,928.00	798.00	4,671.00
	terest				
	ayments to affiliates	47.665.00	20.000.00		
	epreciation, depletion, and amortization	47,665.00 37,228.00	28,938.00 35,385.00	6,830.00	11,897.00
		37,220.00	35,385.00	117.00	1,726.00
co ár	ther expenses. Itemize expenses not sovered above. (Expenses grouped together and labeled miscellaneous may not exceed of total expenses shown on line 25 below.)				
	rograms/Events Expenses	303,823.00	294,612.00		
	fliscellaneous	12,000.00	234,012.00	12,000.00	9,211.00
C		, , , , , , , , , , , , , , , , , , , ,		12,000.00	
d					
e					
f Al	other expenses	2 (22 22 22			
	otal functional expenses. Add lines 1 through 24f bint Costs. Check here ▶ ✓ if following	2,199,097.00	1,470,885.00	139,980.00	588,232.00
S(or	OP 98-2. Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and				
f	ndraising solicitation	324,236.00	324,236.00		

Р	art X	Balance Sheet		···					- uge
	<u> </u>				(A) Beginning of year		Fnc	(B)	ear
	1	Cash—non-interest-bearing			107,695.00	1			,705.0
	2	Savings and temporary cash investments .							,705.0 ,966.0
	3	Pledges and grants receivable, net				3		,020	,300.1
	4	Accounts receivable, net			207,980.00			229	,027.6
	5	Receivables from current and former officer employees, or other related parties. Comple	rs, directors, trus	tees, kev		5			<u> </u>
	6	Receivables from other disqualified persons 4958(f)(1)) and persons described in section Part II of Schedule L.	(as defined unden 4958(c)(3)(B).	er section		6			
şţs	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
⋖	9	Prepaid expenses and deferred charges			28,490.00			50	104.0
	10a	Land, buildings, and equipment: cost basis		45,759.00				30,	104.0
	b								
		Part VI of Schedule D		12,286.00	359,549.00	10c		333.	473.0
	11	Investments—publicly traded securities .				11			
	12	Investments—other securities. See Part IV, I	ine 11	1		12			
	13	Investments-program-related. See Part IV,	line 11	[13			
	14	Intangible assets				14			
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must			344,772.00				
		Total assets. Add lines 1 through 15 (must	equal line 34) .	· · · ·	2,068,526.00		2,	082,2	275.0
	17	Accounts payable and accrued expenses .			86,048.00	17		70,5	519.00
	18	Grants payable		}		18			· · · · · ·
	19	Deferred revenue	-		19				
5	20	Tax-exempt bond liabilities				20			
Ę.	21	Escrow account liability. Complete Part IV o				21		000 Sept. 1999	i valenti in come
Liabilities	22	Payables to current and former officers, employees, highest compensated employersons. Complete Part II of Schedule L	qualified		22				
Ì	23	Secured mortgages and notes payable to ur	related third par	ties		23			
	24					24			
	25	Other liabilities. Complete Part X of Schedule	∍ D	Ī		25			
	26	Total liabilities. Add lines 17 through 25 .	<u> </u>		86,048.00	26		70.5	19.00
ances		Organizations that follow SFAS 117, complete lines 27 through 29, and lines 33	check here ▶	✓ and					
Ē	27	Unrestricted net assets			1,403,659.00	27	1.8	896.2	66.00
8		Temporarily restricted net assets			568,819.00				90.00
Fund Bal	29	Permanently restricted net assets		<u>.</u> [10,000.00				00.00
o 교		Organizations that do not follow SFAS and complete lines 30 through 34.	117, check her	∍ ► □					
Net Assets	30	Capital stock or trust principal, or current fur	nds			30			
SS		Paid-in or capital surplus, or land, building, or				31			
2		Retained earnings, endowment, accumulated	I income, or othe	r funds		32			
ž		Total net assets or fund balances			1,982,478.00	33	2,0)11,7	56.00
1		Total liabilities and net assets/fund balances		<u> </u>	2,068,526.00	34	2,0	182,2	75.00
al	t XI	Financial Statements and Reporting	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
1		unting method used to prepare the Form 990		Accrual	☐ Other			Yes	No
2a	Were	the organization's financial statements comp	iled or reviewed	by an inde	pendent accountant?	?	2a	<u> </u>	1
D	vvere	the organization's financial statements audite	ed by an indeper	ident accoi	untant?		2b	~	 _
С	the e	s" to lines 2a or 2b, does the organization have	a committee that	assumes r	esponsibility for oversi	ight of	2c	,	
32	the audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the S	ingle Audit Act and OMB Circular A-133?			udit or audits as set		1		1
b		s," did the organization undergo the required	audit or audits?				3a 3h		 •

