

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Special Olympics, Inc.</b>		<b>D</b> Employer identification number <b>52-0889518</b>
	Doing Business As		<b>E</b> Telephone number <b>(202) 628-3630</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>107,544,297.</b>
	1133 19th Street, NW		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 <b>Washington, DC 20036-3604</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>J. Brady Lum</b> same as C above		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>www.SpecialOlympics.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1968</b> <b>M</b> State of legal domicile: <b>DC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Creation of 5 year Strategic Plan, Global Congress, Regional games, Social media activation.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>150</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	

<b>Revenue</b>		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	78,158,175.
<b>9</b> Program service revenue (Part VIII, line 2g)	2,977,754.	3,024,794.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,988,291.	1,922,346.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	816,435.	1,083,840.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,964,073.	90,926,693.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,238,815.	37,090,651.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,885,464.	16,500,124.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	470,114.	460,672.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>11,277,525.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	35,433,204.	36,788,207.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,027,597.	90,839,654.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-5,063,524.	87,039.	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16)	68,619,047.
<b>21</b> Total liabilities (Part X, line 26)	9,441,821.	12,020,797.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	59,177,226.	63,677,794.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date
	<b>J. Brady Lum, President and COO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>Frank H. Smith</b>		
	Firm's name <b>RAFFA, PC</b>	Firm's EIN	Check <input type="checkbox"/> if self-employed
	Firm's address <b>1899 L Street, NW, Suite 900</b>	Phone no. <b>202-822-5000</b>	PTIN
	<b>Washington, DC 20036</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of Special Olympics is to provide year-round sports training and athletic competition in variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate

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

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

4 Describe the 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 \$ 51,838,776. including grants of \$ 25,007,692. ) (Revenue \$ 3,024,794. ) Program Assistance: Special Olympics, Inc provides assistance to its Accredited Programs to support athlete recruitment, sports training, events and program development.

4b (Code: ) (Expenses \$ 14,287,626. including grants of \$ 12,037,959. ) (Revenue \$ ) Sports Training and Competition: In addition to 2010, the Special Olympics movement grew to providing nearly 50,000 competitions around the world in the year, which is about 136 a day. The Movement added 315,000 new athletes and grew to more than 3.7 million athletes competing in more than 170 countries. The Asia Pacific Region led the Movement with a 12.9 percent growth rate, while the East Asia region is the first to have more than 1 million athletes. Throughout the world over 275,000 coaches provided support and guidance to Special Olympics athletes and we saw a strong 12.7 percent growth rate in the number of coaches resulting in an improved athlete-to-coach ratio from 14.0 in 2009 to 13.6 athletes for every coach in 2010. The Healthy Athletes program conducted 929 screening events in 63 countries including first

4c (Code: ) (Expenses \$ 9,137,185. including grants of \$ 4,500. ) (Revenue \$ ) Public Education and Communications: Special Olympics is committed to public awareness of intellectual disabilities and means to address barriers that persons with intellectual disabilities face. Our awareness campaign extends to include "Spread the word to end the word" activities throughout the United States and globally with an annual campaign day and ongoing communications via the internet and social media sites.

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

4e Total program service expenses 75,263,587.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete 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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included in line 1a, above, who are independent (33); 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 governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 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: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 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); 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 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 (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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or 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. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, IN, KS
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. [X] Own website [ ] Another's website [X] 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Douglas K. Stevens, Jr. - (202) 628-3630 1133 19th Street, NW, Washington, DC 20036-3604

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Timothy Shriver Chairman and CEO	40.00	X		X			217,686.	0.	39,485.	
J. Brady Lum President and COO	40.00	X		X			0.	0.	0.	
Stephen Carter Lead Director/Vice Chair	1.90	X		X			0.	0.	0.	
Bart Conner Vice Chair	1.90	X		X			0.	0.	0.	
Raymond Lane Vice Chair	1.90	X		X			0.	0.	0.	
William Alford Treasurer	1.90	X		X			0.	0.	0.	
Edward Barbanell Director	0.10	X					0.	0.	0.	
Folashade Bolumole Director	0.10	X					0.	0.	0.	
Fernando Antonio Ceballos Director	0.10	X					0.	0.	0.	
Loretta Claiborne Director	0.20	X					2,800.	0.	0.	
Elisabeth Dykens Director	0.10	X					0.	0.	0.	
Jay Emmett Director	1.90	X					0.	0.	0.	
Kevin Farr Director	1.90	X					0.	0.	0.	
Anne Finucane Director	0.10	X					0.	0.	0.	
Muhtar Kent Director	0.10	X					0.	0.	0.	
Osmond Kilkenny Director	1.90	X					0.	0.	0.	
Michelle Kwan Director	0.10	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Princess Lalla Director	0.10	X						0.	0.	0.
Rex Langthorne Director	0.20	X						0.	0.	0.
Lawrence Lucchino Director	0.10	X						0.	0.	0.
Angelo Moratti Director	1.90	X						0.	0.	0.
Florence Nabiyanda Director	0.20	X					4,550.	0.	0.	0.
Bob Norbie Director	0.10	X					0.	0.	0.	0.
Andrey Pavlov Director	0.10	X					0.	0.	0.	0.
Samuel Perkins Director	0.10	X					0.	0.	0.	0.
Guyla Saidova Director	0.10	X					0.	0.	0.	0.
<b>1b Sub-total</b>							225,036.	0.	39,485.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,418,563.	0.	346,747.	
<b>d Total (add lines 1b and 1c)</b>							2,643,599.	0.	386,232.	

