

Return of Organization Exempt From Income Tax

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

146603 *****AUTO**5-DIGIT 70403
 SPECIAL OLYMPICS LOUISIANA INC P 188 I
 1000 E MORRIS AVE B 82 S
 HAMMOND LA 70403-4456

D Employer identification number
72 0706608

E Telephone number
985)345-6644

F Accounting method Cash Accrual
 Other (specify) ▶ **Modified Accrual**

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
 (If "No" attach a list. See instructions.) **N/A**
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4 digit GEN ▶

M Check if the organization is not required to attach Sch. B (Form 990 990 EZ or 990 PF)

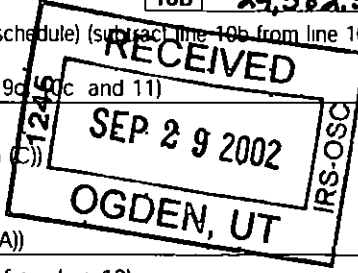
J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants and similar amounts received				
	a	Direct public support	STATEMENT # 1	1a	863,685.03	
	b	Indirect public support		1b	146,981.08	
	c	Government contributions (grants)		1c	100,591.79	
	d	Total (add lines 1a through 1c) (cash \$ 1,110,657.90 noncash \$ 600.00)		1d	1,111,257.90	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2		
	3	Membership dues and assessments		3		
	4	Interest on savings and temporary cash investments		4		
	5	Dividends and interest from securities		5		
	6a	Gross rents		6a		
	b	Less rental expenses		6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c		
7	Other investment income (describe ▶)		7	9,675.63		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d		8d			
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 76,763.75 of contributions reported on line 1a) STATEMENT # 9	9a	1,132,699.31		
	b	Less direct expenses other than fundraising expenses	9b	710,785.20		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	421,914.11			
Revenue	10a	Gross sales of inventory less returns and allowances	10a	33,260.46		
	b	Less cost of goods sold	10b	29,582.30		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	3,678.16		
	11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11)	12	1,546,525.80			
Expenses	13	Program services (from line 44, column (B))	13	813,282.04		
	14	Management and general (from line 44, column (C))	14	171,201.71		
	15	Fundraising (from line 44, column (D))	15	194,769.99		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17	1,179,253.74		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	367,272.06		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	537,481.49		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	904,753.55		



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc					
26	Other salaries and wages	542,195.06	321,989.24	90,670.82	129,535.00	
27	Pension plan contributions	43,968.81	20,396.30	10,232.02	13,340.49	
28	Other employee benefits	38,687.67	21,424.22	10,344.69	6,918.76	
29	Payroll taxes	37,132.53	19,579.01	8,421.77	9,131.75	
30	Professional fundraising fees					
31	Accounting fees	4,500.00		4,500.00		
32	Legal fees					
33	Supplies	33,899.90	13,381.02	18,540.52	1,978.36	
34	Telephone	22,495.20	16,626.89	2,258.42	3,609.89	
35	Postage and shipping	11,949.85	8,630.52	1,651.07	1,668.26	
36	Occupancy	44,086.39	29,255.49	13,193.73	1,637.17	
37	Equipment rental and maintenance	10,957.78	3,798.25	3,801.74	3,357.79	
38	Printing and publications					
39	Travel	123,675.73	106,719.06	2,018.20	14,938.47	
40	Conferences, conventions, and meetings	8,265.16	7,410.47	151.04	703.65	
41	Interest					
42	Depreciation, depletion etc (attach schedule) STATEMENT #2	17,790.05	11,006.40	3,035.11	3,748.54	
43	Other expenses not covered above (itemize) a	43a				
	b STATEMENT #3	43b	239,649.61	230,098.59	2,382.58	7,168.44
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	1,179,253.74	810,315.46	171,201.71	197,736.57

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes" enter (i) the aggregate amount of these joint costs \$617,625.00 (ii) the amount allocated to Program services \$203,816.25
 (iii) the amount allocated to Management and general \$ 0.00 and (iv) the amount allocated to Fundraising \$413,808.75

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? STATEMENT #4	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a Training and Competition - STATEMENT #5 (Grants and allocations \$)	631,619.38
b Public Education/Awareness - STATEMENT #6 (Grants and allocations \$)	76,169.21
c Outreach - STATEMENT #7 (Grants and allocations \$)	102,526.87
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	810,315.46