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

омв No. 1545-0047 20**08**

Open to Public Inspection

Sp	ecial C)lympics	Louisiana, Inc.						1 .	yer identifit	auon number
	irt I	Reaso	n for Public C	Charity Status (All o	rnaniza	tions mu	et comr	oloto this	72		0706608
The	organ	ization is	not a private for	undation because it is	· (Diogga	obsole or	ist comp	nete tris	s part.) (see instr	uctions)
1	□ĂA	church,	convention of ch	nurches, or associatio	n of chi	ches des	ny one o	rganizati	on.)	7.83.4D	
2	□ A	school d	escribed in sect	ion 170(b)(1)(A)(ii). (A	ittach Sc	hadula E	reun e a in	section	170(0)(1)	(A)(i).	
3	□ A	hospital	or a cooperative	hospital service orga	mization	describer) din aaat	1700	141414		
4	^	medicai	research organiz	zation operated in constate:	niunction	with a h	osnital d	escribed	in eactio). (Attach n 170(b)(Schedule H.) 1)(A)(iii). Enter the
5	L A	n organiza	ation operated fo 0(b)(1)(A)(iv). (Co	or the benefit of a coll	ege or u	niversity o	wned or	operated	by a go	vernment	al unit described i
6				vernment or governm	ental uni	it danadh.				_	
7	Z A	organiza	ation that normal	ly receives a substant	ial port o	f ito avea	ea in sec	นอก 170	(b)(1)(A)(\	/). 	
•	de	escribed in	n section 170/b	ly receives a substant)(1)(A)(vi). (Complete	liai part 0 Part II \	i its supp	ort from	a govern	mental un	it or from	the general public
8	\square A	communi	tv trust describe	ed in section 170(b)(1) (Δ) (κ.) () (Δ) (κ.i) (Complete	Dort III				
9	☐ Ar	n organiza	tion that normal	ly receives: (1) more th	17(7)(*1). (121/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	% of ite en	nnort fra	m sentri			
	su	pport fro	m gross investn	ted to its exempt func- nent income and unra n after June 30, 1975	ctions—s elated bi	ubject to usiness ta	certain e vable in	xception	s, and (2)		Ab 001/0/ 4 1
10	☐ Ar	organiza	ition organized a	and operated exclusiv	ely to tes	st for pub	lic safety	See se	ction 509	(a)(4) (ca	e instructional
11	⊔ Ar	ı organiza	ttion organized	and operated exclusi	vely for t	the benef	it of to	nerform	the functi	ione of a	r to open,
	ρu	ir hoses oi	one or more pu	idiiciy supported orga	ınızatıons	describe	d in sect	ion 5096	1)/1) or ea	ction 500	(a)(a) Coopposition
	50	9(a)(3). U	neck the box th	at describes the type	of suppo	orting org	anization	and cor	nplete line	es 11e th	rough 11h.
	а		ıl b	☐ Type II 💢	D Ty	pe III-Fun	ctionally	integrate	ed	d [Type III_Other
е	□ Ву	checking	this box, I cer	tify that the organiza	tion is n	ot contro	lled direc	tly or in	directly b	V one or	more disqualified
	þe	rsons otn	er than toundation	on managers and other	r than or	e or more	publicly	support	ed organiz	zations de	scribed in section
	50	9(a)(1) or	section 509(a)(2)).							
f	if t	the organ	ization received	a written determinat	ion from	the IRS	that it is	a Type	I. Type II	. or Type	Ill supporting
	org	ganization	, check this box								
g	fol	lowing pe	rsons?	the organization acco					-		
	(i)	A persor	n who directly o	r indirectly controls,	either alc	ne or tog	ether wit	th persor	ns descrit	oed in (ii)	Yes No
		and (iii) t	pelow, the gover	ning body of the sup	ported of	rganizatio	n? .				11g(i)
	(ii)	A family	member of a pe	erson described in (i) a	above?						11g(ii)
_	(iii)	A 35% c	ontrolled entity	of a person described	d in (i) or	(ii) above	?				11g(ili)
<u>h</u>				ation about the organ	izations	the organ	ization s	upports.			
(i) N	lame of a organiz	supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the	organization		ou notify		s the	(vii) Amount of
	Organiz	ation		above or IRC section		sted in your document?		ilzation in of vour		ion in col. zed in the	support
				(see instructions))			supp	ort?	U.		
		, . <u>.</u>		· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No	
				·							
										1	
					<u> </u>			<u> </u>			
											-
		i									
							<u> </u>				
Total											