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 **25**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	X	

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
LW Robbins Associate 201 Summer Street, Holliston, MA 01746	Consulting	421,284.
Social Capital Partnerships 980 N. Michigan Avenue, Chicago, IL 60611	Communications	348,982.
Deloitte & Touche, LLP, P.O. Box 7247-6446, Philadelphia, PA 19170-6446	Audit and Assurance	178,800.
Topic Education Group, LLC, 809 West Hill Street, Suite D, Charlotte, NC 28208	Project unify consulting	118,649.
Cascade Educational Consultants 2622 Lakeridge Lane, Bellingham, WA 98226	Project unify consulting	115,940.

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 **6**

See Part VII, Section A Continuation sheets

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

(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			
Kim Samuel-Johnson Director	0.10	X					0.	0.	0.	
Maria Shriver Director	0.10	X					0.	0.	0.	
Margaret Spellings Director	0.10	X					0.	0.	0.	
Anne Sweeney Director	0.10	X					0.	0.	0.	
Vivian Fernandez de Torrijos Director	0.50	X					0.	0.	0.	
Yolande Eleta de Varela Director	0.50	X					0.	0.	0.	
Donna de Varona Director	1.90	X					0.	0.	0.	
Matthew Williams Director	0.10	X					0.	0.	0.	
Jia Yong Director	0.10	X					0.	0.	0.	
Dicken Yung Director	0.10	X					0.	0.	0.	
James Turrentiene CLO and Secretary	40.00			X			69,674.	0.	10,990.	
Angela Ciccolo CLO	40.00			X			142,209.	0.	841.	
Douglas K. Stevens, Jr. CFO	40.00			X			190,896.	0.	22,462.	
Lee Gillespie-White Assistant Secretary	40.00			X			124,417.	0.	10,995.	
John Dow Chief Regional Growth	40.00				X		243,944.	0.	34,701.	
Stephen Corbin SVP Constituent Service	40.00				X		196,617.	0.	17,403.	
Joan Wheatley VP Donor Development	40.00				X		154,439.	0.	25,506.	
Charles Lee Todd, II Chief Games Competition	40.00				X		197,263.	0.	31,972.	
Robert Gobrecht DM North America	40.00				X		164,310.	0.	21,937.	
Peter Wheeler Chief Strategic Properties	40.00				X		185,037.	0.	36,479.	
Total to Part VII, Section A, line 1c .....										



**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	1a	37,249.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14291396.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	70567068.			
	g	Noncash contributions included in lines 1a-1f: \$		8,164,829.			
	h	<b>Total.</b> Add lines 1a-1f		84895713.			
	Program Service Revenue	2 a	Accreditation fees	Business Code 900099	3,024,794.	3,024,794.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		3,024,794.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,233,484.			1233484.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		997,307.			997,307.
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	17306466			
		Less: cost or other basis and sales expenses	(ii) Other	16617604			
		Gain or (loss)		688,862.			
		Net gain or (loss)		688,862.			688,862.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	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					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	Other income	900099	86,533.			86,533.	
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		86,533.				
12	<b>Total revenue.</b> See instructions.		90926693.	3,024,794.	0.	3006186.	