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		111,605.91	45	193,040.41
	46	Savings and temporary cash investments		318,905.14	46	510,155.71
	47a	Accounts receivable	47a			
		b Less allowance for doubtful accounts	47b	30,923.02	47c	35,180.26
	48a	Pledges receivable	48a			
		b Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		75,233.64	49	190,245.92
	50	Receivables from officers, directors, trustees and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
		b Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		22,562.48	53	24,602.76
	54	Investments—securities (attach schedule)			54	
		► <input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55a	Investments—land buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments—other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	300,156.49			
	b Less accumulated depreciation (attach schedule) STATEMENT # 2	57b	217,765.32	57c	82,391.17	
58	Other assets (describe ► Deposit on Account)		1,353.55	58	179.04	
59	Total assets (add lines 45 through 58) (must equal line 74)		624,855.89	59	995,195.27	
Liabilities	60	Accounts payable and accrued expenses		87,374.40	60	
	61	Grants payable			61	
	62	Deferred revenue			62	2,722.00
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
		b Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ►)			65	
66	Total liabilities (add lines 60 through 65)		87,374.40	66	91,041.72	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		523,581.49	67	773,990.34
	68	Temporarily restricted		3,900.00	68	120,763.21
	69	Permanently restricted		10,000.00	69	10,000.00
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock trust principal, or current funds			70	
	71	Paid-in or capital surplus or land, building, and equipment fund			71	
	72	Retained earnings, endowment accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		537,481.49	73	904,753.55
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		624,855.89	74	995,195.27

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
b	If "Yes" enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.00
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	279,019.34
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0.00, section 4912 ▶ 0.00, section 4955 ▶ 0.00		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.00
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.00
90a	List the states with which a copy of this return is filed		N/A
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	14
91	The books are in care of ▶ Sylvia Alaniz Telephone no ▶ (985) 345-6644 Located at ▶ 1000 East Morris Avenue, Hammond, LA ZIP + 4 ▶ 70403-4456		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,675.63	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					421,914.11
102 Gross profit or (loss) from sales of inventory			12	3,678.16	
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				13,353.79	421,914.11
105 Total (add line 104, columns (B), (D), and (E))					435,267.90

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	Income was derived from activities whose purpose is to generate funds for the operation of the Special Olympics Louisiana program. The activities are also instrumental in conveying information to the public and recruitment of new athletes and volunteers on a year round basis.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name address and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please

9-16-02
Date

ent/CEO

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Special Olympics Louisiana, Inc.

Employer identification number

72 0706608

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Emmanuel A. Bourgeois, Jr. 280 Barringer Dr. Ponchatoula LA 70454	President/CEO 50 hours/week	94,862.	7,821.	0.00
Patricia Carpenter Bourgeois 280 Barringer Dr. Ponchatoula LA 70454	Development Dir. 80 hours/week	60,931.	5,271.	0.00
Sylvia Alaniz 1904 Hunters Way Dr Baton Rouge, LA 70816	Finance Dir. 70 hours/week	58,912.	4,285.	0.00
Total number of other employees paid over \$50,000 ▶	N/A			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of others receiving over \$50,000 for professional services ▶	N/A	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	825,526	951,213	1,053,451	959,500	3,789,690
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	33,083	47,100	52,726	20,209	153,118
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,637	5,663	7,257	7,099	28,656
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	867,246	1,003,976	1,113,434	986,808	3,971,464
24 Line 23 minus line 17	834,163	956,876	1,060,708	966,599	3,818,346
25 Enter 1% of line 23	8,672	10,040	11,134	9,863	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 76,367
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b NONE
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 3,818,346
	d Add amounts from column (e) for lines 18 <u>28,656</u> 19 <u>0</u> 22 <u>0</u> 26b <u>NONE</u>				26d 28,656
	e Public support (line 26c minus line 26d total)				26e 3,789,690
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 99.25%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:				
	(2000)	(1999)	(1998)	(1997)	
	c Add amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c _____
	d Add line 27a total _____ and line 27b total _____				27d _____
	e Public support (line 27c total minus line 27d total)				27e _____
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				27f _____
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g _____%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h _____%
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

N/A

N/A

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) **N/A**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe if "No" please explain (If you need more space attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above please explain (If you need more space attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0 if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0 if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44 you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of organization

Employer identification number

Special Olympics Louisiana, Inc.

72 0706608

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions)

General Rule—

- For organizations 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 Form 990-EZ, that met the 33 $\frac{1}{3}$ % 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 \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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 Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization Special Olympics Louisiana, Inc. Employer identification number 72 0706608

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>50,104.00</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Special Olympics Louisiana, Inc.

