

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2009**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See specific instructions. SPECIAL OLYMPICS TENNESSEE, INC. 1900 12TH AVENUE SOUTH B NASHVILLE, TN 37203	D Employer Identification Number 23-7348136 E Telephone number (615) 329-1375	F Name and address of principal officer: ALAN L. BOLICK SAME AS C ABOVE G Gross receipts \$ 1,933,242. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.SPECIALOLYMPICSTN.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1974 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE, ORGANIZE, AND CONDUCT STATEWIDE YEAR-ROUND TRAINING AND COMPETITION PROGRAMS IN SPORTS FOR OVER 14,000 CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of employees (Part V, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 6 5,000 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 5,384. b Net unrelated business taxable income from Form 990-T, line 34 7b 4,384.		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,837,218.	1,439,110.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,615.	23,232.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	248,333.	191,971.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,101,166.	1,654,313.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,547.	4,650.
	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)	801,590.	747,926.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	234,461.	206,572.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 329,166.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,028,934.	914,189.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,090,532.	1,873,337.
	19 Revenue less expenses. Subtract line 18 from line 12	10,634.	-219,024.
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	2,058,238.	1,924,383.
	21 Total liabilities (Part X, line 26)	263,171.	220,650.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,795,067.	1,703,733.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.		
	Signature of officer ALAN BOLICK Type or print name and title.	Date PRESIDENT	
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	Date Check if self-employed <input checked="" type="checkbox"/> X Preparer's identifying number (see instructions) N/A EIN ▶ N/A Phone no. ▶ (615) 383-6592	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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 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.

4a (Code:) (Expenses \$ 1,457,081. including grants of \$ 13,707.) (Revenue \$)
 PROVIDED TRAINING AND COMPETITION EVENTS FOR 17,453 REGISTERED PARTICIPANTS IN 2009
 INCLUDING 334 LOCAL, REGIONAL, AND STATE EVENTS.

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

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

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

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

4e Total program service expenses ► 1,457,081.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or 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		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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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 management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		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? If 'Yes,' complete Schedule G, Part I	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? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b	X
26 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? <i>If 'Yes,' complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	20	
2b	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, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	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)?		X
4b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

BAA

Form 990 (2009)

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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	14	
1b Enter the number of voting members that are independent	14	
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 or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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 in Schedule O.		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
10b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
b Other officers of key employees of the organization.		X
If 'Yes' to line 15a or 15b, 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?		X
16b 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 organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► TN

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

☐ 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 interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► STACEY BLACKMORE 1900 12TH AVENUE SOUTH, SUITE B NASHVILLE TN 37203 (615) 329-1375

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**

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. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- 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 compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL JACOBSON INTERIM	0							0.	0.	0.
KAREN L. SUMMAR, M.D. BOARD MEMBER	1	X						0.	0.	0.
WILSON BRIM PAST CHAIR	1	X						0.	0.	0.
JOE RUBERTO BOARD MEMBER	1	X						0.	0.	0.
DONNA DESTEFANO BOARD MEMBER	1	X						0.	0.	0.
MARILYN DUBREE BOARD MEMBER	1	X						0.	0.	0.
DAVID WILLIAMS II BOARD MEMBER	1	X						0.	0.	0.
JORDAN GARRISON INTERIM	1	X						0.	0.	0.
TONY CROWDER BOARD MEMBER	1	X						0.	0.	0.
MICHAEL HURT BOARD MEMBER	1	X						0.	0.	0.
PORTIA CARNAHAN BOARD MEMBER	1	X						0.	0.	0.
LAURA ROUSE BOARD MEMBER	1	X						0.	0.	0.
KENNETH E. YOUNGSTAD CHAIRMAN	1	X		X				0.	0.	0.
ROBERT M. HOLLAND, JR. VICE CHAIRMAN	1	X		X				0.	0.	0.
TOM LOVENTHAL SECRETARY	1	X		X				0.	0.	0.
PHIL SHANNON TREASURER	1	X		X				0.	0.	0.
ALAN L. BOLICK PRESIDENT	40			X				86,004.	0.	22,002.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ERIN L. BIRCH V.P. DEVELOP.	40			X				48,328.	0.	8,097.
RONNIE D. BOLLINGER V.P. SPORTS	40			X				53,454.	0.	0.
1 b Total								187,786.	0.	30,099.