**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 .....	23,327,512.	23,327,512.		
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 .....	13,763,139.	13,763,139.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,146,613.	832,799.	1,219,025.	94,789.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	11,897,547.	10,008,675.	706,438.	1,182,434.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	450,829.	324,160.	81,016.	45,653.
9 Other employee benefits .....	1,288,678.	1,147,603.	1,116.	139,959.
10 Payroll taxes .....	716,457.	415,597.	210,291.	90,569.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	126,473.	59,444.	67,029.	
c Accounting .....	353,257.	177,202.	176,055.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	460,672.			460,672.
f Investment management fees .....	172,854.	155,955.	16,899.	
g Other .....	8,513,354.	5,050,984.	818,739.	2,643,631.
12 Advertising and promotion .....	40,229.	37,764.	2,465.	
13 Office expenses .....	1,711,218.	1,631,504.	46,733.	32,981.
14 Information technology .....	1,806,485.	1,054,978.	70,276.	681,231.
15 Royalties .....				
16 Occupancy .....	1,426,624.	1,096,366.	198,834.	131,424.
17 Travel .....	4,012,210.	3,709,938.	239,456.	62,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	876,371.	750,337.	69,954.	56,080.
20 Interest .....	5,625.	1,969.	3,656.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	437,241.	298,783.	113,640.	24,818.
23 Insurance .....	277,977.	140,462.	137,515.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>Supplies</b> .....	6,886,955.	6,834,270.	50,553.	2,132.
b <b>Postage/shipping</b> .....	5,944,621.	2,557,798.	27,653.	3,359,170.
c <b>Printing/publications</b> .....	3,993,228.	1,714,325.	10,432.	2,268,471.
d <b>Miscellaneous</b> .....	175,235.	146,794.	27,746.	695.
e <b>Prof. development</b> .....	28,250.	25,229.	3,021.	
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	90,839,654.	75,263,587.	4,298,542.	11,277,525.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....	14,616,156.	5,341,228.	0.	9,274,928.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,031,661.	<b>1</b>	5,520,378.	
	<b>2</b> Savings and temporary cash investments .....	3,973,326.	<b>2</b>	9,267,373.	
	<b>3</b> Pledges and grants receivable, net .....	1,061,220.	<b>3</b>	1,793,797.	
	<b>4</b> Accounts receivable, net .....	1,898,679.	<b>4</b>	3,965,859.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	8,948.	
	<b>8</b> Inventories for sale or use .....	290,380.	<b>8</b>	299,847.	
	<b>9</b> Prepaid expenses and deferred charges .....	1,432,132.	<b>9</b>	1,194,473.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,431,382.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,968,589.	782,315.	<b>10c</b> 462,793.	
	<b>11</b> Investments - publicly traded securities .....	49,936,391.	<b>11</b>	52,965,997.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	212,943.	<b>15</b>	219,126.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	68,619,047.	<b>16</b>	75,698,591.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,245,172.	<b>17</b>	7,013,108.	
	<b>18</b> Grants payable .....	3,305,538.	<b>18</b>	3,344,473.	
	<b>19</b> Deferred revenue .....	791,543.	<b>19</b>	1,617,958.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	99,568.	<b>25</b>	45,258.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,441,821.	<b>26</b>	12,020,797.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	57,427,363.	<b>27</b>	60,490,653.	
	<b>28</b> Temporarily restricted net assets .....	1,551,279.	<b>28</b>	2,988,557.	
	<b>29</b> Permanently restricted net assets .....	198,584.	<b>29</b>	198,584.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	59,177,226.	<b>33</b>	63,677,794.	
<b>34</b> Total liabilities and net assets/fund balances .....	68,619,047.	<b>34</b>	75,698,591.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,926,693.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,839,654.
3	Revenue less expenses. Subtract line 2 from line 1	3	87,039.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,177,226.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,413,529.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	63,677,794.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

DRAFT COPY FOR REVIEW & DISCUSSION PURPOSES ONLY

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **Special Olympics, Inc.** Employer identification number **52-0889518**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	62768125.	70359205.	62449504.	78158175.	84895713.	358630722
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	62768125.	70359205.	62449504.	78158175.	84895713.	358630722
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) .....						4367618.
6 <b>Public support.</b> Subtract line 5 from line 4.						354263104

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	62768125.	70359205.	62449504.	78158175.	84895713.	358630722
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3815640.	2499592.	3982973.	1754876.	2230791.	14283872.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	425,639.	33,780.	40,767.	17,768.	86,533.	604,487.
11 <b>Total support.</b> Add lines 7 through 10						373519081
12 Gross receipts from related activities, etc. (see instructions) .....				12	17,708,869.	
13 <b>First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	94.84	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	94.00	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV 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. Also complete this part for any additional information. (See instructions).

**Schedule A, Part II, Line 10, Explanation for Other Income:**

Other income

DRAFT COPY  
FOR REVIEW & DISCUSSION  
PURPOSES ONLY



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Special Olympics, Inc.

Employer identification number

52-0889518

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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) and 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 its 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization <b>Special Olympics, Inc.</b>	Employer identification number <b>52-0889518</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Coca-Cola 1 Coca-Cola Plaza Atlanta, GA 30301	\$ 2,184,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Safeway 4551 Forbes Blvd. Lanham, MD 20706	\$ 2,160,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	U.S. Department of Health CDC 2920 Brandywine Road Atlanta, GA 30341	\$ 5,626,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	U.S. Department of Education 550 12th Street, SW Washington, DC 20202	\$ 8,312,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	European Commission Sport Unit Mado 20/069 Brussels, BELGIUM	\$ 9,809,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Safilo, USA, Inc. 801 Jefferson Road Parsippany, NJ 07054-3753	\$ 2,643,729.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Special Olympics, Inc.</b>	Employer identification number <b>52-0889518</b>
---	---

**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
6	<u>  Eyeglass frames  </u> <hr/> <hr/> <hr/>	\$ <u>  2,643,729.  </u>	<u>  02/09/11  </u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b>  <b>Special Olympics, Inc.</b>	<b>Employer identification number</b>  <b>52-0889518</b>
--	--

**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. 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Special Olympics, Inc.</b>	Employer identification number <b>52-0889518</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....		165,125.	
c Total lobbying expenditures (add lines 1a and 1b) .....		165,125.	
d Other exempt purpose expenditures .....		90,213,857.	
e Total exempt purpose expenditures (add lines 1c and 1d) .....		90,378,982.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	157,924.	175,983.	158,291.	165,125.	657,323.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	5,834.	2,525.			8,359.

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? If "Yes," describe in Part IV .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Special Olympics, Inc.

Employer identification number

52-0889518

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<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).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

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 Tax 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, and not on a historic structure listed in the National Register .....	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 easements 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 section 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 (ASC 958) 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 the 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:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 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 the 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	198,584.	198,584.	198,584.		
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	198,584.	198,584.	198,584.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI 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				
b Buildings				
c Leasehold improvements		407,134.	366,990.	40,144.
d Equipment		4,024,248.	3,601,599.	422,649.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>462,793.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>Deferred rent</b>	<b>45,258.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>45,258.</b>

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	90,926,693.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	90,839,654.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	87,039.
4	Net unrealized gains (losses) on investments	4	4,413,529.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	4,413,529.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,500,568.

