2025 ADJUSTED GROSS REVENUE FORM

(USED TO CALCULATE 2027 ACCREDITATION FEES)

INSTRUCTIONS:

- This form is for accredited Special Olympics Programs outside the United States.
- Complete and submit this form digitally in PDF format.
- All amounts should be consistent with and in the same currency as the Program's financial statements.
- This form is for the fiscal year ending 31 December 2025. If your Program has a non-calendar fiscal year, submit amounts based on your Program's fiscal year.
- SOI will send invoices for 2027 accreditation fees in the second quarter of 2027.
- Please see the Accreditation Fees Policy for more details.

PROGRAM NAME: _____

CURRENCY: _____

TOTAL REVENUE **A** _____

Gross revenue amount from 2025 financial statements. Include ALL:

- Restricted and unrestricted revenue.
- Revenue from all sources (government, corporate, individual, SOI, etc.).
- Revenue received by Sub-Programs.

DEDUCTIONS

REVENUE FROM SOI **B** _____

Revenue received directly from Special Olympics, Inc.

- Do not include amounts reported in **D**.
- All Revenue from SOI must be listed on page 2.

GOVERNMENT REVENUE **C** _____

Revenue received directly from a government entity.

- Do not include amounts reported in **D**.
- All Government Revenue must be listed on page 2.

IN-KIND REVENUE **D** _____

Non-cash donated goods or services that are part of Total Revenue.

CERTAIN FUNDRAISING EXPENSES **E** _____

Direct expenses for fundraising mailings and events.

- Do not include telemarketing expenses.
- Do not include indirect expenses, such as salary or overhead.

TOTAL DEDUCTIONS. Add **B**, **C**, **D**, and **E**. **F** 0.00

ADJUSTED GROSS REVENUE. Subtract **F** from **A**. **G** 0.00

CERTIFICATION. This form must be reviewed by the Board Chair before it is submitted. The Board Chair and the person submitting this form to SOI certify that it is accurate. No signature is needed.

_____	_____	_____
Board Chair Name	**Person Submitting Form** (name, title)	**Date** (Day/Month/Year)

2025 ADJUSTED GROSS REVENUE FORM – REVENUE DETAIL

INSTRUCTIONS:

- Details must be listed below if Revenue from SOI or Government Revenue is deducted on page 1.
- Provide amounts in the currency used in the Program's financial statements.
- The totals should equal the amounts reported on page 1.
- Use extra pages if needed.

PROGRAM NAME: _____

REVENUE FROM SOI DETAIL

SOI GRANT NAME (for example, "Christmas Records Grant")	**AMOUNT**
TOTAL REVENUE FROM SOI	0.00

GOVERNMENT REVENUE DETAIL

GOVERNMENT REVENUE SOURCE (name of government agency)	**PURPOSE** (for example, "Healthy Athletes Grant")	**AMOUNT**
	TOTAL GOVERNMENT REVENUE	0.00