Employer identification number

72 0706608

Part II Noncash Property (See Specific Instructions) **N/A**

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

Name of organization Special Olympics Louisiana, Inc. Employer identification number 72 0706608

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 columns (a) through (e) and the following line entry)

N/A

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions) ▶ \$

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

STATEMENT #9

PART I, Line 9 Special Events and activities

<u>Special Events</u>	<u>Baton Rouge Golf Tour</u>	<u>Fishing Tournament</u>	<u>Winning Connection</u>	<u>All Others</u>	<u>TOTAL</u>
Gross Receipts	49,503 50	17,532 25	9,307 76	51,699 00	128,042 51
Less Contributions	<u>32,248 50</u>	<u>17,532 25</u>	<u>7,564 00</u>	<u>31,424 00</u>	<u>88,768 75</u>
Gross Revenue	17,255 00	0 00	1,743 76	20,275 00	39,273 76
Less Direct Expenses	<u>11,783 96</u>	<u>14,350 00</u>	<u>1,034 19</u>	<u>72,735 08</u>	<u>99,903 23</u>
Net Income/(Loss)	<u>5,471 04</u>	<u>(14,350 00)</u>	<u>709 57</u>	<u>(52,460 08)</u>	<u>(60,629 47)</u>

Baton Rouge Golf Tournament - for an entry fee, a round of golf is played

Fishing Tournament - for an entry fee, fish for prizes

Winning Connection - pledges per touchdowns are made, based on giving level determines prizes

All Others - includes a banquet, a run, and a tennis/golf tournaments, motorcycle run, & dinner theaters

STATEMENT #8

PART V List of Officers, Directors, and Trustees

Name and Address	Title and Time	Compensation	Contribution to Employee Benefit Plan	Expense Account
Pat Dayton 6592 Bellaire Drive New Orleans, LA 70124	MEMBER 2%	NONE	NONE	NONE
Larry Nugent 104 Lake Drive Pineville, LA 71360	MEMBER 2%	NONE	NONE	NONE
Janette Burr 240 Browning Road Merryville, LA 70653	MEMBER 2%	NONE	NONE	NONE
Allan A Beaucoudray 320 Maplewood Lane Slidell, LA 70461	MEMBER 2%	NONE	NONE	NONE
Michael Crawford 3211 Twelve Oaks Avenue Baton Rouge, LA 70820	MEMBER 2%	NONE	NONE	NONE
Dayle L Guillory 209 Hermitage Maurice, LA 70555	MEMBER 2%	NONE	NONE	NONE
R Craig Sanders 356 Helios Avenue Metairie, LA 70005	MEMBER 2%	NONE	NONE	NONE
John Paul Funes 3208 Riverwalk Drive Baton Rouge, LA 70820	MEMBER 2%	NONE	NONE	NONE
Richard Guillory 2877 East Tank Farm Road Lake Charles, LA 70607	MEMBER 2%	NONE	NONE	NONE
W Brett Mason P O Box 3197 Baton Rouge, LA 70821-3197	MEMBER 2%	NONE	NONE	NONE

STATEMENT #8

PART V List of Officers, Directors, and Trustees

Name and Address	Title and Time	Compensation	Contribution to Employee Benefit Plan	Expense Account
Bruce Craft 2310 Perkins Road Baton Rouge, LA 70808	CHAIRMAN 2%	NONE	NONE	NONE
Charles Guillory 6338 Morgan Road Greenwell Springs, LA 70739	VICE-CHAIRMAN 2%	NONE	NONE	NONE
Donna McCardell 110 Young Oak Drive Lafayette, LA 70507	SECRETARY 2%	NONE	NONE	NONE
James Bates 612 Barksdale Blvd Bossier City, LA 71111	TREASURER 2%	NONE	NONE	NONE
Russ Rudolph 46 Riverdale Drive Covington, LA 70433	LEGAL ADVISOR 2%	NONE	NONE	NONE
Jimmy Chevalier P O Box 1510 Alexandria, LA 71309	MEMBER 2%	NONE	NONE	NONE
Huey DeCoto 39719 Oakwood Drive Ponchatoula, LA 70454	MEMBER 2%	NONE	NONE	NONE
Kenneth Kinney 3247 Conway Drive Baton Rouge, LA 70809	MEMBER 2%	NONE	NONE	NONE
Katie Price Anderson 23095 Jacob Street Plaquemine, LA 70764	MEMBER 2%	NONE	NONE	NONE
A N Diodene, Jr, M D 59335 River West Drive, Suite A Plaquemine, LA 70764	MEMBER 2%	NONE	NONE	NONE

STATEMENT #4

PART III Primary Exempt Purpose

Special Olympics Louisiana (SOL) provides year round sports training and competition for the benefit of mentally retarded/mentally handicapped individuals throughout the state of Louisiana. Competition and training opportunities are offered in 22 Olympic type sports.