**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	103,415,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,413,529.
b	Donated services and use of facilities	2b	8,074,791.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	12,488,320.
3	Subtract line 2e from line 1	3	90,926,693.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	90,926,693.

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

1	Total expenses and losses per audited financial statements	1	98,914,445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,074,791.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	8,074,791.
3	Subtract line 2e from line 1	3	90,839,654.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	90,839,654.

**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 V, line 4: The Special Olympics Endowment Fund was established to generate income to finance special projects or unusual expenditures that will enhance the mission of SOI.**

**Part X, Line 2: Management has analyzed the tax positions taken by SOI and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.**

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization: **Special Olympics, Inc.** Employer identification number: **52-0889518**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Sub-Saharan Africa	1	6	Grantmaking		882,130.
South Asia	1	12	Grantmaking		470,120.
East Asia and the Pacific	1	11	Grantmaking		583,970.
Central America and the Caribbean	1	8	Grantmaking		818,883.
Europe (Including Iceland & Greenland)	1	23	Grantmaking		10,839,082.
Middle East and North Africa	1	17	Grantmaking		119,993.
Sub-Saharan Africa - Angola,	0	0	Program services and grants to recipients located in the region.	Sports training, public education, and communication.	585,945.
South Asia - Afghanistan, Bangladesh,	0	0	Program services and grants to recipients located in the region.	Sports training, public education, and communication.	944,955.
<b>3 a</b> Sub-total .....	6	77			15,245,078.
<b>b</b> Total from continuation sheets to Part I .....	0	0			5,950,787.
<b>c Totals</b> (add lines 3a and 3b) .....	6	77			21,195,865.

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

Schedule F (Form 990) 2010

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific -	0	0	Program services and grants to recipients located in the region.	Sports training, public education, and communication.	630,675.
Central America and the Caribbean -	0	0	Program services and grants to recipients located in the region.	Sports training, public education, and communication.	864,136.
Europe (Including Iceland & Greenland) -	0	0	Program services and grants to recipients located in the region.	Sports training, public education, and communication.	3,350,158.
Middle East and North Africa -	0	0	Program services and grants to recipients located in the region.	Sports training, public education, and communication.	1,105,818.
<b>Totals</b> .....					5,950,787.

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**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Program Assistance	47,900.	Wire	0.		
		Central America and the Caribbean	Program Assistance	10,988.	Wire	0.		
		Central America and the Caribbean	Program Assistance	12,403.	Wire	0.		
		Central America and the Caribbean	Program Assistance	94,380.	Wire	0.		
		Central America and the Caribbean	Program Assistance	21,028.	Wire	0.		
		Central America and the Caribbean	Program Assistance	11,892.	Wire	0.		
		Central America and the Caribbean	Program Assistance	16,689.	Wire	0.		
		East Asia and the Pacific	Program Assistance	25,000.	Wire	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 87

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Assistance	120,000.	Wire	0.		
		East Asia and the Pacific	Program Assistance	42,815.	Wire	0.		
		East Asia and the Pacific	Program Assistance	35,967.	Wire	0.		
		East Asia and the Pacific	Program Assistance	57,475.	Wire	0.		
		East Asia and the Pacific	Program Assistance	12,601.	Wire	0.		
		East Asia and the Pacific	Program Assistance	87,038.	Wire	0.		
		East Asia and the Pacific	Program Assistance	21,659.	Wire	0.		
		East Asia and the Pacific	Program Assistance	10,694.	Wire	0.		
		East Asia and the Pacific	Program Assistance	9,399.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Program Assistance	16,928.	Wire	0.		
		East Asia and the Pacific	Program Assistance	45,950.	Wire	0.		
		East Asia and the Pacific	Program Assistance	5,401.	Wire	0.		
		East Asia and the Pacific	Program Assistance	93,043.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	5,849.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	36,100.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	6,885.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	98,715.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	106,873.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Program Assistance	87,408.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	38,945.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	9336720.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	85,717.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	6,849.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	10,197.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	18,290.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	83,760.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	59,131.	Wire	0.		

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Program Assistance	83,144.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	46,326.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	6,500.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	87,626.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	38,057.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	63,164.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	104,241.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	215,710.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	80,000.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Program Assistance	30,000.	Wire	0.		
		Middle East and North Africa	Program Assistance	10,084.	Wire	0.		
		Middle East and North Africa	Program Assistance	27,588.	Wire	0.		
		Middle East and North Africa	Program Assistance	52,321.	Wire	0.		
		North America (which includes Canada and Mexico, but not	Program Assistance	27,826.	Wire	0.		
		North America (which includes Canada and Mexico, but not	Program Assistance	22,408.	Wire	0.		
		North America (which includes Canada and Mexico, but not	Program Assistance	275,385.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	9,165.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	5,697.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the newly Independent States	Program Assistance	9,061.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	7,197.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	25,941.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	5,500.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	7,243.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	86,402.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	13,580.	Wire	0.		
		Russia and the newly Independent States	Program Assistance	43,089.	Wire	0.		
		South America	Program Assistance	49,969.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Program Assistance	121,870.	Wire	0.		
		South America	Program Assistance	34,042.	Wire	0.		
		South America	Program Assistance	37,111.	Wire	0.		
		South America	Program Assistance	34,992.	Wire	0.		
		South Asia	Program Assistance	30,432.	Wire	0.		
		South Asia	Program Assistance	407,984.	Wire	0.		
		South Asia	Program Assistance	21,700.	Wire	0.		
		South Asia	Program Assistance	10,004.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	35,156.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Assistance	28,500.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	37,339.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	134,128.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	55,762.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	21,500.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	41,660.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	73,021.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	5,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	36,545.	Wire	0.		