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

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

	Yes	No
3		X
4		X
5		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? *If 'Yes' complete Schedule J for such individual.*

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

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.

(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 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 10,000.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,429,110.				
	g Noncash contribns included in lns 1a-1f: ... \$	12,550.				
	h Total. Add lines 1a-1f		1,439,110.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	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)		31,120.			31,120.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real 26,729.				
	b Less: rental expenses	13,010.				
	c Rental income or (loss)	13,719.				
	d Net rental income or (loss)		13,719.		5,384.	8,335.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 128,339.				
	b Less: cost or other basis and sales expenses	136,227.				
	c Gain or (loss)	-7,888.				
	d Net gain or (loss)		-7,888.			-7,888.
	8 a Gross income from fundraising events (not including. \$ 10,000. of contributions reported on line 1c). See Part IV, line 18	a 283,090.				
	b Less: direct expenses	b 124,199.				
	c Net income or (loss) from fundraising events		158,891.	107,057.		51,834.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 4,906.				
	b Less: cost of goods sold	b 5,493.				
	c Net income or (loss) from sales of inventory		-587.	-587.		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	19,948.	19,948.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		19,948.				
12 Total revenue. See instructions		1,654,313.	126,418.	5,384.	83,401.	

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 required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	4,650.	4,650.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 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				
5 Compensation of current officers, directors, trustees, and key employees	187,787.	148,351.	16,338.	23,098.
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	400,898.	316,710.	34,878.	49,310.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	114,206.	90,222.	9,936.	14,048.
10 Payroll taxes	45,035.	35,578.	3,918.	5,539.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,800.	13,933.	1,160.	1,707.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	206,572.			206,572.
f Investment management fees				
g Other	61,393.	50,918.	4,238.	6,237.
12 Advertising and promotion				
13 Office expenses	48,249.	38,117.	4,198.	5,934.
14 Information technology	5,260.	4,430.	344.	486.
15 Royalties				
16 Occupancy	32,228.	29,223.	1,245.	1,760.
17 Travel	101,487.	97,159.	1,793.	2,535.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,940.	7,602.	140.	198.
20 Interest	10,617.	7,624.	1,240.	1,753.
21 Payments to affiliates	36,882.	36,882.		
22 Depreciation, depletion, and amortization	35,396.	26,945.	3,501.	4,950.
23 Insurance	39,903.	39,903.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EDUCATIONAL CAMPAIGN EXPENSES	206,571.	206,571.		
b SUPPLIES	73,943.	70,312.	1,504.	2,127.
c MEALS	68,379.	68,379.		
d AWARDS	47,723.	47,420.		303.
e FACILITIES & LODGING	44,197.	44,197.		
f All other expenses	77,221.	71,955.	2,657.	2,609.
25 Total functional expenses. Add lines 1 through 24f	1,873,337.	1,457,081.	87,090.	329,166.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	413,143.	206,571.		206,572.

