

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2018 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>SPECIAL OLYMPICS, INC.</b></td> <td rowspan="4"><b>D</b> Employer identification number  52-0889518</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1133 19TH STREET NW</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036</td> <td><b>E</b> Telephone number (202) 628-3630</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: MARY DAVIS SAME AS C ABOVE</td> <td><b>G</b> Gross receipts \$ 138,542,612.</td> </tr> <tr> <td colspan="2"><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</td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.SPECIALOLYMPICS.ORG</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1968</td> <td><b>M</b> State of legal domicile: DC</td> </tr> </table>	<b>C</b> Name of organization <b>SPECIAL OLYMPICS, INC.</b>		<b>D</b> Employer identification number  52-0889518	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1133 19TH STREET NW		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		<b>E</b> Telephone number (202) 628-3630	<b>F</b> Name and address of principal officer: MARY DAVIS SAME AS C ABOVE		<b>G</b> Gross receipts \$ 138,542,612.	<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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: WWW.SPECIALOLYMPICS.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	<b>L</b> Year of formation: 1968		<b>M</b> State of legal domicile: DC
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PROVIDES YEAR-ROUND SPORTS TRAINING AND COMPETITION TO PERSONS WITH INTELLECTUAL DISABILITIES.		
	<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>3</b>	43
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	41
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	238
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1151088
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	142,545.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		116,214,209.	126,016,795.
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,462,706.	7,819,306.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,732,848.	384,856.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,727,573.	1,378,457.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,137,336.	135,599,414.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,385,176.	41,914,405.
	<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)	22,930,021.	26,019,644.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,522,651.	5,250,088.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,407,262.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,127,884.	56,786,443.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	110,965,732.	129,970,580.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,171,604.	5,628,834.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
		93,282,510.	103,372,285.
	<b>21</b> Total liabilities (Part X, line 26)	13,216,988.	18,021,127.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	80,065,522.	85,351,158.

**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		
	MARY DAVIS, CHIEF EXECUTIVE OFFICER		Type or print name and title		
<b>Paid Preparer</b>	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature 	Date 07/11/19	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 703-336-6400		
<b>Use Only</b>	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102				

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 or note to any line in this Part III ☒

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 69,557,669. including grants of \$ 31,854,952. ) (Revenue \$ 4,027,184. )  
PROGRAM ASSISTANCE (HEALTH)

OUR VISION IS TO CREATE A WORLD WHERE PEOPLE WITH AND WITHOUT INTELLECTUAL DISABILITIES (ID) HAVE THE SAME OPPORTUNITIES TO BE HEALTHY. WHEN PEOPLE WITH ID HAVE ACCESS TO HEALTH SERVICES, THEY ALSO HAVE MORE OPPORTUNITIES FOR EDUCATION, EMPLOYMENT, SPORTS, AND OTHER PATHWAYS TO REACH FULL PARTICIPATION IN SOCIETY. OUR GOAL IS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR 11 MILLION PEOPLE WITH ID BY 2020.

SPECIAL OLYMPICS HEALTH, MADE POSSIBLE BY THE GOLISANO FOUNDATION AND IN THE UNITED STATES BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, BEGAN IN 1997 WITH HEALTHY ATHLETES. SINCE THEN, WE HAVE PROVIDED

**4b** (Code: ) (Expenses \$ 30,093,476. including grants of \$ 9,528,037. ) (Revenue \$ )  
PUBLIC EDUCATION AND COMMUNICATION

SPECIAL OLYMPICS IS TRANSFORMING LIVES AND CREATING COMMUNITIES OF ACCEPTANCE, INCLUSION AND RESPECT - FROM THE YOUNGEST AGE.

OUR AMBITIOUS GOAL: TO BUILD THE FIRST TRULY UNIFIED GENERATION THROUGH SPORTS - AND END INJUSTICE, INTOLERANCE AND INACTIVITY FOR PEOPLE WITH INTELLECTUAL DISABILITIES EVERYWHERE! IF YOU GROW UP IN AN INCLUSIVE COMMUNITY, YOU WILL WANT TO LIVE IN - AND BUILD - AN INCLUSIVE WORLD. THIS IS HOW WE ARE CREATING THE BEST POSSIBLE FUTURE FOR ALL.

ALL AROUND THE WORLD, WE ARE CHALLENGING YOUNG PEOPLE TO GET OFF THE

**4c** (Code: ) (Expenses \$ 9,829,762. including grants of \$ 531,416. ) (Revenue \$ 3,792,122. )  
SPORTS TRAINING AND COMPETITION:

IN 2018, SPECIAL OLYMPICS' GLOBAL PUSH FOR UNITY, HEALTH AND FITNESS HAD IMPACT FAR BEYOND THIS YEAR'S 50TH ANNIVERSARY. IN FACT, THE TALENTS AND SKILLS OF PEOPLE WITH INTELLECTUAL DISABILITIES (ID) WERE OPENING HEARTS AND MINDS ALL YEAR LONG, THANKS TO MORE THAN 106,300 COMPETITIONS HELD WORLDWIDE DURING THIS RECORD-BREAKING YEAR.