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Assistance	11,977.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	9,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	192,597.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	7,500.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	90,342.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	21,018.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	81,085.	Wire	0.		

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**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2010

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**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Schedule F, Part I, Line 2: Special Olympics Grant Managers routinely review and monitor expense-to-budget reports from grantees during a grant period. Special Olympics require that all grantees submit monthly or quarterly financial and programmatic reports showing in detail the grantees grant activity. Special Olympics may require grantees to perform an audit if necessary based on the size of the award and take corrective action, if directed by it. If cited by the auditor, grantees that are not subjected to financial audits (Federal Government OMB CircularA-133) are required to maintain and provide supporting documentation in the form of original receipts, copies of any timesheets and payroll records, audits or compilations and any other vital form of documentation as determined by grant guidelines.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 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?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 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 contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: L.W. Robbins Associates

(i) Address of Fundraiser: 201 Summer Street, Holliston, MA 01746-5838

(i) Name of Fundraiser: Donor Services Group

(i) Address of Fundraiser: 6715 Sunset Blvd., Los Angeles, CA 90028

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**Special Olympics, Inc.**

**Employer identification number  
52-0889518**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Special Olympics Alabama 880 South Court Street Montgomery, AL 36104	23-7070336	501(c)(3)	28,832.	0.			Program Assistance
Special Olympics Alaska 3200 Mountain View Drive Anchorage, AK 99501	92-0057197	501(c)(3)	157,708.	0.			Program Assistance
Special Olympics Arizona 1850 North Central Ave., Suite 900 Phoenix, AZ 85004	86-0307564	501(c)(3)	627,227.	0.			Program Assistance
Special Olympics Arkansas 2115 Main Street North Little Rock, AR 72114	71-0666671	501(c)(3)	108,305.	0.			Program Assistance
Special Olympics California (Northern) - 3480 Buskirk Avenue, Suite 340 - Pleasant Hill, CA 94523	68-0363121	501(c)(3)	1,114,054.	0.			Program Assistance
Special Olympics California (Southern) - 5875 Green Valley Circle, Suite 200 - Culver City, CA 90230	95-4538450	501(c)(3)	1,405,880.	0.			Program Assistance

- 2** Enter total number of section 501(c)(3) and government organizations **60.**
- 3** Enter total number of other organizations **1.**

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

Schedule I (Form 990) (2010)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics Colorado 410 17th Street, Suite 200 Denver, CO 80202	84-0713739	501(c)(3)	512,866.	0.			Program Assistance
Special Olympics Connecticut 2666 State Street, Suite 1 Hamden, CT 06517	23-7099756	501(c)(3)	411,948.	0.			Program Assistance
Special Olympics Delaware 619 South College Ave. Newark, DE 19716	23-7162877	501(c)(3)	99,647.	0.			Program Assistance
Special Olympics DC 900 2nd Street, NE, Suite 200 Washington, DC 20002	52-0967608	501(c)(3)	82,410.	0.			Program Assistance
Special Olympics Florida 1105 Citrus Tower Blvd Clermont, FL 34711	23-7181560	501(c)(3)	662,779.	0.			Program Assistance
Special Olympics Georgia 4000 Dekalb Technology Parkway, Suite 400, Building 400 - Atlanta, GA 30340	23-7201676	501(c)(3)	341,163.	0.			Program Assistance
Special Olympics Hawaii 1500 South Beretania Street, Suite Honolulu, HI 96826	23-7173957	501(c)(3)	271,932.	0.			Program Assistance
Special Olympics Idaho 8426 Fairview Avenue Boise, ID 83704	23-7185185	501(c)(3)	206,347.	0.			Program Assistance
Special Olympics Illinois 605 East Willow Street Normal, IL 61761	36-2922811	501(c)(3)	840,179.	0.			Program Assistance