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing.....	306,527.	1	119,417.
	2 Savings and temporary cash investments.....	363,786.	2	323,459.
	3 Pledges and grants receivable, net.....	146,004.	3	138,358.
	4 Accounts receivable, net.....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L..		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	16,079.	9	10,669.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 838,280.		
	b Less: accumulated depreciation.....	10b 310,258.		
	11 Investments — publicly-traded securities.....	565,214.	10c	528,022.
	12 Investments — other securities. See Part IV, line 11.....	660,628.	11	804,458.
	13 Investments — program-related. See Part IV, line 11.....		12	
	14 Intangible assets.....		13	
	15 Other assets. See Part IV, line 11.....		14	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	2,058,238.	15		
LIABILITIES	17 Accounts payable and accrued expenses.....	2,058,238.	16	1,924,383.
	18 Grants payable.....	65,805.	17	38,253.
	19 Deferred revenue.....		18	
	20 Tax-exempt bond liabilities.....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		21	
	23 Secured mortgages and notes payable to unrelated third parties.....	197,366.	22	
	24 Unsecured notes and loans payable to unrelated third parties.....		23	182,397.
	25 Other liabilities. Complete Part X of Schedule D.....		24	
	26 Total liabilities. Add lines 17 through 25.....	263,171.	25	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		26	220,650.
	27 Unrestricted net assets.....	1,625,919.		
	28 Temporarily restricted net assets.....	169,148.	27	1,535,576.
	29 Permanently restricted net assets.....		28	168,157.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		29	
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	1,795,067.	33	1,703,733.
	34 Total liabilities and net assets/fund balances.....	2,058,238.	34	1,924,383.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

	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
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2009)

PUBLIC COPY

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,129,046.	1,186,852.	1,235,753.	1,837,218.	1,439,110.	6,827,979.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3.	1,129,046.	1,186,852.	1,235,753.	1,837,218.	1,439,110.	6,827,979.
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.
6 Public support. Subtract line 5 from line 4.						6,827,979.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	1,129,046.	1,186,852.	1,235,753.	1,837,218.	1,439,110.	6,827,979.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	63,263.	71,788.	97,406.	44,602.	57,849.	334,908.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	15,310.	1,725.	8,579.	16,735.	19,948.	62,297.
11 Total support. Add lines 7 through 10.						7,225,184.
12 Gross receipts from related activities, etc. (see instructions).						12 1,799,415.

13 **First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	94.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	94.5 %

16a **33-1/3 support test — 2009.** If the organization did not check the box on line 13, and the 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 — 2008.** 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 — 2009.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test — 2008.** 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 IV 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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 **First five 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 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a **33-1/3 support tests — 2009.** 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 — 2008.** If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PUBLIC COPY

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER	19,948.	16,735.	8,579.	1,725.	15,310.
TOTAL	<u>\$ 19,948.</u>	<u>\$ 16,735.</u>	<u>\$ 8,579.</u>	<u>\$ 1,725.</u>	<u>\$ 15,310.</u>

PUBLIC COPY

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year..... ► \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number	
--------------------------------	--

23-7348136

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

SPECIAL OLYMPICS TENNESSEE, INC.

23-7348136

Part II Noncash Property (see instructions.)

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

SPECIAL OLYMPICS TENNESSEE, INC.

23-7348136

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) \$ N/A

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

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

	(a) Donor advised funds	(b) Funds and 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 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

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 easement it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

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 SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

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 are a 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 programs

e ☐ Other _____

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

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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a 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 XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		60,356.		60,356.
b Buildings		532,416.	126,583.	405,833.
c Leasehold improvements		63,869.	42,430.	21,439.
d Equipment		181,639.	141,245.	40,394.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				528,022.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,654,313.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,873,337.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-219,024.
4	Net unrealized gains (losses) on investments	127,690.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	127,690.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-91,334.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,960,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	127,690.
b	Donated services and use of facilities	2b	35,344.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) ... SEE PART XIV	2d	142,702.
e	Add lines 2a through 2d	2e	305,736.
3	Subtract line 2e from line 1	3	1,654,313.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,654,313.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,051,383.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	35,344.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) ... SEE PART XIV	2d	142,702.
e	Add lines 2a through 2d	2e	178,046.
3	Subtract line 2e from line 1	3	1,873,337.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	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	1,873,337.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

PUBLIC COPY

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

SPECIAL OLYMPICS TENNESSEE, INC.