UNDER THE PATRONAGE OF HIS HIGHNESS SHEIKH MOHAMED BIN ZAYED AL NAHYAN, CROWN PRINCE OF ABU DHABI AND DEPUTY SUPREME COMMANDER OF THE UAE ARMED FORCES, THE IX MENA GAMES WERE HELD IN ABU DHABI FROM 14-23 MARCH WITH THE PARTICIPATION OF 32 COUNTRIES WITH A TOTAL OF 10,032 REGISTERED

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

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

**4e** Total program service expenses  109,480,907.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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 and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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>	<b>17</b> X	
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	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> .....	<b>23</b>	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 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....	<b>25a</b>	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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	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> .....	<b>28a</b>	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> .....	<b>28b</b>	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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, 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> .....	<b>35b</b>	X
<b>36</b> <b>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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

X

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	162
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 238		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

**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 or note to any line in this Part VI

☒ X

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	43			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		41		
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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, CA, CO, CT, FL, GA, IL, KS, KY, LA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 ANGELA CICOLO - (202) 628-3630  
 1133 19TH STREET NW, WASHINGTON, DC 20036

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DR. TIMOTHY P. SHRIVER CHAIRMAN	30.00	X		X				214,596.	0.	46,934.
(2) MR. WILLIAM ALFORD LEAD DIRECTOR AND VICE CHAIR	6.00	X		X				0.	0.	0.
(3) MS. LORETTA CLAIBORNE VICE CHAIR	10.00	X		X				19,840.	0.	0.
(4) MR. ANGELO MORATTI VICE CHAIR	1.60	X		X				0.	0.	0.
(5) MS. MICHELLE KWAN TREASURER	1.60	X		X				0.	0.	0.
(6) HH SAYYID FAISAL BIN TURKI AL S DIRECTOR	0.80	X						0.	0.	0.
(7) MR. ERNEST BOWER DIRECTOR	0.80	X						0.	0.	0.
(8) AMBASSADOR NICHOLAS BURNS DIRECTOR	0.80	X						0.	0.	0.
(9) MR. STEPHEN CARTER DIRECTOR	0.80	X						0.	0.	0.
(10) DR. CLEMENT CHILESHE DIRECTOR	0.80	X						0.	0.	0.
(11) MR. BART CONNER DIRECTOR	0.80	X						0.	0.	0.
(12) MR. NYASHA DERERA DIRECTOR	0.80	X						0.	0.	0.
(13) MS. YOLANDA ELETA DE VARELA DIRECTOR	0.80	X						0.	0.	0.
(14) DR. ELISABETH DYKENS DIRECTOR	0.80	X						0.	0.	0.
(15) MS. ANNE FINUCANE DIRECTOR	0.80	X						0.	0.	0.
(16) AMBASSADOR LUIS GALLEGOS DIRECTOR	0.80	X						0.	0.	0.
(17) MS. KATHY GIBSON DIRECTOR	0.80	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MR. BENJAMIN HAACK DIRECTOR	7.00	X						0.	0.	0.
(19) MR. NILS KASTBERG DIRECTOR	0.80	X						0.	0.	0.
(20) MR. MUHTAR KENT DIRECTOR	0.80	X						0.	0.	0.
(21) MR. KIM BYEONG DEOK DIRECTOR	0.80	X						0.	0.	0.
(22) MS. RONAK LAKHANI DIRECTOR	0.80	X						0.	0.	0.
(23) MR. RAY LANE DIRECTOR	0.80	X						0.	0.	0.
(24) MR. LI RUIGANG DIRECTOR	0.80	X						0.	0.	0.
(25) MR. GLENN LYON DIRECTOR	0.80	X						0.	0.	0.
(26) MS. GEORGIA MILTON-SHEATS DIRECTOR	0.80	X						0.	0.	0.
<b>1b Sub-total</b> .....								234,436.	0.	46,934.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								2,965,426.	0.	344,433.
<b>d Total (add lines 1b and 1c)</b> .....								3,199,862.	0.	391,367.

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

55

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD SUITE 600, VIENNA, VA 22182	FUNDRAISING/MAILING SERVICES	12,941,667.
THE HERITAGE GROUP, 2402 WILDWOOD AVENUE SUITE 500, LITTLE ROCK, AR 72120	FUNDRAISING SERVICES	1,374,221.
FUSESPORE INC 415 N TEJON ST, COLORADO SPRINGS, CO 80903	SOFTWARE DEVT	1,211,188.
BLACKBAUD PO BOX 930256, ATLANTA, GA 31193	DATABASE MANAGEMENT AND ANALYTICS	847,135.
NNE MARKETING, LLC, 1666 MASSACHUSETTS AVENUE SUITE 14, LEXINGTON, MA 02420	FUNDRAISING SERVICES	741,189.