L	Support Schedule for Or (Complete only if you che	ganizations [Described in	Sections 1	70(b)(1)(A)(iv	and 170(b)(Page
5	(Complete only if you che ection A. Public Support	cked the box	on line 5, 7,	or 8 of Part	l.)	,	-/(-//-//
	Calendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	909,060.00	752,692.00	2,533,462.00	2.513.268.00		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-,-,-,-,-	2,010,020.00	9,547,302.00
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	909,060.00	752,692.00	2,533,462.00	2.513.268.00	2.818 820 00	9 547 202 00
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)						0.00
6	The second of th						9,547,302.00
<u> </u>	ction B. Total Support alendar year (or fiscal year beginning in)	(1) 000 (
	- • •	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	909,060.00	752,692.00	2,533,462.00	2,513,268.00	2,818,820.00	9,547,302.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,594.00	6,845.00	17,642.00	46,115.00	33,836.00	109,032.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on						•
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						9,656,334.00
12	Gross receipts from related activities, etc.	(see instruction	s)			12	0.00
13	First five years. If the Form 990 is for to organization, check this box and stop her	the organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sec	ction C. Computation of Public Sup	port Percent	age			<u> </u>	<u> </u>
14	Public support percentage for 2008 (line 6	6, column (f) divi	ded by line 11	, column (f))		14	99 %
15	Public support percentage from 2007 Sch	edule A, Part IV	-A, line 26f			15	99 %
16a	33% % support test—2008. If the organiz and stop here. The organization qualifies	ation did not ch as a publicly su	eck the box or pported organi	n line 13, and li	ne 14 is 331/3 %	or more, chec	k this box
b	331/2 % support test-2007. If the organiz	ation did not che	eck a box on li	ine 13 or 16a a	nd line 15 is 3°	31/4 0/4 or more	shoole thin
17a	box and stop here. The organization qualifies as a publicly supported organization						
b 12	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstances test—2007."	If the organization cts-and-circumstances" test. The organization	n did not check ances" test, ch ganization quali	a box on line 1 eck this box an	3, 16a, 16b, or ad stop here . E	17a, and line 15 xplain in Part IV	is 10% or / how the
18 ——	Private foundation. If the organization did	not check a box	on line 13, 16a,	16b, 17a, or 17	b, check this bo	ox and see instr	uctions ► 🗌

Pa	Support Schedule for Orga (Complete only if you check	anizations D	escribed in S	Section 509(a	a)(2)		Page
Se	ction A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support					The last line of	
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 1	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for to organization, check this box and stop to	nere	<u> </u>	d, third, fourth			
Sec	tion C. Computation of Public Sup		tage				
5 6	Public support percentage for 2008 (line Public support percentage from 2007 S	chedule A, Pa	rt IV-A, line 27		n)	15 16	% %
Sec	tion D. Computation of Investmen						
7 8	Investment income percentage for 2008 investment income percentage from 200				lumn (f)) .	17 18	% %
9a	331/3 % support tests - 2008. If the orga 17 is not more than 331/3 %, check this bo	nization did no	t check the bo	x on line 14. ar	nd line 15 is m as a publicly s	ore than 33/3 9	6. and line
b	33% % support tests—2007. If the organiline 18 is not more than 33% %, check this Private foundation . If the organization of	zation did not o box and stop l	check a box on nere. The organ	line 14 or line 1 ization qualifies	9a, and line 16 as a publicly s	is more than 3 supported organ	33⅓ %, and nization ▶ 🏻

Part IV	(Form 990 or 990-EZ) 2008 Supplemental Information. Complete this part to provide the explanation re Part II, line 17a or 17b; or Part III, line 12. Provide any other additional inform	equired b	y Part II, li	Page ne 10:
	Part II, line 17a or 17b; or Part III, line 12. Provide any other additional inform	ation. (se	e instruction	ns)
				
				-

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization		Emp	Employer identification numb		
Special Olympics Loui	isiana, Inc.	72	1	0706608	
Organization type (chec	ck one):				_
Filers of:	Section:				
Form 990 or 990-EZ	√ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private	foundati	on		
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation			•	
	4947(a)(1) nonexempt charitable trust treated as a private foun	dation			
	501(c)(3) taxable private foundation				
•					
Check if your organizatio	in is covered by the General Rule or a Special Rule. (Note. Only a seconoxes for both the General Rule and a Special Rule. See instructions.)	tion 501	(c)(7),	(8), or (10)	
General Rule	and a openial ridic. Gee marructions.)				
For organizations property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, $55,00$ one contributor. Complete Parts I and II.	0 or mo	re (in	money or	
Special Rules					
✓ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33% %	support	test c	of the regulations	
under sections 50	9(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the	year, a	contri	bution of the	
1. Complete Parts	00 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the I and II.	amount	on F	orm 990-EZ, line	
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that recei	ved from	any (one contributor,	
during the year, ag scientific, literary, o	agregate contributions or bequests of more than \$1,000 for use exclusive or educational purposes, or the prevention of cruelty to children or anim	ly for reals. Con	ligious aplete	, charitable, Parts I, II, and III	l.
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that rece	ived froi	n anv	one contributor	
during the year, so	ome contributions for use exclusively for religious, charitable, etc., purponore than \$1,000. (If this box is checked, enter here the total contribution	ses, but	these	contributions d	id
the year for an exc	clusively religious, charitable, etc., purpose. Do not complete any of the	parts ur	iless t	he General Rule	!
applies to this organized during the year.)	anization because it received nonexclusively religious, charitable, etc., c	ontributi . ► \$		f \$5,000 or more	
Caution. Organizations th	nat are not covered by the General Rule and/or the Special Rules do no	t file Scl	nedule	B (Form 990,	-
Form 990-EZ, or on line 2	hey must answer "No" on Part IV, line 2 of their Form 990, or check the e of their Form 990-PF, to certify that they do not meet the filing require	box in ments c	the he f Sche	eading of their edule B (Form 99	3 0.