23-7348136

SCHEDULE D, PART XII, LINE 2D

OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF INVENTORY SOLD.....	\$	5,493.
RENTAL EXPENSES.....		13,010.
SPECIAL EVENT EXPENSES.....		124,199.
TOTAL	\$	<u>142,702.</u>

SCHEDULE D, PART XIII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF INVENTORY SOLD.....	\$	5,493.
RENTAL EXPENSES.....		13,010.
SPECIAL EVENT EXPENSES.....		124,199.
TOTAL	\$	<u>142,702.</u>

PUBLIC COPY

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

X

Mail solicitations

1

Internet and email solicitations

X

Phone solicitations

11

In-person solicitations

1

Solicitation of non-government grants

11

Solicitation of government grants

X

Special fundraising events

- 2a** Did the organization have 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 ten 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 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 col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE HERITAGE COMPANY	SEE SCH 0	X		755,018.	206,572.	548,446.
Total				755,018.	206,572.	548,446.

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

TN

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 AREA SPEC. EVE (event type)	(b) Event #2 AMERICAN GIRL (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	181,589.	36,563.	74,938.	293,090.
	2 Less: Charitable contributions			10,000.	10,000.
	3 Gross income (line 1 minus line 2)	181,589.	36,563.	64,938.	283,090.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	74,532.	22,619.	27,048.	124,199.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				124,199.
	11 Net income summary. Combine lines 3, column (d) and line 10				158,891.

Part III 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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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 formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.....	13a	%
b An outside facility.....	13b	%

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

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

☐ 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?.....**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: ▶ \$ _____

BAA

TEEA3703L 02/05/10

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

SCHEDULE G, PART I

WE WORK ANNUALLY WITH HERITAGE COMPANY IN THE DEVELOPMENT OF TELEMARKETING SCRIPTS
AND FOLLOW-UP MATERIALS.

THE INCLUSION OF EDUCATIONAL AND CALL-TO-ACTION MATERIAL IN THE SCRIPT IS IMPORTANT
IN FULFILLING THE PROGRAM MISSION OF SPECIAL OLYMPICS, THUS WE PURPOSEFULLY
STRUCTURE THE SCRIPT TO INCLUDE ELEMENTS OF WHO WE SERVE (CITIZENS WITH INTELLECTUAL
DISABILITIES), PROGRAMS WE OFFER (TRAINING AND COMPETITION), AND BOTH OUR MISSION
STATEMENT AND PHILOSOPHICAL APPROACH AS TO HOW OUR PROGRAMS CHANGE THE LIVES OF OUR
ATHLETES, THEIR FAMILIES, AND THE VOLUNTEERS WHO WORK WITH THEM.

WE GIVE SPECIFIC EVENT INFORMATION FOR THE NEXT UPCOMING EVENT IN THE COMMUNITY TO
WHICH WE ARE PLACING A PARTICULAR CALL, AND INCLUDE A SPECIFIC "CALL-TO-ACTION" BY
ASKING THEM TO CONSIDER VOLUNTEERING FOR THE EVENT, AND TELLING THEM WHERE TO CALL
AND SIGN UP TO BE A VOLUNTEER.

IT IS ONLY THEN THAT WE INCLUDE THE SOLICITATION "ASK".

WE ALSO OFFER TO SEND OUT INFORMATION TO EVERYONE WE CALL THAT INCLUDES SPECIFIC
REQUESTS FOR:

1. HOW TO REGISTER AN ATHLETE IN THE PROGRAM.
2. VOLUNTEER OPPORTUNITIES AND THE APPLICATION PROCESS.
3. SPECIFIC EVENTS IN THAT COMMUNITY.
4. FAMILY PARTICIPATION.

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

REQUESTS/CALL-TO-ACTION REPORTS ARE SENT TO US MONTHLY, AND WE IMMEDIATELY RESPOND TO EACH.