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics Indiana 6100 W. 96th Street, Suite 270 Indianapolis, IN 46278	35-1262574	501(c)(3)	280,202.	0.			Program Assistance
Special Olympics Iowa 551 Dovetail Road Grimes, IA 50111	51-0176029	501(c)(3)	195,678.	0.			Program Assistance
Special Olympics Kansas 5280 Foxridge Drive Mission, KS 66202	48-0890981	501(c)(3)	199,913.	0.			Program Assistance
Special Olympics Kentucky 105 Lakeview Court Frankfort, KY 40601	61-0954571	501(c)(3)	180,733.	0.			Program Assistance
Special Olympics Louisiana 1000 E Morris Ave Hammond, LA 70403	72-0706608	501(c)(3)	258,610.	0.			Program Assistance
Special Olympics Maine 125 John Roberts Road, Suite 19 South Portland, ME 04106	01-0355822	501(c)(3)	166,422.	0.			Program Assistance
Special Olympics Maryland 513 Progress Drive, Suite P Linthicum, MD 21090	23-7089144	501(c)(3)	655,359.	0.			Program Assistance
Special Olympics Massachusetts 450 Old Maple Street, Bldg. One Danvers, MA 01923	23-7242294	501(c)(3)	593,949.	0.			Program Assistance
Special Olympics Michigan East Campus Drive Mt. Pleasant, MI 48859	38-1964643	501(c)(3)	605,928.	0.			Program Assistance

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics Minnesota 100 Washington Avenue South, Suite Minneapolis, MN 55401	41-1228157	501(c)(3)	300,416.	0.			Program Assistance
Special Olympics Mississippi 15 Olympic Way Madison, MS 39110	51-0185594	501(c)(3)	76,091.	0.			Program Assistance
Special Olympics Missouri 520 Dix Road, Suite C Jefferson City, MO 65109	23-7328374	501(c)(3)	348,960.	0.			Program Assistance
Special Olympics Montana 3117 5th Avenue North Great Falls, MT 59403	81-0367064	501(c)(3)	213,536.	0.			Program Assistance
Special Olympics Nebraska 8801 F Street Omaha, NE 68127	47-0546346	501(c)(3)	192,164.	0.			Program Assistance
Special Olympics Nevada 5670 Wynn Road, Suite H Las Vegas, NV 89118	68-0363121	501(c)(3)	186,669.	0.			Program Assistance
Special Olympics New Hampshire 650 Elm Street, Suite 101 Manchester, NH 03101	23-7207522	501(c)(3)	242,906.	0.			Program Assistance
Special Olympics New Jersey 3 Princess Drive Lawrenceville, NJ 08648	23-7448729	501(c)(3)	876,187.	0.			Program Assistance
Special Olympics New Mexico 6600 Palomas N.E., Suite 207 Albuquerque, NM 87109	85-0268084	501(c)(3)	122,689.	0.			Program Assistance

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics New York 504 Balltown Road Schenectady, NY 12304	23-7061382	501(c)(3)	769,694.	0.			Program Assistance
Special Olympics North Carolina 2200 Gateway Centre Boulevard, Suite Morrisville, NC 27560	56-1149607	501(c)(3)	606,013.	0.			Program Assistance
Special Olympics North Dakota 2616 South 26th Street Grand Forks, ND 58201	45-0355704	501(c)(3)	115,970.	0.			Program Assistance
Special Olympics Ohio 3303 Winchester Pike Columbus, OH 43232	51-0183468	501(c)(3)	527,980.	0.			Program Assistance
Special Olympics Oklahoma 6835 South Canton Avenue Tulsa, OK 74136	23-7174120	501(c)(3)	226,860.	0.			Program Assistance
Special Olympics Oregon 5901 SW McAdam, Suite 100 Portland, OR 97239	93-0752969	501(c)(3)	530,703.	0.			Program Assistance
Special Olympics Pennsylvania 124 Washington Norristown, PA 19403	23-2078543	501(c)(3)	848,195.	0.			Program Assistance
Special Olympics Rhode Island 33 College Hill Road, Suite 31 Warwick, RI 02886	05-0377867	501(c)(3)	164,327.	0.			Program Assistance
Special Olympics South Carolina 810 Dutch Square Blvd., Suite 204 Columbia, SC 29210	57-0680248	501(c)(3)	384,112.	0.			Program Assistance

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics South Dakota 305 West 39th Street Sioux Falls, SD 57105	46-0359776	501(c)(3)	45,746.	0.			Program Assistance
Special Olympics Tennessee 1900 12th Avenue South, Suite B Nashville, TN 37203	23-7348136	501(c)(3)	185,741.	0.			Program Assistance
Special Olympics Texas 7715 Chevy Chase Drive, Suite 120 Austin, TX 78752	74-1998367	501(c)(3)	1,024,827.	0.			Program Assistance
Special Olympics Utah 5 Triad Center, Suite 315 Salt Lake City, UT 84180	87-0367185	501(c)(3)	83,797.	0.			Program Assistance
Special Olympics Vermont 368 Avenue D, Suite 30 Williston, VT 05495	23-7231535	501(c)(3)	124,198.	0.			Program Assistance
Special Olympics Virginia 3212 Skipwith Road, Suite 100 Richmond, VA 23294	54-1013637	501(c)(3)	515,953.	0.			Program Assistance
Special Olympics Washington 2150 North 107th Avenue, Suite 220 Seattle, WA 98133	91-0962383	501(c)(3)	616,218.	0.			Program Assistance
Special Olympics West Virginia 1206 Virginia St. East, Suite 100 Charleston, WV 25301	55-0596975	501(c)(3)	50,065.	0.			Program Assistance
Special Olympics Wisconsin 5900 Monona Drive, Suite 301 Madison, WI 53716	39-1176591	501(c)(3)	407,269.	0.			Program Assistance