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

45

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) MR. DIKEMBE MUTOMBO DIRECTOR	0.80	X						0.	0.	0.
(28) HON. NA KYUNG WON DIRECTOR	0.80	X						0.	0.	0.
(29) MR. DENIS OBRIEN DIRECTOR	0.80	X						0.	0.	0.
(30) MS. CAROLINA PICASSO DIRECTOR	0.80	X						0.	0.	0.
(31) MS. MONICA RIVERO DIRECTOR	0.80	X						0.	0.	0.
(32) DR. ELENI ROSSIDES DIRECTOR	0.80	X						0.	0.	0.
(33) DR. CDR KARTIKAY SAINI DIRECTOR	0.80	X						0.	0.	0.
(34) MS. KIM SAMUEL DIRECTOR	0.80	X						0.	0.	0.
(35) DR. SHI DERONG DIRECTOR	0.80	X						0.	0.	0.
(36) MR. BOBBY SHRIVER DIRECTOR	0.80	X						0.	0.	0.
(37) MS. MARIA GABRIELA SIGALA DIRECTOR	0.80	X						0.	0.	0.
(38) DR. WING-KUN TAM DIRECTOR	0.80	X						0.	0.	0.
(39) MR. HAMDI ULUKAYA DIRECTOR	0.80	X						0.	0.	0.
(40) MS. NATALIA VODIANOVA DIRECTOR	0.80	X						0.	0.	0.
(41) MR. MATTHEW WILLIAMS DIRECTOR	0.80	X						0.	0.	0.
(42) MS. VANESSA WILLIAMS DIRECTOR	0.80	X						0.	0.	0.
(43) MS. YANG LAN DIRECTOR	0.80	X						0.	0.	0.
(44) MR. YAO MING DIRECTOR	0.80	X						0.	0.	0.
(45) MS. MARY DAVIS CHIEF EXECUTIVE OFFICER	40.00			X				453,564.	0.	35,392.
(46) MS. ANGELA CICCOLO CLO/SECRETARY	40.00			X				259,622.	0.	25,533.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(47) MR. STEVEN KEENER CORPORATE COUNSEL/ASST. SEC	40.00			X				113,424.	0.	36,000.
(48) MS. KELLI SEELY CHIEF MARKETING/DEVELOPMENT OFFICER	40.00				X			280,331.	0.	25,101.
(49) DR. JOHN DOW, JR. CHIEF PROGRAM OPERATIONS	40.00				X			270,484.	0.	29,594.
(50) MR. MIKE MEENAN CFO	40.00				X			212,345.	0.	45,208.
(51) MR. DREW BOSHELL SVP, SPORTS/HEALTH	40.00				X			196,237.	0.	33,290.
(52) MS. FREDA FUNG REGIONAL PRESIDENT, SOEA	40.00					X		269,581.	0.	0.
(53) MR. MARC EDENZON REGIONAL PRESIDENT, SONA	40.00					X		250,803.	0.	49,504.
(54) MR. TIMOTHY KOBOSKO CHIEF INFORMATION OFFICER	40.00					X		244,894.	0.	13,391.
(55) STEVE BORRELLI CHIEF, HUMAN RESOURCES OFFICER	40.00					X		219,553.	0.	17,511.
(56) MR. LOUIS LAURIA CHIEF OF GAMES AND COMPETITION	40.00					X		194,588.	0.	33,909.
Total to Part VII, Section A, line 1c								2,965,426.		344,433.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	20,962,317.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	105,054,478.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		9,039,853.					
	<b>h Total.</b> Add lines 1a-1f .....				126,016,795.			
<b>Program Service Revenue</b>	<b>2 a</b> ACCREDITATION FEES .....	<b>Business Code</b> 900099		4,027,184.	4,027,184.			
	<b>b</b> WORLD GAMES SANCT FEE .....	900099		2,296,575.	2,296,575.			
	<b>c</b> CONFERENCES & MEETINGS .....	900099		1,495,547.	1,495,547.			
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				7,819,306.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			411,581.			411,581.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....				671,519.			671,519.	
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> LIST RENTAL .....	900099		646,136.			646,136.		
<b>b</b> OTHER INCOME .....	900099		60,802.			60,802.		
<b>c</b> .....								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....				706,938.				
<b>12 Total revenue.</b> See instructions .....				135,599,414.	7,819,306.	0.	1,763,313.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	32,934,734.	32,934,734.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	8,979,671.	8,979,671.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,000,603.	967,841.	752,431.	280,331.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	19,934,494.	16,474,608.	1,268,995.	2,190,891.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	808,316.	493,073.	153,580.	161,663.
<b>9</b> Other employee benefits .....	1,765,594.	1,544,081.	15,784.	205,729.
<b>10</b> Payroll taxes .....	1,510,637.	1,027,233.	287,021.	196,383.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	317,148.	237,861.	79,287.	
<b>c</b> Accounting .....	325,073.	111,238.	213,835.	
<b>d</b> Lobbying .....	116,879.	116,879.		
<b>e</b> Professional fundraising services. See Part IV, line 17	5,250,088.			5,250,088.
<b>f</b> Investment management fees .....	394,556.	391,167.	3,389.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	13,204,326.	12,944,742.	259,584.	
<b>12</b> Advertising and promotion .....	1,047,098.	524,285.	11,570.	511,243.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....	3,039,123.	2,120,487.	228,654.	689,982.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,771,839.	1,436,310.	188,659.	146,870.
<b>17</b> Travel .....	9,753,736.	8,948,064.	313,674.	491,998.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	327,307.	139,039.	178,626.	9,642.
<b>23</b> Insurance .....	346,739.	343,272.	3,467.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DONATED GOODS	9,039,853.	9,039,853.		
<b>b</b> POSTAGE & SHIPPING	8,481,383.	5,129,525.	10,778.	3,341,080.
<b>c</b> PRINTING	6,136,669.	3,565,986.	4,661.	2,566,022.
<b>d</b> SUPPLIES	2,020,069.	1,931,393.	35,969.	52,707.
<b>e</b> All other expenses	464,645.	79,565.	72,447.	312,633.
<b>25</b> Total functional expenses. Add lines 1 through 24e	129,970,580.	109,480,907.	4,082,411.	16,407,262.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	22,464,040.	12,063,189.	0.	10,400,851.

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,652,654.	<b>1</b>	529,468.
	<b>2</b> Savings and temporary cash investments .....	11,957,917.	<b>2</b>	16,860,809.
	<b>3</b> Pledges and grants receivable, net .....	11,301,329.	<b>3</b>	20,176,721.
	<b>4</b> Accounts receivable, net .....	10,135,266.	<b>4</b>	7,583,588.
	<b>5</b> Loans and other 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> Loans and other 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	361,195.	<b>8</b>	320,863.
	<b>9</b> Prepaid expenses and deferred charges .....	1,516,207.	<b>9</b>	1,793,381.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,573,911.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,135,737.		
	<b>11</b> Investments - publicly traded securities .....	2,281,261.	<b>10c</b>	4,438,174.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	52,632,858.	<b>11</b>	50,314,858.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,443,823.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	93,282,510.	<b>15</b>	1,354,423.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,692,816.	<b>16</b>	103,372,285.
	<b>18</b> Grants payable .....	6,692,816.	<b>17</b>	10,695,174.
	<b>19</b> Deferred revenue .....	3,796,709.	<b>18</b>	3,966,253.
	<b>20</b> Tax-exempt bond liabilities .....	2,168,736.	<b>19</b>	2,918,129.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	558,727.	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	13,216,988.	<b>25</b>	441,571.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>
<b>27</b> Unrestricted net assets .....		54,588,294.	<b>27</b>	52,961,877.
<b>28</b> Temporarily restricted net assets .....		25,278,644.	<b>28</b>	30,890,697.
<b>29</b> Permanently restricted net assets .....		198,584.	<b>29</b>	1,498,584.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 .....		80,065,522.	<b>33</b>	85,351,158.
<b>34</b> Total liabilities and net assets/fund balances .....		93,282,510.	<b>34</b>	103,372,285.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	135,599,414.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	129,970,580.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,628,834.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	80,065,522.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-168,236.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-174,962.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	85,351,158.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