WE ALSO FULFILL REQUESTS TO BE ADDED TO MONTHLY PROGRAM E-NEWSLETTERS, TO SPEAK TO COMPANY AND ORGANIZATIONS ABOUT SPECIAL OLYMPICS AND OUR ATHLETES AND PROGRAMS.

FOLLOW-UP MATERIALS PROVIDE WEBSITE ACCESS ADDRESS FOR THEM TO LEARN MORE SPECIFICS ABOUT OUR PROGRAM AND WHO WE SERVE, INCLUDING DESCRIPTION OF "INTELLECTUAL DISABILITIES", TRAINING AND COMPETITIONS, VALUES AND BENEFITS GAINED BY ATHLETES, AND VALUES AND BENEFITS GAINED BY VOLUNTEERS AND THE COMMUNITIES IN WHICH THEY RESIDE.

WE HAVE STRUCTURED OUR SCRIPTS AND FOLLOW-UP MATERIALS TO CONTAIN AT LEAST 50% EDUCATIONAL AND CALL-TO-ACTION MATERIALS.

GROSS RECEIPTS FROM ACTIVITY \$755,018

AMOUNTS PAID FOR PROFESSIONAL FUNDRAISING SVCS. (206,572)

AMOUNT REPORTED ON SCHEDULE G PART I, LINE 2, COL.VI 548,446

AMOUNTS PAID FOR EDUCATIONAL AND CALL-TO-ACTION SVCS. (206,572)

NET AMOUNTS RECEIVED FROM THE HERITAGE COMPANY 341,874

FORM 990, PART III, LINE 1 - ORGANIZATION 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 FRIENDSHIP WITH

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION (CONTINUED)

THEIR FAMILIES, OTHER SPECIAL OLYMPIC ATHLETES AND THE COMMUNITY.

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

THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE ARE AUTHORIZED TO REVIEW AND APPROVE
PRIOR TO FILING.

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

THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS AND MAKES RECOMMENDATIONS FOR ACTION TO THE
FULL BOARD IF WARRANTED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

CEO IS ANNUALLY REVIEWED BY EXECUTIVE COMMITTEE OF THE BOARD. COMPARABLE
COMPENSATION FOR NATIONAL AND LOCAL POSITIONS IS USED AS GUIDELINE. COMPENSATION
CHANGES ARE RECOMMENDED AND ACTED UPON BY THE FULL BOARD OF DIRECTORS.

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

AVAILABLE UPON REQUEST.

PUBLIC COPY

Name of the organization

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

PUBLIC COPY

RENTAL INCOME WORKSHEET

OFFICE SPACE

GROSS RENTAL INCOME.....	\$	26,729.
EXPENSES		
DEPRECIATION.....		4,847.
INSURANCE.....		802.
INTEREST.....		3,636.
REPAIRS.....		630.
TAXES.....		149.
UTILITIES.....		1,826.
LAWNCARE.....		806.
OTHER.....		314.
TOTAL EXPENSES.....	\$	13,010.
NET RENTAL INCOME OR LOSS	\$	<u>13,719.</u>

SPECIAL EVENTS WORKSHEET

SPECIAL EVENT	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME OR LOSS
AREA SPEC. EVENTS	\$ 181,589.	\$ 0.	\$ 181,589.	\$ 74,532.	\$ 107,057.
AMERICAN GIRL FASHION SHOW	36,563.	0.	36,563.	22,619.	13,944.
SUBTOTAL	\$ 218,152.	\$ 0.	\$ 218,152.	\$ 97,151.	\$ 121,001.
TORCH RUN	28,945.	0.	28,945.	8,763.	20,182.
DON ELLIS TOURNAMENT	18,380.	10,000.	8,380.	16,075.	-7,695.
NASHVILLE GOLF CLASSIC	17,759.	0.	17,759.	252.	17,507.
BFTG	9,854.	0.	9,854.	1,958.	7,896.
*SUBTOTAL	\$ 74,938.	\$ 10,000.	\$ 64,938.	\$ 27,048.	\$ 37,890.
TOTAL	<u>\$ 293,090.</u>	<u>\$ 10,000.</u>	<u>\$ 283,090.</u>	<u>\$ 124,199.</u>	<u>\$ 158,891.</u>