990-EZ, or 990-PF).

	3 (Form 990, 990-EZ, or 990-PF) (2008)		Pag	ge1 of1 of Par
	organization			identification number
	Olympics Louisiana, Inc.		72	0706608
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ons Typ	(d) e of contribution
1		\$62,500.	.00 Pa	rson yroll ncash plete Part II if there is neash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	ns Typ	(d) e of contribution
2		\$41,000.	00 Pay	rson yroll ncash plete Part II if there is cash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	ns Typ	(d) e of contribution
		\$	Pay Noi (Comp	rson
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns Type	(d) e of contribution
		\$	(Comp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns Type	(d) of contribution
		\$	(Comp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns Type	(d) of contribution
		\$	Pers Pay Non (Comp	son

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Naı	me of the organization	, , , , , , , , , , , , , , , , , , ,			Inspection
Sp	pecial Olympics Louisiana, Inc.		.	70	tification number
P	art I Organizations Maintaining Do	nor Advised Funds or Other Similar	r Funds	Or Acces	0706608
	the organization answered "Yes	" to Form 990, Part IV, line 6.	· · unas	OF ACCOL	ints. Complete if
		(a) Donor advised funds		(b) Funds and	d other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, subjective	ect to the organization's exclusive legal c	control?		
6	Did the organization inform all grantees, do used only for charitable purposes and not impermissible private benefit?	onors, and donor advisors in writing that for the benefit of the donor or donor advi	grant fur isor or o	nds may be other	
Pa	rt II Conservation Easements. Comp	lete if the organization answered "Yes"	" to For	m 000 Por	Yes No
1	Purpose(s) of conservation easements held	by the organization (check all that apply	10 1 011	11 990, Fai	t iv, line /.
	Preservation of land for public use (e.g.			historically i	mportant land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ion of ce	ertified histo	oric structure
	☐ Preservation of open space				
2	Complete lines 2a-2d if the organization held on the last day of the tax year.	a qualified conservation contribution in the	e form of	l a conserva	ition easement
	on the last day of the tax year.				
а	Total number of conservation ecoments				at the End of the Year
b	Total number of conservation easements . Total acreage restricted by conservation ea	omonto		2a	
c	Number of conservation easements on a ce	ertified historic structure included in (a)		2b 2c	
d	Number of conservation easements include	d in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modifie the taxable year ▶	d, transferred, released, extinguished, or	terminal		organization during
4	Number of states where property subject to	Conservation easement is located			
5	Does the organization have a written policy	regarding the periodic monitoring inspec	ction vic	lations on	4
	enforcement of the conservation easements	s it holds?			Voc No
6	Staff or volunteer hours devoted to monitori	ing, inspecting, and enforcing easements	durina t	he vear >	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing easements du	ring the	vear▶ \$	
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	nts of se	ction	Ves No
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the the organization's accounting for conservation	e lext of the tootnote to the organization'	enue and 's financi	l expense s ial statemer	
Par	t III Organizations Maintaining Collect	ctions of Art. Historical Treasures, or	Other	Similar Ac	cotc
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 8.		ommar Ao	JC13.
1a	If the organization elected, as permitted und art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote	S Dela for bublic exhibition, education, or r	accarch.	in furtheren	ince sheet works of ce of public service,
b	If the organization elected, as permitted und historical treasures, or other similar assets h provide the following amounts relating to the (i) Revenues included in Form 990, Part VIII	eld for public exhibition, education, or resease items: , line 1	search in	n furtherand ▶ \$	e of public service,
	(ii) Assets included in Form 990, Part X .			. ▶ \$	
	If the organization received or held works o following amounts required to be reported up Revenues included in Form 990. Part VIII lies	nder SFAS 116 relating to these items:			•
b	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	e			