☒

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2018)

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	98,192,074.	103,974,742.	95,819,017.	116,214,209.	126,016,795.	540,216,837.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	98,192,074.	103,974,742.	95,819,017.	116,214,209.	126,016,795.	540,216,837.
<b>5</b> 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) .....						6,417,290.
<b>6 Public support.</b> Subtract line 5 from line 4.						533,799,547.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	98,192,074.	103,974,742.	95,819,017.	116,214,209.	126,016,795.	540,216,837.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5,232,254.	4,896,618.	4,081,982.	7,317,989.	1,729,236.	23,258,079.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	105,653.	84,696.	91,097.	119,096.	60,802.	461,344.
<b>11 Total support.</b> Add lines 7 through 10						563,936,260.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	27,999,248.
<b>13 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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.66 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	93.45 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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"/>
<b>17a 10% -facts-and-circumstances test - 2018.</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 VI 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 - 2017.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 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> .....						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## OTHER INCOME

2014 AMOUNT: \$ 105,653.

2015 AMOUNT: \$ 84,696.

2016 AMOUNT: \$ 91,097.

2017 AMOUNT: \$ 119,096.

2018 AMOUNT: \$ 60,802.

## Schedule B

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

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  SPECIAL OLYMPICS, INC.	Employer identification number  52-0889518
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,614,245.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 13,356,638.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,117,307.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

52-0889518

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>

Name of organization	Employer identification number
SPECIAL OLYMPICS, INC.	52-0889518

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

**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 campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**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-.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		116,879.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		116,879.													
<b>d</b> Other exempt purpose expenditures		129,853,701.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		129,970,580.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	183,200.	91,200.	100,262.	116,879.	491,541.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018



**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018****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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on 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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**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" on 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 XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	198,584.				
<b>b</b> Contributions	1,300,000.	198,584.			
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,498,584.	198,584.			

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ 100.00 %

**b** Permanent endowment ☐ %

**c** Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		614,088.	617,633.	-3,545.
<b>d</b> Equipment		9,371,959.	5,106,398.	4,265,561.
<b>e</b> Other		587,864.	411,706.	176,158.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,438,174.

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	441,571.	
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	441,571.	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	145,291,071.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-168,236.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	10,415,019.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-160,570.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	10,086,213.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	135,204,858.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	394,556.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	394,556.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	135,599,414.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	140,008,730.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	10,415,019.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	17,687.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	10,432,706.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	129,576,024.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	394,556.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	394,556.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	129,970,580.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

ENDOWMENT PERMANENTLY RESTRICTED NET ASSETS OF \$1,498,584 AT DECEMBER 31,

2018 CONSIST OF THE SPECIAL OLYMPICS, INC. INTERNAL ENDOWMENT FUND WHICH

WAS ESTABLISHED TO GENERATE INCOME TO FINANCE SPECIAL PROJECTS OR UNUSUAL

EXPENDITURES THAT WILL ENHANCE THE MISSION OF SOI. THE INVESTMENT INCOME

EARNED IS WITHOUT DONOR RESTRICTIONS.

SOI'S ENDOWMENT CONSISTS OF AMOUNTS HELD IN MONEY MARKET FUNDS WITH THE

OBJECTIVE OF PRESERVING THE CORPUS OF THE ENDOWMENT FUND. AS REQUIRED BY

GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND

REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

SOI HAS RECEIVED A FAVORABLE DETERMINATION LETTER DESIGNATING IT AS EXEMPT  
 FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE  
 CODE AND HAS BEEN DESIGNATED AS A PUBLICLY SUPPORTED ORGANIZATION UNDER  
 SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI). THE TRUST IS A GRANTOR TRUST THAT  
 IS A NOT-FOR-PROFIT ORGANIZATION AND IS QUALIFIED UNDER THE EXEMPTION OF  
 SOI AS THE TRUST'S SPONSOR ORGANIZATION. SOAP LTD. IS SUBJECT TO INCOME  
 TAX UNDER THE LAWS OF THE COUNTRY OF SINGAPORE, BUT DID NOT INCUR ANY TAX.

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY SOI AND  
 RECOGNIZE A TAX LIABILITY (OR ASSET) IF SOI HAS TAKEN AN UNCERTAIN  
 POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION  
 BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS  
 TAKEN BY SOI AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018 AND 2017,  
 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD  
 REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE  
 COMBINED FINANCIAL STATEMENTS. GENERALLY, SOI IS NO LONGER SUBJECT TO  
 INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX  
 AUTHORITIES FOR YEARS BEFORE 2015. THERE ARE CURRENTLY NO AUDITS FOR ANY  
 TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SO EUROPE EURASIA FOUNDATION REVENUE INCLUDED IN CONSOL.

FIN. STATEMENTS	1,056,139.
UNREALIZED LOSS ON FOREIGN CURRENCY	-174,962.
ELIMINATION ENTRIES BETWEEN SOI AND SOEEF	-1,041,747.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-160,570.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SO EUROPE EURASIA FOUNDATION EXPENSES INCLUDED IN CONSOL.

FIN. STATEMENTS 1,059,434.