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	0.
2. PURCHASES.....	5,493.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	5,493.
7. INVENTORY AT END OF YEAR.....	0.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u>5,493.</u>

FORM 990, PART IX, LINE 24
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
HEALTH ATHLETES PROGRAM	9,057.	9,057.		
MISCELLANEOUS	22,022.	16,756.	2,657.	2,609.
OTHER AREA ADMIN. GAME EXPENSE	10,001.	10,001.		
SPORTS EQUIPMENT	1,100.	1,100.		
UNIFORMS	35,041.	35,041.		
TOTAL	<u>\$ 77,221.</u>	<u>\$ 71,955.</u>	<u>\$ 2,657.</u>	<u>\$ 2,609.</u>

PUBLIC COPY

Form **990-W**

(Worksheet)

Department of the Treasury
Internal Revenue Service

FOR FORM 990-T PURPOSES
**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**
 (and on Investment Income for Private Foundations)
 (Keep for your records. Do not send to the Internal Revenue Service.)

OMB No. 1545-0976

2010

1	Unrelated business taxable income expected in the tax year.....	1	4,384.
2	Tax on the amount on line 1. See instructions for tax computation.....	2	658.
3	Alternative minimum tax (see instructions).....	3	
4	Total. Add lines 2 and 3.....	4	658.
5	Estimated tax credits (see instructions).....	5	
6	Subtract line 5 from line 4.....	6	658.
7	Other taxes (see instructions).....	7	
8	Total. Add lines 6 and 7.....	8	658.
9	Credit for federal tax paid on fuels (see instructions).....	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions.....	10a	658.
b	Enter the tax shown on the 2009 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c.....	10b	
c	2010 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c.....	10c	660.

	(a)	(b)	(c)	(d)
11 Installment due dates (see instructions).....	11 4/15/10	6/15/10	9/15/10	12/15/10
12 Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization.' (see instructions).....	12 0.	0.	495.	165.
13 2009 Overpayment. (see instructions).....	13 0.	0.	0.	0.
14 Payment due. (Subtract line 13 from line 12.).....	14 0.	0.	495.	165.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **990-W** (2010)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2009 or other tax year beginning _____, 2009,
and ending _____, _____**2009**Department of the Treasury
Internal Revenue Service (77)

▶ See separate instructions.

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Print or Type	SPECIAL OLYMPICS TENNESSEE, INC. 1900 12TH AVENUE SOUTH B NASHVILLE, TN 37203	D Employer identification number (Employees' trust, see instructions for Block D.) 23-7348136 E Unrelated business activity codes (See instructions for Block E.) 531120
C Book value of all assets at end of year 1,924,383.		F Group exemption number (See instructions for Block F.) ▶ G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.