Sche	dule D (Fo	orm 990) 2008
Pa	rt III	Organizations Maintaining Collections of Art, Historical Treasures,
3	Using	the organization's accession and other records, check any of the following th

	dule D (Form 990) 2008				Page
-	rt III Organizations Maintain	ing Collections of Art,	Historical Treasu	res, or Other Simil	ar Assets (continued
3	Using the organization's accession items (check all that apply):	and other records, check	k any of the follow	ing that are a significa	ant use of its collection
а	Public exhibition	(d 🗌 Loan or ex	change programs	
b	Scholarly research		e 🗌 Other		
C	Preservation for future genera				
4	Provide a description of the organize Part XIV.	ation's collections and ex	xplain how they fur	ther the organization's	s exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive donations r than to be maintained as	of art, historical tre- part of the organiza	asures, or other similar	Yes N
Pa	Trust, Escrow and Cust Part IV, line 9, or reported	odial Arrangements. Co	omplete if organiz	ation answered "Yes	" to Form 990,
1a	Is the organization an agent, trusted	e, custodian or other inter	rmediary for contril	outions or other asset	s not
	included on Form 990, Part X?				. 🗌 Yes 🗸 N
b	If "Yes," explain the arrangement in	Part XIV and complete the	he following table:		
	De atracta a la atau a c				Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			<u>1e</u>	
f	Ending balance		t	<u> 1f </u>	
2a b	If "Yes," explain the arrangement in	ount on Form 990, Part X, Part XIV	, line 21?	· · · · · · · ·	. Yes 🗸 No
	t V Endowment Funds. Co		answered "Ves" t	o Form 990 Part IV	Line 10
					back (e) Four years back
1a	Beginning of year balance	10,000			back (c) rour years back
h	Contributions	0			
c	Investment earnings or losses	388			
d	Grants or scholarships				
е	Other expenditures for facilities				
_	and programs	388			
f	Administrative expenses				
g	End of year balance	10,000			
2	Provide the estimated percentage of	the year end balance he	ld as:		
а	Board designated or quasi-endowm-				
b	Permanent endowment ► 100			•	
C	Term endowment ▶%				
3a	Are there endowment funds not in the organization by:	e possession of the organi	zation that are held	and administered for	the Yes No
	(i) unrelated organizations				3a(i) ✓
	(ii) related organizations				3a(ii) 🗸
b	If "Yes" to 3a(ii), are the related orga	nizations listed as require	ed on Schedule R?		. 3b
4	Describe in Part XIV the intended us				
Par	VI Investments—Land, Bu	ldings, and Equipmen	t. See Form 990,	Part X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land		50,000.00		50,000.00
	Buildings		190,000.00	29,688.00	160,312.00
	Leasehold improvements	,			
	Equipment	,	453,229.00	362,848.00	90,381.00
е	Other		52,530.00	19,750.00	32,780.00
Total	. Add lines 1a-1e. (Column (d) should ed	qual Form 990, Part X, colui	mn (B), line 10(c).) .		333,472.00

333,472.00

Part VII	Investments-Other Securitie	es. See Form 990, Part	X. line 12.	Page
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marks	ion: ket value
Closely-held	erivatives and other financial products			
Other				
	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII			Y line 13	
	a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	on: et value
		+		
				
Column ft	(b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	(b) should equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Pa			
	• • • • • • • • • • • • • • • • • • • •	(a) Description		(b) Book value
				
Colum	" 1 11 - wel Form 000 Part Y or			
Part X	mn (b) should equal Form 990, Part X, co. Other Liabilities. See Form 990,		<u></u> ,	
	(a) Description of liability	(b) Amount		
ederal inco				
	-			
etal (Column h	b) should equal Form 990, Part X, col. (B) line 25.) ▶			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	edule D (Form 990) 2008				Page	
	Reconciliation of Change in Net Assets from Form 990 to			s		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,228,375.00	
2	Total expenses (Form 990, Part IX, column (A), line 25)		<u>.</u>	2	2,199,098.00	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		🕒	3	29,278.00	
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6 7	Investment expenses		· · · ·	6		
8	Prior period adjustments			8		
9	Other (Describe in Part XIV)					
10	Total adjustments (net). Add lines 4–8		-	9 10	20.070.00	
	rt XII Reconciliation of Revenue per Audited Financial Stater	ments \	Nith Revenue	per Pe	29,278.00	
1	Total revenue, gains, and other support per audited financial statements			1	2,839,866.00	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,000,000,00	
а		2a				
b		2b	537,946.00			
C		2c				
d		2d	73,545.00			
е				2e	611,491.00	
3	Subtract line 2e from line 1			3	2,228,375.00	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 1				
а	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	la				
b		lb				
5	Add lines 4a and 4b			4c	0.00	
	** XIII Reconciliation of Expenses per Audited Financial State	2.)	Mills From some	5	2,228,375.00	
1		ments	with Expense			
2	Total expenses and losses per audited financial statements			1	2,810,588.00	
ے a		la	537.946.00			
b		b	337,340,00			
c		2c				
d		d!	73,545.00			
е	Add lines 2a through 2d			2e	611,491.00	
3	Subtract line 2e from line 1			3	2,199,097.00	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4	а				
	Other (Describe in Part XIV)	b				
	Add lines 4a and 4b			4c	0.00	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, I	line 18.)	<u> </u>	5	2,199,097.00	
	t XIV Supplemental Information					
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part	d 9; Part t XIII, line	III, lines 1a and es 2d and 4b.	i 4; Part I	IV, lines 1b	
Par	Part V, Line 4: The endowment funds were donated specifically to fund the local program in Acadia Parish through the					
the	use of the earnings. The Parish program uses the funds for expenses	related t	o conducting c	ompetiti	on events and	
for	travel expenses to events.					