ELIMINATION ENTRIES BETWEEN SOI AND SOEEF -1,041,747.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 17,687.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**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" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		377,286.
CENTRAL AMERICA AND THE CARIBBEAN	1	10	PROGRAM SERVICES	SPORTS TRAINING AND PUBLIC EDUCATION	407,036.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,734,820.
EAST ASIA AND THE PACIFIC	1	41	PROGRAM SERVICES	SPORTS TRAINING AND PUBLIC EDUCATION	1,851,831.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,998,410.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	24	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	3,781,756.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		129,408.
MIDDLE EAST AND NORTH AFRICA	1	21	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,291,406.
<b>3 a Subtotal</b> .....	4	96			12,571,953.
<b>b Total from continuation sheets to Part I</b> .....	1	12			5,677,515.
<b>c Totals</b> (add lines 3a and 3b) .....	5	108			18,249,468.

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

Schedule F (Form 990) 2018

**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
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		405,488.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		699,389.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,126,924.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		810,925.
SOUTH ASIA	0	0	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	25,242.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,427,067.
SUB-SAHARAN AFRICA	1	12	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,182,480.
<b>Totals</b> .....	1	12			5,677,515.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	12,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	59,324.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	13,180.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	32,175.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	38,095.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	68,489.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	34,465.	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 .....

117

3 Enter total number of other organizations or entities .....

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)

<b>1</b> (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	74,698.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	12,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	161,841.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	76,103.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	28,569.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	895,697.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	69,587.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	146,687.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	40,750.	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)

<b>1</b> (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	76,215.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	45,760.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	8,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	110,107.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	28,916.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	20,100.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	10,096.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	129,424.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	7,000.	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)

<b>1</b> (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	39,304.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	67,143.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	40,399.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	7,550.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	13,637.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	283,197.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	14,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	396,877.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,000.	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)

<b>1</b> (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 & GREENLAND)	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	17,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	95,744.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	39,214.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	6,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	67,937.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	55,854.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	17,440.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,598.	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)

<b>1</b> (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 & GREENLAND)	PROGRAM ASSISTANCE	6,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	116,962.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	149,384.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	289,079.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	20,461.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,400.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	63,508.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	28,411.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	62,577.	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)

<b>1</b> (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 & GREENLAND)	PROGRAM ASSISTANCE	17,943.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,750.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	6,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	16,603.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	82,986.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	19,589.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	24,512.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	82,364.	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)

<b>1</b> (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 & GREENLAND)	PROGRAM ASSISTANCE	140,795.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	44,818.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	65,507.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	76,953.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	111,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,479.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	68,486.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	8,967.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,000.	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)

<b>1</b> (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 & GREENLAND)	PROGRAM ASSISTANCE	8,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	33,707.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,545.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	13,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	9,986.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	6,486.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	45,312.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	49,290.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	18,333.	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)

<b>1</b> (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)
		NORTH AMERICA	PROGRAM ASSISTANCE	85,446.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	294,970.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	5,072.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	25,120.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	10,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	206,417.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	181,666.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	54,715.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	28,500.	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)

<b>1</b> (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	67,102.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	47,119.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	78,751.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	208,327.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	37,414.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	341,170.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	55,350.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	9,750.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	12,468.	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)

<b>1</b> (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	11,494.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	29,417.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	47,923.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	269,945.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	34,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	52,282.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	38,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	273,878.	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)

<b>1</b> (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	94,604.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	109,665.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	166,195.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	14,612.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	46,900.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	9,680.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	85,083.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	32,897.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	46,114.	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)

<b>1</b> (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	11,815.	WIRE	0.		

Part III can be duplicated if additional space is needed.

[illegible]

**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 separately 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; don't file with Form 990)* ..... ☐ 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☒ Yes ☐ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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. See instructions.

PART I, LINE 2:

SPECIAL OLYMPICS GRANT MANAGERS ROUTINELY REVIEW AND MONITOR

EXPENSE-TO-BUDGET REPORTS FROM GRANTEEES DURING A GRANT PERIOD. SPECIAL

OLYMPICS REQUIRES THAT ALL GRANTEEES SUBMIT MONTHLY OR QUARTERLY FINANCIAL

AND PROGRAMMATIC REPORTS SHOWING IN DETAIL THE GRANTEEES' GRANT ACTIVITY.

SPECIAL OLYMPICS MAY REQUIRE GRANTEEES TO PERFORM AN AUDIT IF NECESSARY

BASED ON THE SIZE OF THE AWARD AND TAKE CORRECTIVE ACTION, IF DIRECTED BY

SPECIAL OLYMPICS. IF CITED BY THE AUDITOR, GRANTEEES THAT ARE NOT

SUBJECTED TO FINANCIAL AUDITS (FEDERAL GOVERNMENT OMB CIRCULAR A-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.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

**Part I**

**Fundraising Activities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations  
b ☒ Internet and email solicitations  
c ☒ Phone solicitations  
d ☒ In-person solicitations  
e ☒ Solicitation of non-government grants  
f ☒ Solicitation of government grants  
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING - 1666 MASSACHUSETTS AVE, SUITE 14, THE HERITAGE COMPANY - 2402 WILDWOOD AVENUE, SUITE 500, BLUE STATE DIGITAL - 101 AVENUE OF THE AMERICAS, NEW ARENA PARTNERS - 401 W. ONTARIO STREET STE 225, INTERACTIVE STRATEGIES - 401 W. ONTARIO STREET, STE 225, DONOR SERVICES GROUP - 6715 SUNSET BLVD, LOS ANGELES, CA GIVEBRIDGE - 525 W MONROE ST, SUITE 2350, CHICAGO, IL MDS - 545 W. JUANITA AVENUE, MESA, OH 72120 SD&A - 5757 WEST CENTURY BLVD, SUITE 300, LOS ANGELES, ELEVENTY - 435 S. HIGHT STREET, STE 101, AKRON, OH	SEE PART IV SEE PART IV SEE PART IV SEE PART IV SEE PART IV SEE PART IV SEE PART IV SEE PART IV SEE PART IV SEE PART IV		X X X X X X X X X X	34,666,574. 3,972,425. 3,766,706. 2,310,948. 1,247,528. 903,884. 497,940. 373,136. 149,524. 0.	726,000. 1,362,332. 590,672. 202,481. 969,090. 106,935. 646,005. 375,115. 183,731. 87,727.	33,940,574. 2,610,093. 3,176,034. 2,108,467. 278,438. 796,949. -148,065. -1,979. -34,207. -87,727.
<b>Total</b>				47,888,665.	5,250,088.	42,638,577.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY  
DC