STATEMENT #5

PART III, a Training & Competition

Training and Competition expenses represent the athletes, coaches, volunteers, and officials training sessions, as well as progressive competition from the local level, to the Area level, to the Chapter level, to the International level. There are currently over 12,000 athletes, 13,000 volunteers, and 4,000 coaches involved in the program. Donated services and materials for this program totaled \$232,673.27.

STATEMENT #6

PART III, b Public Education

Public Education expenses represent the costs of public awareness campaigns and activities designed to educate and inform the public about the various LSO programs and events. Over 2,000 Program Yearbooks are distributed at the State Summer Games in May. This book recaps the events of the year, the progress of athletes at competition and events, and highlights other accomplishments of the athletes, coaches, families, and volunteers throughout the year. A website is kept up-to-date on events, opportunities, fundraisers, etc throughout the year. It gives information for potential athletes and volunteers interested in becoming involved. Donated services and materials for this program totaled \$16,530.00.

STATEMENT #7

PART III, c Outreach

Outreach expenses represent the costs of identification and recruitment of athletes, families, and volunteers not presently involved in the organization. The goal of the Outreach program is to extend training and competition opportunities into all communities, school systems and work settings where there are potential athletes. Donated services and materials for this program totaled \$9,075.00.

STATEMENT #3

PART II, Line 43, a Other Expenses

(B) Program Services

Activity Materials	86,760 54	
Assessment Fees	42,960 76	
Insurance	18,414 58	
Games Expense	80,999 22	
PR Campaigns	<u>963 49</u>	
		230,098 59

(C) Management and General

Activity Materials	296 39	
Insurance	<u>2,086 19</u>	
		2,382 58

(D) Fund Raising

Activity Materials	4,453 94	
PR Events Expenses	339 01	
Insurance	839 73	
Games Expense	<u>1,535 76</u>	
		<u>7,168 44</u>

(A) TOTAL OTHER EXPENSES

239,649 61

STATEMENT #2

PART II, Line 42 Depreciation

PART IV, Line 57 Fixed Assets less Depreciation per Balance Sheet

Property, Improvements and Equipment Property, improvements and equipment are stated at cost, except for donated property and equipment which are recorded at fair market value at date of receipt. Depreciation of the horses and equipment is computed by the straight-line method over the estimated useful life of the assets, generally ten years for office furniture and five years for horses and office equipment. Leasehold improvements are amortized using the straight-line method over the remaining term of the lease.

Asset Description	Current Year Depreciation
Furniture and equipment (donated)	2,550 26
Furniture and equipment (purchased)	\$ <u>15,239 79</u>
TOTAL DEPRECIATION 12/31/01	\$ <u><u>17,790 05</u></u>

As of December 31, 2001, the cost of property, improvements and equipment was as follows

Land	25,000 00
Leasehold improvements	0 00
Furniture and equipment	\$ <u>275,156 49</u>
	\$ 300,156 49
Less accumulated depreciation/amortization	<u>217,765 32</u>
Net Property, Plant & Equipment	<u><u>82,391 17</u></u>

STATEMENT #1

PART I, Line 1, a Direct Public Support

Included in Direct Public Support is Miscellaneous Revenue in the amount of \$600 00 which represents the fair market value of donated real property

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Special Olympics Louisiana, Inc.	Employer identification number 72 0706608
	Number street and room or suite no If a P O box, see instructions 1000 East Morris Avenue	For IRS use only
	City town or post office state and ZIP code For a foreign address see instructions Hammond, LA 70403	

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041 A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

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

- 4 I request an additional 3-month extension of time until **November 15**, 2002
- 5 For calendar year **2001**, or other tax year beginning _____, 20__ and ending _____, 20__
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **The Organization requires additional time to finish gathering all information to prepare an accurate and complete return.**
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due** Subtract line 8b from line 8a Include your payment with this form or, if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

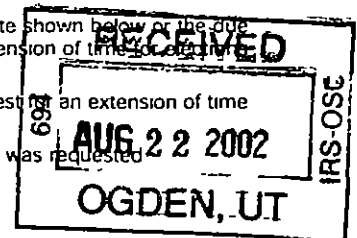
Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete and that I am authorized to prepare this form

Signature *Sylvia Alaniz* Title *V.P./Finance* Date *8-15-02*

Notice to Applicant—To Be Completed by the IRS

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for filing otherwise required to be made on a timely return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested
- Other _____



Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt no) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)