▶ OFFICE SPACE RENTAL

I 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 .. ▶

J The books are in care of. ▶ STACEY BLACKMORE

Telephone number. ▶ (615) 329-1375

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.			
b Less returns and allowances c Balance. ▶ 1 c			
2 Cost of goods sold (Schedule A, line 7) 2			
3 Gross profit. Subtract line 2 from line 1c. 3			
4 a Capital gain net income (attach Schedule D). 4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4 b			
c Capital loss deduction for trusts 4 c			
5 Income (loss) from partnerships and S corporations (attach statement) 5			
6 Rent income (Schedule C) 6			
7 Unrelated debt-financed income (Schedule E) 7	10,490.	5,106.	5,384.
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) 9			
10 Exploited exempt activity income (Schedule I) 10			
11 Advertising income (Schedule J) 11			
12 Other income (See instructions; attach schedule) 12			
13 Total. Combine lines 3 through 12. 13	10,490.	5,106.	5,384.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	4,847.
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	4,847.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28.	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	30	5,384.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.	32	5,384.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	4,384.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐. See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35 c** 658.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amounton line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions. **37****38 Alternative minimum tax.** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 658.**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40 a****b** Other credits (see instructions) **40 b****c** General business credit. Attach Form 3800. **40 c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40 d****e Total credits.** Add lines 40a through 40d. **40 e** 0.**41** Subtract line 40e from line 39. **41** 658.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42. **43** 658.**44 a** Payments: A 2008 overpayment credited to 2009 **44 a****b** 2009 estimated tax payments **44 b** 576.**c** Tax deposited with Form 8868 **44 c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44 d****e** Backup withholding (see instructions) **44 e****f** Other credits and payments: ☐ Form 2439 **44 f**☐ Form 4136 ☐ Other Total **44 f****45 Total payments.** Add lines 44a through 44f. **45** 576.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☒ **46** 7.**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 89.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48****49** Enter the amount of line 48 you want: **Credited to 2010 estimated tax** **Refunded** **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

- | | Yes | No |
|---|-----|----|
| 1 At any time during the 2009 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 Form TD F 90-22.1, 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 the 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 \$ 0. | | |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation

- | | | | | | |
|--|----|--|--|---|---|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | |
| b Other costs (attach sch) | 4b | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | X |
| 5 Total. Add lines 1 through 4b. | 5 | | | | |

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 PRESIDENT	Date
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP code	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN
	FRASIER, DEAN & HOWARD, PLLC	P00231119
	3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	EIN 62-1073578 Phone no. (615) 383-6592

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property SEE ST 1	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1) OFFICE SPACE		26,729.	4,847.	8,163.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 193,954.	494,181.	39.2476 %	10,490.	5,106.
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A). 10,490.	Enter here and on page 1, Part I, line 7, column (B). 5,106.
Total dividends-received deductions included in column 8 ▶				

Schedule F – 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
(1)					6 Deductions directly connected with income in column 5
(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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

Schedule G – 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 schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K – 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 page 1, Part II, line 14			

Form **2220**Department of the Treasury
Internal Revenue Service**Underpayment of Estimated Tax by Corporations**▶ See separate instructions.
▶ Attach to the corporation's tax return.

OMB No. 1545-0142

2009

Name

SPECIAL OLYMPICS TENNESSEE, INC.

Employer identification number

23-7348136

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	658.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	658.
4	Enter the tax shown on the corporation's 2008 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	576.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	576.

Part II Reasons for Filing — Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220, even if it does not owe a penalty (see instructions).

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990 — PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	4/15/09	6/15/09	9/15/09	12/15/09
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10	144.	144.	144.	144.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				576.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				576.
14 Add amounts on lines 16 and 17 of the preceding column	14		144.	288.	432.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	144.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		144.	288.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	144.	144.	144.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 — no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.) ...	19 11/16/09	11/16/09	11/16/09	
20 Number of days from due date of installment on line 9 to the date shown on line 19.....	20 215	154	62	
21 Number of days on line 20 after 4/15/2009 and before 7/1/2009.....	21 76	15		
22 Underpayment on line 17 $\times \frac{\text{Number of days on line 21}}{365} \times 4\%$...	22 1.20	0.24		
23 Number of days on line 20 after 6/30/2009 and before 10/1/2009.....	23 92	92	15	
24 Underpayment on line 17 $\times \frac{\text{Number of days on line 23}}{365} \times 4\%$...	24 1.45	1.45	0.24	
25 Number of days on line 20 after 9/30/2009 and before 1/1/2010.....	25 47	47	47	
26 Underpayment on line 17 $\times \frac{\text{Number of days on line 25}}{365} \times 4\%$...	26 0.74	0.74	0.74	
27 Number of days on line 20 after 12/31/2009 and before 4/1/2010.....	27			
28 Underpayment on line 17 $\times \frac{\text{Number of days on line 27}}{365} \times 4\%$...	28			
29 Number of days on line 20 after 3/31/2010 and before 7/1/2010.....	29			
30 Underpayment on line 17 $\times \frac{\text{Number of days on line 29}}{365} \times 4\%$...	30			
31 Number of days on line 20 after 6/30/2010 and before 10/1/2010.....	31			
32 Underpayment on line 17 $\times \frac{\text{Number of days on line 31}}{365} \times 4\%$...	32			
33 Number of days on line 20 after 9/30/2010 and before 1/1/2011.....	33			
34 Underpayment on line 17 $\times \frac{\text{Number of days on line 33}}{365} \times 4\%$...	34			
35 Number of days on line 20 after 12/31/2010 and before 2/16/2011.....	35			
36 Underpayment on line 17 $\times \frac{\text{Number of days on line 35}}{365} \times 4\%$...	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	37 3.39	2.43	0.98	
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns.....	38			7.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