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....				
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.** 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 provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER: 1666 MASSACHUSETTS AVE, SUITE 14, LEXINGTON,

MA 02420

(II) ACTIVITY: NNE PLANS, MANAGES AND CONDUCTS DIRECT MAIL CAMPAIGNS

IN ALL 50 STATES FOR SPECIAL OLYMPICS

(I) NAME OF FUNDRAISER: THE HERITAGE COMPANY

(I) ADDRESS OF FUNDRAISER: 2402 WILDWOOD AVENUE, SUITE 500, SHERWOOD,

**Part IV** Supplemental Information (continued)

AR 72120

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: MDS

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVENUE, MESA, AZ 85210

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD, LOS ANGELES, CA 90028

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: SD&amp;A

(I) ADDRESS OF FUNDRAISER: 5757 WEST CENTURY BLVD, SUITE 300, LOS

ANGELES, CA 90045

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: ELEVENTY

(I) ADDRESS OF FUNDRAISER: 7700 LEESBURG PIKE, SUITE 304 N, FALLS

CHURCH, VA 22043

(II) ACTIVITY: COMMUNICATIONS (IDMP)

(I) NAME OF FUNDRAISER: INTERACTIVE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 1140 CONNECTICUT AVE NW #1008, WASHINGTON,

DC 20036

(II) ACTIVITY: ONLINE CONSULTANTS

(I) NAME OF FUNDRAISER: GIVEBRIDGE

(I) ADDRESS OF FUNDRAISER: 525 W MONROE ST, SUITE 2350, CHICAGO, IL

**Part IV** Supplemental Information *(continued)*

60661

(II) ACTIVITY: CANVASSING

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER: 1220 N. FILLMORE ST., STE 400, ARLINGTON, VA

22201

(II) ACTIVITY: SUSTAINERS CONSULTANTS

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL

(I) ADDRESS OF FUNDRAISER: 101 AVENUE OF THE AMERICAS NEW YORK, NY

28255

(II) ACTIVITY: ONLINE CONSULTANTS

(I) NAME OF FUNDRAISER: ARENA PARTNERS

(I) ADDRESS OF FUNDRAISER: 401 W. ONTARIO STREET STE 225 CHICAGO, IL

60654

(II) ACTIVITY: 50TH CAMPAIGN

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
2018 SPECIAL OLYMPICS USA GAMES 2101 4TH AVENUE #910 SEATTLE, WA 98121		501(C) (3)	1,488,508.	0.			PROGRAM ASSISTANCE
AADMD PO BOX 681 PROSPECT, KY 40059	01-0751843	501(C) (3)	66,000.	0.			PROGRAM ASSISTANCE
AMERICAN ACADEMY OF PEDIATRICS 345 PAR BOULEVARD ITASCA, IL 60143	52-1864887	501(C) (3)	7,500.	0.			PROGRAM ASSISTANCE
AMERICAN ACADEMY OF PHYSICAL MEDICINE & REHABILITA - 9700 W BRYN MAWR AVE - ROSEMONT, IL 60018	36-6103317	501(C) (3)	12,500.	0.			PROGRAM ASSISTANCE
AMERICAN ASSOCIATION ON HEALTH & DISABILITY - 110 N. WASHINGTON STREET - ROCKVILLE, MD 20850	52-1864887	501(C) (3)	37,500.	0.			PROGRAM ASSISTANCE
AMERICAN INSTITUTES FOR RESEARCH C/O JP MORGAN CHASE, PO BOX 28126 NEW YORK, NY 10087	25-0965219	501(C) (3)	92,336.	0.			PROGRAM ASSISTANCE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **68.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) (2018)**

**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
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 20001	13-1628688	501(C) (3)	12,500.	0.			PROGRAM ASSISTANCE
ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES - 1100 WAYNE AVENUE - SILVER SPRING, MD 20910	23-7189098	501(C) (3)	102,000.	0.			PROGRAM ASSISTANCE
CENTER FOR SCIENCE IN THE PUBLIC INTEREST - 1220 L STREET, NW - WASHINGTON, DC 20005	23-7122879	501(C) (3)	12,500.	0.			PROGRAM ASSISTANCE
HEALTH RESOURCES IN ACTION, INC. 2 BOYLSTON ST. BOSTON, MA 02116	04-2229839	501(C) (3)	15,000.	0.			PROGRAM ASSISTANCE
HOCKOMOCK AREA YMCA 300 ELMWOOD STREET NORTH ATTLEBORO, MA 02760	04-2131749	501(C) (3)	12,500.	0.			PROGRAM ASSISTANCE
JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMER - 520 8TH AVE, 4TH FLOOR - NEW YORK, NY 10018	13-5599486	501(C) (3)	12,500.	0.			PROGRAM ASSISTANCE
NATIONAL SCHOOL CLIMATE CENTER 341 W. 38TH STREET NEW YORK, NY 10018	13-3974819	501(C) (3)	38,065.	0.			PROGRAM ASSISTANCE
PUBLIC HEALTH ACCREDITATION BOARD 1600 DUKE STREET, SUITE 200 ALEXANDRIA, VA 22314	26-0333211	501(C) (3)	12,500.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALASKA 3200 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99501	92-0057197	501(C) (3)	196,963.	0.			PROGRAM ASSISTANCE