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics Wyoming 350 West A, Suite 101 Casper, WY 82601	23-7418345	501(c)(3)	95,024.	0.			Program Assistance
Special Olympics Puerto Rico P.O. Box 26675 Guam, PUERTO RICO	Applied For	N/A	70,160.	0.			Program Assistance
Missouri State University 901 S National Springfield Springfield, MO 65897	43-6003859	501(c)(3)	25,000.	0.			Program Assistance
Oregon State University, Office of Sponsored Program & Research Compliance - 312 Kerr Admin. BLDG. - Corvallis, OR 97331	48-1278540	501(c)(3)	5,000.	0.			Program Assistance
The University of Kansas, Center of Research, Inc. - 2385 Irving Hill Road - Lawrence, KS 66045	48-1108830	501(c)(3)	54,863.	0.			Program Assistance
University of Illinois P.O. BOX 20787 Springfield, IL 62708	37-6000511	501(c)(3)	128,428.	0.			Program Assistance
University of Massachusetts Boston 100 Morrissey Boulevard Boston, MA 02125	52-0889518	501(c)(3)	675,588.	0.			Program Assistance
2010 U.S. National Games 7600 North 70th Street Lincoln, NE 68517	20-5738026	501(c)(3)	2,110,213.	0.			Program Assistance
2011 World Summer Games P.O. Box 7868 Boise, ID 83707	26-0838637	501(c)(3)	50,000.	0.			Program Assistance

LHA

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Monthly and/or quarterly detailed expenditure reports and supporting documentation of funds used are provided to Special Olympics Inc. by the Accredited Programs operating abroad ("Programs").

Special Olympics Procedures for Monitoring Grants include: (1) each grant recipient's key personnel are screened against the OFAC and EU Watch Lists;

(2) A grant award is generally for a 12 month period and requires a minimum of a 6-monthly Interim report as well as a final report; (3)

Special Olympics reserve the rights to audit financial reports at any time;

(4) The Programs are required to complete a budget template indicating how

**Part IV** Supplemental Information

grant funds are spent; (5) Each report must be reviewed and endorsed by the Regional Managing Director before it is sent to Special Olympics for review and support.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2010**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Special Olympics, Inc.

Employer identification number

52-0889518

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Timothy Shriver	(i)	217,686.	0.	0.	17,778.	21,707.	257,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Douglas K. Stevens, Jr.	(i)	190,896.	0.	0.	1,241.	21,221.	213,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 John Dow	(i)	243,944.	0.	0.	18,721.	15,980.	278,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Stephen Corbin	(i)	196,617.	0.	0.	15,740.	1,663.	214,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Joan Wheatley	(i)	154,439.	0.	0.	12,363.	13,143.	179,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Charles Lee Todd, II	(i)	197,263.	0.	0.	15,641.	16,331.	229,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Robert Gobrecht	(i)	164,310.	0.	0.	13,001.	8,936.	186,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Peter Wheeler	(i)	185,037.	0.	0.	14,942.	21,537.	221,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Dennis Brueggemann	(i)	150,812.	0.	0.	11,533.	15,956.	178,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Terry L Richey	(i)	180,379.	0.	0.	0.	20,627.	201,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Nancy Rawles	(i)	153,873.	0.	0.	12,448.	21,300.	187,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 Helen McNabb	(i)	135,526.	0.	0.	10,840.	8,676.	155,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 Stephen Neill	(i)	129,167.	0.	0.	10,961.	21,120.	161,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

President and COO, J. Brady Lum was compensated by The  
Coca-Cola Company for his services provided to SOI.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **Special Olympics, Inc.** Employer identification number **52-0889518**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	37	6,152,170.	Cost/selling price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>Promo. mater.</u> )	X	9	1,364,566.	Cost/selling price
26 Other ▶ ( <u>Equip./Suppl.</u> )	X	24	648,093.	Cost/selling price
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 1

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Special Olympics, Inc.

Employer identification number

52-0889518

Form 990, Part III, Line 1, Description of Organization Mission:

courage, experience joy and participate in sharing of gifts, skills and  
friendship with their families, other Special Olympics athletes and the  
community.

Form 990, Part III, Line 4b, Program Service Accomplishments:

time countries such as Bangladesh, Honduras, Samoa, Sri Lanka and Timor  
Leste. In seven months, five major Regional Games took place in San  
Juan, Puerto Rico; Lincoln, Nebraska; Warsaw, Poland; Fuzhou, China;  
and Damascus, Syria. Nearly 9,000 athletes, more than 9,000 family  
members and over 17,000 volunteers participated in these various Games,  
and tens of thousands of spectators. Each of the Games also shared many  
of the programmatic areas of Special Olympics including Healthy  
Athletes and youth and schools activities. Special Olympics also held  
the first-ever Unity Cup at the FIFA World Cup where athletes with and  
without intellectual disabilities took to the pitch right before one of  
the quarter match games. Sixteen Special Olympics athletes from 24  
countries worldwide participated in this event. Throughout the year,  
preparations took place for the 2011 World Summer Games in Athens,  
Greece which including a test Games event where about 1,600 athletes,  
coaches and escorts from 20 countries participated.