2009

FEDERAL STATEMENTS

PAGE 1

SPECIAL OLYMPICS TENNESSEE, INC.

23-7348136

STATEMENT 1
FORM 990-T, SCHEDULE E, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

OFFICE SPACE

INSURANCE.....	\$	802.
INTEREST.....		3,636.
REPAIRS.....		630.
TAXES.....		149.
UTILITIES.....		1,826.
LAWNCARE.....		806.
OTHER.....		314.
TOTAL	\$	<u>8,163.</u>

PUBLIC COPY

Form **990****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)Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.
C
SPECIAL OLYMPICS TENNESSEE, INC.
1900 12TH AVENUE SOUTH B
NASHVILLE, TN 37203
D Employer identification number

23-7348136

E Telephone number

(615) 329-1375

G Gross receipts \$ 1,933,242.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)**I** Tax-exempt status ☒ 501(c) (3) (insert no.) 4947(a)(1) or 527**J** Website: ▶ WWW.SPECIALOLYMPICSTN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**H(c)** Group exemption number ▶**L** Year of formation: 1974**M** State of legal domicile: TN**Summary**
1 Briefly describe the organization's mission or most significant activities: TO PROMOTE, ORGANIZE, AND CONDUCT STATEWIDE YEAR-ROUND TRAINING AND COMPETITION PROGRAMS IN SPORTS FOR OVER 14,000 CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a).....	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	14
5 Total number of employees (Part V, line 2a).....	5	20
6 Total number of volunteers (estimate if necessary).....	6	5,000
7a Total gross unrelated business revenue from Part VIII, column (C), line 12.....	7a	5,384.
7b Net unrelated business taxable income from Form 990-T, line 34.....	7b	4,384.

		Prior Year	Current Year
		1,837,218.	1,439,110.
Revenue	8 Contributions and grants (Part VIII, line 1h).....		
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	15,615.	23,232.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	248,333.	191,971.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,101,166.	1,654,313.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	25,547.	4,650.
	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).....	801,590.	747,926.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....	234,461.	206,572.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 329,166.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	1,028,934.	914,189.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,090,532.	1,873,337.
	19 Revenue less expenses. Subtract line 18 from line 12.....	10,634.	-219,024.
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26).....	2,058,238.	1,924,383.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	263,171.	220,650.
		1,795,067.	1,703,733.

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.

Signature of officer

ALAN BOLICK

Type or print name and title.

Date

PRESIDENT

Sign Here

Paid Preparer's Use Only

Preparer's signature

 Firm's name (or yours if self-employed), address, and ZIP + 4
FRASIER, DEAN & HOWARD, PLLC
3310 WEST END AVENUE, STE. 550
NASHVILLE, TN 37203

Date

Check if self-employed ☒

Preparer's identifying number (see instructions)

N/A

EIN ▶ N/A

Phone no. ▶ (615) 383-6592

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

TEEA0113L 12/29/09 Form 990 (2009)