Part XII, Line 2d & Part XIII, Line 2d - Other: Direct fundraising costs deducted from fundraising events, gaming activities, and from sales of inventory (See Form 990, Part VIII, Line 8b \$50,706.00 plus Line 9b \$15,711.78 plus Line 10b \$7,127.21).

Schedule D (For	rm 990) 2008	Page
Part XIV	Supplemental Information (continued)	
•••••		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open To Public

Name of the organization

Part I

Special Olympics Louisiana, Inc.

Employer Identification number 0706608

Part I Fundraising Activ	rities. Complete i	f the org	anization	answered "Yes"	to Form 990, Par	rt IV, line 17.
 Indicate whether the organize a ✓ Mail solicitations b ✓ Email solicitations c ✓ Phone solicitations d ✓ In-person solicitations 		e ly f y g ly	Solicitat Solicitat Special	ion of non-governi ion of government fundraising events	ment grants grants	
2a Did the organization have a vor key employees listed in Formatten b. If "Yes," list the ten highest to be compensated at least	paid individuals or	r enury in Antities /	Connection	with professional	fundraising service	s? 🗸 Yes 🗌 No
(i) Name of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
		Yes	No			
The Heritage Company	Telemarketing	1		818,357.00	547,822.00	270,535.00
						
Total	· · · · · · · · · · · · · · · · · · ·		▶	818,357.00	547,822.00	270,535.00
List all states in which the org registration or licensing. Loulsiana	ganization is registe	ered or li	censed to	solicit funds or ha	as been notified it	is exempt from