Form 990, Part V, Line 4b, List of Foreign Countries:

Belgium, Poland, Egypt, United Arab Emirates,  
Singapore, India, South Africa, Panama

Name of the organization Special Olympics, Inc.	Employer identification number 52-0889518
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Form 990, Part VI, Section A, line 2: Timothy P. Shriver, Chairman and CEO and Maria Shriver, Director have a family relationship.

Form 990, Part VI, Section A, line 2: Chairman and CEO, Timothy Shriver and Directors, Angelo Moratti and Maria Shriver individually own interests that together control Lovin Scoopful, LLC, whose purposes are (1) to merchandise ice cream and (2) to use its profits to support charities (particularly Special Olympics).

Form 990, Part VI, Section B, line 11: The Special Olympics Form 990 is prepared and reviewed internally by senior management and is reviewed externally by an independent tax services firm, RAFFA, PC, after which it is submitted by the Chief Financial Officer and Chief Legal Officer to the Board's Audit and Finance committee for review and approval. The final Form 990 is sent to each board member by email prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c: Special Olympics' Conflict of Interest Policy applies to all Special Olympics directors, officers, and employees and requires the avoidance of the appearance of a conflict as well as actual conflicts. Special Olympics' Chief Legal Officer is charged with enforcing the Conflict of Interest Policy. Potential or actual conflicts are dealt with according to whether the conflict involves a director, CEO, or President (in which case the matter is submitted to the Board of Directors) or involves another officer or employee (in which case the matter is submitted to the President or CEO). Violations may result in sanctions up to termination. Each Spring, Special Olympics asks each officer, director, trustee, and key employee to complete and sign a

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questionnaire that includes a copy of the Special Olympics Conflict of Interest Policy, an acknowledgment that the recipient has read the policy, confirmation that the recipient complied with the policy during the preceding year and up to the date of completing the questionnaire, a statement that the recipient has no conflicts to report or has reported them on the questionnaire, and an undertaking to promptly advise the President of Special Olympics upon becoming aware of any conflict. No Special Olympics director, officer, or employee who has a conflict of interest may vote or otherwise participate in any final deliberation or decision on behalf of Special Olympics regarding any contract, transaction, or other matter in which the director, officer, or employee has a conflict.

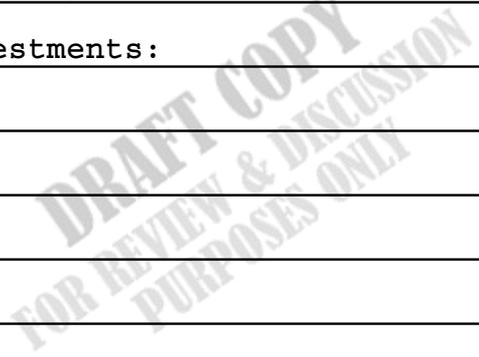
Form 990, Part VI, Section B, Line 15: Special Olympics' Bylaws provide that the Board of Directors Compensation Committee shall, subject to approval of the Board of Directors, annually review, set, and document the reasonableness of the total compensation (including benefits and deferred compensation) for the Chair (if compensated), the President (if compensated), and the Chief Executive Officer and review, approve, and document the total compensation (including benefits and deferred compensation) for the senior executives who report directly to the Chief Executive Officer. At least once every two years, the Compensation Committee presents to the Board of Directors a written evaluation of the Chief Executive Officer's performance. No member of the Board of Directors who receives compensation from Special Olympics shall serve on the Compensation Committee. The last review of the Chief Executive Officer's performance was conducted in 2009. The Compensation Committee conducted the evaluation and presented it to the Board of Directors at its November 2009 meeting.

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Form 990, Part VI, Line 17, List of States receiving copy of Form 990:  
 AK,AL,AR,AZ,CA,CO,CT,FL,GA,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY  
 NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Form 990, Part VI, Section C, Line 19: Special Olympics Governing makes  
 its Articles of Incorporation, Bylaws, General Rules, and Conflict of  
 Interest Policy documents available to the public on its website at  
 specialolympics.org and upon request.

Form 990, Part XI, line 5, Changes in Net Assets:  
 Net unrealized gains on investments: 4,413,529.



**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **Special Olympics, Inc.** Employer identification number **52-0889518**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Christmas Records Trust 1325 G Street, NW, Suite 500 Washington, DC 20005	Investments of royalty income to benefit Special Olympics movement.	District of Columbia	1,412,006.	49,303,902.	N/A
Special Olympics Endowment Fund, Inc. 1325 G Street, NW, Suite 500 Washington, DC 20005	Formed exclusively to support and conduct activities to benefit SOI.	District of Columbia	0.	0.	N/A
Special Olympics Middle East North Africa (MENA) FZ LLC, Office 320, Building 8, Media City, UNITED ARAB EMIRATES	Fundraising vehicle for Special Olympics Mena.	United Arab Emirates	117,304.	790,856.	N/A
Special Olympics Europe Eurasia (SOEE) Foundation, Morrison Chambers 32, 3rd FL., IRELAND	Fundraising vehicle for Special Olympics Europe/Eurasia.	Ireland	100,748.	165,647.	N/A

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) .....	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) .....	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) .....	<b>1g</b>	
<b>h</b> Exchange of assets .....	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>1m</b>	
<b>n</b> Sharing of paid employees .....	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses .....	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) .....	<b>1r</b>	

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**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

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