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 AMERICA SAMOA P.O. BOX 6172 PAGO PAGO, AS 96799	66-0790897	501(C) (3)	12,000.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARIZONA 2100 S. 75 TH AVE. PHOENIX, AZ 85043	86-0307564	501(C) (3)	692,081.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARKANSAS 2115 MAIN ST. NORTH LITTLE ROCK, AR 72114	71-0666671	501(C) (3)	434,777.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS COLORADO 384 IVERNESS DRIVE ENGLEWOOD, CO 80112	84-0713739	501(C) (3)	704,591.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CONNECTICUT 2666- STATE STREET HAMDEN, CT 06517	23-7099756	501(C) (3)	731,810.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DC 900 2ND STREET NE WASHINGTON, DC 20002	23-7162877	501(C) (3)	191,225.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DELAWARE UNIVERSITY OF DELAWARE NEWARK, DE 19716	52-0967608	501(C) (3)	222,833.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	23-7181560	501(C) (3)	68.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS GEORGIA 4000 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340	23-7210676	501(C) (3)	371,926.	0.			PROGRAM ASSISTANCE

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 HAWAII P.O. BOX 3295 HONOLULU, HI 96801	23-7173957	501(C) (3)	411,537.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IDAHO 199 E. 52ND ST BOISE, ID 83714	23-7185185	501(C) (3)	164,985.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ILLINOIS 605 EAST WILLOW STREET NORMAL, IL 61761	36-2922811	501(C) (3)	1,786,258.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS INDIANA 6200 TECHNOLOGY CTR INDIANAPOLIS, IN 46278	35-1262574	501(C) (3)	761,662.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IOWA P.O. BOX 620 GRIMES, IA 50111	51-0176029	501(C) (3)	477,918.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C) (3)	317,663.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW COURT FRANKFORT, KY 40601	61-0954571	501(C) (3)	390,914.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS LOUISIANA 1000 EAST MORRIS AVENUE HAMMOND, LA 70403	72-0706608	501(C) (3)	430,075.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MAINE 125 JOHN ROBERTS ROAD SOUTH PORTLAND, ME 04106	01-0355822	501(C) (3)	339,097.	0.			PROGRAM ASSISTANCE

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 MARYLAND 3701 COMMERCE DRIVE BALTIMORE, MD 21227	23-7089144	501(C) (3)	403,950.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST STREET MARLBOROUGH, MA 01752	23-7242294	501(C) (3)	925,728.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MICHIGAN EAST CAMPUS DRIVE MT. PLEASANT, MI 48859	38-1964643	501(C) (3)	978,769.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MINNESOTA 900 2ND AVENUE SOUTH MINNEAPOLIS, MN 55402	41-1228157	501(C) (3)	754,301.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSISSIPPI 15 OLYMPIC WAY MADISON, MS 39110	51-0185594	501(C) (3)	168,547.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSOURI 1001 DIAMOND RIDGE JEFFERSON CITY, MO 65109	23-7328374	501(C) (3)	1,152,403.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MONTANA P.O. BOX 3507 GREAT FALLS, MT 59401	81-0367064	501(C) (3)	359,234.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEBRASKA 11011 Q STREET OMAHA, NE 68137	47-0546346	501(C) (3)	397,707.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEVADA 3480 BUSKIRK AVENUE, SUITE #340 PLEASANT HILL, CA 94523	68-0363121	501(C) (3)	212,247.	0.			PROGRAM ASSISTANCE

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 HAMPSHIRE 650 ELM STREET MANCHESTER, NH 03101	23-7207522	501(C) (3)	331,930.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW JERSEY 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	23-7448729	501(C) (3)	1,213,731.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS NE ALBUQUERQUE, NM 87109	85-0268084	501(C) (3)	237,986.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C) (3)	1,234,747.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH CAROLINA 2200 GATEWAY CENTRE BLVD MORRISVILLE, NC 27560	56-1149607	501(C) (3)	837,229.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH DAKOTA 2616 26TH STREET SOUTH GRAND FORKS, ND 58201	45-0355704	501(C) (3)	118,570.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTHERN CALIFORNIA - 3480 BUSKIRK AVENUE - PLEASANT HILL, CA 94523	68-0363121	501(C) (3)	959,208.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	51-0183468	501(C) (3)	625,651.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OKLAHOMA 6835 SOUTH CANTON AVENUE TULSA, OK 74136	23-7174120	501(C) (3)	344,126.	0.			PROGRAM ASSISTANCE

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 OREGON 5901 SW MACADAM AVENUE PORTLAND, OR 97239	93-0752969	501(C) (3)	594,594.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PENNSYLVANIA 124 WASHINGTON SQUARE NORRISTOWN, PA 19403	23-2078543	501(C) (3)	1,207,094.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C) (3)	294,064.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH CAROLINA 1276 ASSEMBLY STREET COLUMBIA, SC 29201	57-0680248	501(C) (3)	549,174.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH DAKOTA 800 E- I 90 LANE SIOUX FALLS, SD 57104	46-0359776	501(C) (3)	149,461.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 1600 FORBES WAY - LONG BEACH, CA 90810	95-4538450	501(C) (3)	1,446,024.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TENNESSEE 461 CRAIGHEAD ST NASHVILL, TN 37204	23-7348136	501(C) (3)	214,524.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TEXAS 1804 RUTHERFORD LANE AUSTIN, TX 78754	74-1998367	501(C) (3)	1,035,491.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS UTAH 243 EAST 400 SOUTH SALT LAKE CITY, UT 84111	87-0367185	501(C) (3)	158,142.	0.			PROGRAM ASSISTANCE