4 Cash prizes 0.00 0.0	نا	'art		omplete if the organiza	ation answered "Yes"	to Form 990 Part IV II	ne 18 or reported
Column C			more than \$15,000 on F	orm 990-EZ, line 6a. l	ist events with gross	receipts greater than	\$5.000.
1 Gross receipts 24,625,00 12,075,00 208,572,00 245,272 24,625,00 12,075,00 208,572,00 245,272 24,625,00 12,075,00 208,572,00 245,272 24,625,00 12,075,00 38,318,00 68,457, 38,457				(a) Event #1	(b) Event #2		
General types Gene		1		LOT Banquet	HMD Banquet	26	(d) Total Events
1 Gross receipts 24,625.00 12,075.00 208,572.00 245,272	m		·	(event type)			col. (c))
Less: Chartralle Contributions 20,085.00 10,054.00 38,316.00 68,457. 3 Gross revenue (line 1 minus line 2) 1,540.00 2,021.00 170,254.00 176,815.	'n					<u> </u>	
Less: Chartralle Contributions 20,085.00 10,054.00 38,316.00 68,457. 3 Gross revenue (line 1 minus line 2) 1,540.00 2,021.00 170,254.00 176,815.	e e	1	Gross receipts	24,625.00	12,075.00	208 572 00	245 272 04
Second	æ	2	Less: Charitable			200,072,00	245,272,01
Second S			contributions	20,085.00	10,054.00	38.318.00	68 457 00
4		3	Gross revenue (line 1				00,101.00
4		+	minus ime 2)	4,540.00	2,021.00	170,254.00	176,815.00
See Suppose the organization operate gaming activities in each of these states? Non-cash prizes		١.					
5 Non-cash prizes		4	Cash prizes	0.00	0.00	0.00	0.00
8 Direct expense summary. Add lines 4 through 7 in column (d) Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Birgo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add co. (e) through co. (e)	Se	_	Nan asah ada s				
8 Direct expense summary. Add lines 4 through 7 in column (d) Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Birgo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add co. (e) through co. (e)	SI.S	1	Non-cash prizes	0.00	0.00	0.00	0.00
8 Direct expense summary. Add lines 4 through 7 in column (d) Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Birgo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add co. (e) through co. (e)	ă,	6	Rent/facility costs	0.00	4 007 00		
8 Direct expense summary. Add lines 4 through 7 in column (d) Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Birgo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add co. (e) through co. (e)	H H	-	Trendracinty costs	0.00	4,367.00	9,347.00	13,714.00
8 Direct expense summary. Add lines 4 through 7 in column (d) Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Birgo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add co. (e) through co. (e)	Te.	7	Other direct expenses	827 00	24.00	20 444 00	
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) (c) Other gaming (Add cot. (a) through cot. (c)		-	a that allook expenses : L	927.00]	24.00	36,141.00	36,992.00
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) (c) Other gaming (Add cot. (a) through cot. (c)		8	Direct expense summary. Add	l lines 4 through 7 in co	olumn (d)		[50 T00 00)
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (cd) Total gaming (Add cot. (a) through cot. (c) through cot. (c) through cot. (c) through cot. (c) through			Net income summary. Combin	ne lines 3 and 8 in colu	mn (d)	.	400 400 00
Comparison of the control of the c	Pa	irt I	Gaming. Complete if the complete is the complete if the complete in complete in the complete in complete in the complete in	ne organization answ	ered "Yes" to Form 9	990. Part IV. line 19.	or reported more
2 Cash prizes			than \$15,000 on Form	990-EZ, line 6a.			or roported more
2 Cash prizes	Θ'n		į	(a) Bingo		(c) Other gaming	(d) Total gaming (Add
2 Cash prizes	ē		<u> </u>		bingo/progressive bingo		col. (a) through col. (c))
2 Cash prizes	Re		0.000				
5 Other direct expenses .		-	Gross revenue			48,870.00	48,870.00
5 Other direct expenses .	S						
5 Other direct expenses .	SE	2	Cash prizes			4,574.00	4,574.00
5 Other direct expenses .	be	_	Non contravious			2 2 4 2 2 2	
5 Other direct expenses .	Щ	3	Non-cash prizes			9,349.00	9,349.00
5 Other direct expenses .	Ç	4	Rent/facility costs				
Yes	۵	•	Tions idomity doctors				···
6 Volunteer labor		5	Other direct expenses .			1.789.00	1 789 00
6 Volunteer labor				☐ Yes %	☐ Yes %		1,703.00
8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	ı	6	Volunteer labor	☐ No			
8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	- 1						
8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		7	Direct expense summary. Add	lines 2 through 5 in co	lumn (d) , , , , ,		(15,712.00)
9 Enter the state(s) in which the organization operates gaming activities: Louisiana a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_	Name and a state of the state o	<u> </u>			
9 Enter the state(s) in which the organization operates gaming activities: Louisiana a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		8	Net gaming income summary.	Combine lines 1 and 7	in column (d)	<u> , ▶ </u>	33,158.00
a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						_	Yes No
b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	9	En	ter the state(s) in which the org	janization operates gar	ning activities: Louis		
 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: □ Does the organization operate gaming activities with nonmembers? □ Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 				erate gaming activities	in each of these states	6?	. 9a ✓
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	þ	it "	•				
b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	10-	 \A/-	ero any of the organization!	ming lianness was to d			
Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	VVE	ere any or the organization's ga	ming licenses revoked	, suspended or termina	ted during the tax year	? 10a √
Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Ø	П	ies, Expiaiii.				
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	11	Do	es the organization operate gar	ning activities with por	members?	***************************************	11 /
		ls t	the organization a grantor, bene	eficiary or trustee of a	trust or a member of a	partnership or other e	ntity
		for	med to administer charitable ga				

Sche	edule G (Form 990 or 990-EZ) 2008				Page
13 a b 14	An outside facility Provide the name and address of the person who prepares the organization's gaming	13b	10 % 90 %		No
	Name ► Sylvia Alaniz		,		
	Address ► 1000 E. Morris Ave., Hammond LA 70403				
	Does the organization have a contract with a third party from whom the organization revenue?		1.	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		and the	Total	V
С	If "Yes," enter name and address:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Mandatory distributions:

17a

SCHEDULE M (Form 990)

NonCash Contributions

OMB No. 1545-0047

Quen To Publi

Department of the Treasury Internal Revenue Service Name of the organization ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

Employer identification number Special Olympics Louisiana, Inc. 72 0706608 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art 2 Art-Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 17,138.00 **FMV** 6 Cars and other vehicles . 7 Boats and planes Intellectual property . . . 9 Securities—Publicly traded Securities—Closely held stock . 10 11 Securities-Partnership, LLC, or trust interests Securities-Miscellaneous 12 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) . . Real estate -- Residential . . 15 Real estate Commercial . . 16 17 Real estate—Other 18 Collectibles 19 Food inventory Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts . . . 24 Other ▶ (See Note #2) 25 56,303,00 **FMV** 26 Other ▶ (.....) 27 Other ▶ (.....) Other ▶ (.....) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
Note #1	Line 32a: The Organization uses volunteers to solicit noncash contributions needed for competition events,
fundraise	ers, public relations events, general operations, etc. in order to reduce the amount of cash outlay for these
	s. Cash can then be utilized for those expenses that are not available by noncash means. Noncash contributions
	be a result during fundraising campaigns conducted by third party fundraisers.
Note #2 -	Line 25: Other noncash contributions consist of food and meals for events, supplies and sports equipment for
	ad supplies for general energians

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Special Olympics Louisiana, Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

12 1 0706608
Part III, Line 4b: The Organization started the Project UNIFY program during the latter part of the 2008 calendar year. The
program furthers the objective of inclusion (see Statement of Program Service Accomplishments, Line 4a).
Part VI, Section A, Line 6: The Organization has members in the form of a volunteer Board of Directors, whose function
is to set and enforce policies.
Part VI, Section A, Line 7a: The Board of Directors receive nominations and have elections for new Board members and
Board officers each year.
Part VI, Section A, Line 10: After the Form 990 is prepared it is reviewed by the Treasurer of the Board of Directors and is
presented to the Board Finance Committee for review and recommended acceptance to the Board of Directors. The 990
presented to the Board of Directors for explanation and review. At any time during any of the above reviews, changes
and/or corrections can be made to the 990 before filing. After any changes are made, the Board Treasurer reviews the
990 again.
Part VI, Section B, Line 12c: Once an officer, director or key employee completes the form indicating a conflict of interest,
it is discussed and the Executive Committee level, and then by the Board of Directors.
Part VI, Section B, Line 14: The Organization has an informal document retention and destruction policy, using the
IRS recommendations for the length of time to keep financial documents. A formal, written policy is being developed,
and is currently under review for approval.
Part VI, Section B, Line 15a-b: Salary compensation is compared to a bi-annual salary survey of Special Olympics
programs nationwide, conducted by an independent firm. The Executive Committee reviews the Information and
recommends any adjustments to the the Board of Directors. Any adjustments are voted on by the Board. Annual
evaluations are conducted

Name of the organization				Page 2
Special Olympics Louisiana, Inc.		er identifi	cation number	
	72		0706608	
Part VI, Section C, Line 19: All documents: governing documents, conflict of interest and				
statements, etc., are all available upon request and have been provided in this manner in	he pas	f when r	Pausetad	
	no pas	Milelii	equested.	
				•
			·	
			**	
				••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Open to Public 2008

OMB No. 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

Inspection Employer identification number (F)
Direct controlling
entity 0706608 72 (E) End-of-year assets (D) Total income (C)
Legal domicile (state
or foreign country) Primary activity <u>e</u> Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity Special Olympics Louisiana, Inc. Name of the organization Part I Part II

(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling
- Special Olympics, Inc.	provides accreditation Washington DC	Washington DC	501(0)(3)		VII.
			Calcalan		Y N

Schedule R (Form 990) 2008

Cat. No. 50135Y

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

Schedule R (Form 990) 2008

Part III Identification	Identification of Related Organizations Taxable as a Partnership	anization	s Taxable as a	Partnership						Page 2
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes No		Yes No
Part IV Identification of	Identification of Related Organizations Taxa	nizations	Taxable as a	ble as a Corporation or Trust	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income		(G) Share of end-of-year assets	(H) Percentage ownership
								-		
								-		

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations			Page 3
Note: Complete line 1 if any entity is listed in Parts II, III, or IV. 1 During the tax year did the organization engage in the fall of the organization engage in the fall of the fall o			Yes No
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity.	more related organizations listed	in Parts II–IV?	
5			1a 🗸
c Gift, grant, or capital contribution from other organization(s)			1
d loans or learntness to or for other commitments		•	10 <
A loans or loan grantees by other organization(s)		•	1d
	• • • • • • • • • •	•	1e
f Sala of assets to other organization(a)			
		•	1f /
9 Fulchase of assets from other organization(s)			19
i lease of facilities principant or other posts in the second of the sec			th.
case of regimes, equipment, of other assets to other organization(s)			1:
j Lease of facilities, equipment or other assets from other oxeguing			
k Performance of services or membership or fundraising solicitations for other services.			- 1j
			1k /
m Sharing of facilities equipment mailing lists of parties and of the organization(s)			11 /
n Sharing of naid amployees			1m
		•	- tn
o Reimbursement paid to other organization for expenses			
			10
			1p
q Other transfer of cash or property to other organization(s)			
_			. 1g 🗸
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line including covered relationships and the instructions for information on who must complete this line including covered relationships.	olete this line including covered		1r /
(4)	o constant of the constant of	daudiships and trans	saction thresholds.
Name of other organization(s)		(B) Transaction type (a–r)	(C) Amount involved
TAN THE TANK THE THE TANK THE TANK THE			
1.1			
(2)			
(a)			
(4)			
(5)			

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	m control of the cont				alalinas.			
Name, address, and EIN of entity	(b)	(C)	<u>e</u>		Ē	E		€
	לוויומו א מכוואורא	(state or foreign country)	Are all partners section 501(c)(3)	tners n 3)	Share of end-of-year assets	Disproportionate allocations?	sof Schedule K-1	General or managing partner?
			Yes	2 2		,		
			3			Sa La		Yes
				-				
			ļ					
				-				
		-						
								-
						-		-

Schedule R (Form 990) 2008