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 VERMONT 16 GREGORY DRIVE SO. BURLINGTON, VT 05403	23-7231535	501(C) (3)	229,188.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VIRGINIA 3212 SKIPWITH ROAD RICHMOND, VA 23294	54-1013637	501(C) (3)	941,636.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WASHINGTON 1809 - 7TH AVENUE SEATTLE, WA 98101	91-0962383	501(C) (3)	770,710.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DR. MADISON, WI 53718	55-0596975	501(C) (3)	751,685.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WYOMING 232 E 2ND STREET CASPER, WY 82601	39-1176591	501(C) (3)	142,751.	0.			PROGRAM ASSISTANCE
UNIVERSITY OF MASSACHUSETTS BOSTON QUINN ADMINISTRATIVE BLDG, 2ND FLOOR, ROOM 02/80-9 - BOSTON, MA 02125	04-3167352	501(C) (3)	592,135.	0.			PROGRAM ASSISTANCE
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	81-6001713	501(C) (3)	20,000.	0.			PROGRAM ASSISTANCE
SPECIAL CHILDREN'S CHARITIES 2 EAST 8TH STREET CHICAGO, IL 60605	23-7026774	501(C) (3)	710,750.	0.			PROGRAM ASSISTANCE

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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 ("PROGRAMS"). SPECIAL OLYMPICS PROCEDURES FOR

MONITORING GRANTS INCLUDE (1) EACH GRANT RECIPIENT AND ITS 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-MONTH INTERIM

REPORT AS WELL AS A FINAL REPORT, (3) SPECIAL OLYMPICS RESERVES THE RIGHTS

TO AUDIT FINANCIAL REPORTS AT ANY TIME, (4)THE PROGRAMS ARE REQUIRED TO

**Part IV** Supplemental Information

COMPLETE A BUDGET TEMPLATE INDICATING HOW 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.

Area for supplemental information with horizontal lines.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. TIMOTHY P. SHRIVER CHAIRMAN	(i)	212,553.	0.	2,043.	17,810.	29,124.	261,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. MARY DAVIS CHIEF EXECUTIVE OFFICER	(i)	450,000.	0.	3,564.	25,000.	10,392.	488,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MS. ANGELA CICCOLO CLO/SECRETARY	(i)	257,300.	0.	2,322.	20,963.	4,570.	285,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. KELLI SEELY CHIEF MARKETING/DEVELOPMENT OFFICER	(i)	279,089.	0.	1,242.	22,400.	2,701.	305,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. JOHN DOW, JR. CHIEF PROGRAM OPERATIONS	(i)	265,540.	0.	4,944.	21,442.	8,152.	300,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. MIKE MEENAN CFO	(i)	210,338.	0.	2,007.	17,535.	27,673.	257,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. DREW BOSHELL SVP, SPORTS/HEALTH	(i)	195,605.	0.	632.	16,038.	17,252.	229,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. FREDA FUNG REGIONAL PRESIDENT, SOEA	(i)	269,581.	0.	0.	0.	0.	269,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MR. MARC EDENZON REGIONAL PRESIDENT, SONA	(i)	247,239.	0.	3,564.	20,630.	28,874.	300,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MR. TIMOTHY KOBOSKO CHIEF INFORMATION OFFICER	(i)	241,409.	0.	3,485.	9,800.	3,591.	258,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STEVE BORRELLI CHIEF, HUMAN RESOURCES OFFICER	(i)	217,541.	0.	2,012.	8,800.	8,711.	237,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MR. LOUIS LAURIA CHIEF OF GAMES AND COMPETITION	(i)	192,782.	0.	1,806.	8,000.	25,909.	228,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<b>Part III</b>	<b>Supplemental Information</b>
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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	9	4,592,321.	FMV OR ACTUAL DONOR COST
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( OTHERS ) .....	X	19	2,277,488.	FMV OR ACTUAL DONOR
26 Other ▶ ( SOFTWARE LICE ) .....	X	3	2,155,168.	FMV OR ACTUAL DONOR
27 Other ▶ ( SPORTING GOOD ) .....	X	3	14,876.	FMV OR ACTUAL DONOR
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2018

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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:

THE MISSION OF SPECIAL OLYMPICS IS TO PROVIDE YEAR-ROUND SPORTS

TRAINING AND ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS

FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES, GIVING THEM

CONTINUING OPPORTUNITIES TO DEVELOP PHYSICAL FITNESS, DEMONSTRATE

COURAGE, EXPERIENCE JOY AND PARTICIPATE IN A SHARING OF GIFTS, SKILLS

AND FRIENDSHIP WITH THEIR FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES AND

THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MILLIONS OF FREE HEALTH SCREENINGS AND EMPOWERED ATHLETES TO BECOME

WELLNESS LEADERS IN THEIR COMMUNITIES. SPECIAL OLYMPICS ALSO WORKS

DIRECTLY WITH INTERNATIONAL ORGANIZATIONS AND MINISTRIES OF HEALTH TO

CREATE SUSTAINABLE HEALTH SERVICES FULLY INCLUSIVE OF PEOPLE WITH ID.

IN 2018, SPECIAL OLYMPICS MADE STUNNING LEAPS IN MAKING HEALTH

INCLUSIVE OF PEOPLE WITH INTELLECTUAL DISABILITIES. SINCE 1997, SPECIAL

OLYMPICS HEALTHY ATHLETES HAS CONDUCTED MORE THAN 2 MILLION FREE HEALTH

SCREENINGS FOR OUR ATHLETES. WE HAVE ALSO TRAINED MORE THAN 280,000

HEALTH-CARE PROFESSIONALS IN OVER 135 COUNTRIES.

OUR HEALTH PARTNERSHIPS ARE CRUCIAL TO EXPANDING THIS WORK AROUND THE

WORLD. SINCE 2012, OUR PARTNERSHIP WITH THE GOLISANO FOUNDATION HAS

BEEN UNLOCKING DOORS TO QUALITY HEALTH SCREENINGS, FOLLOW-UP CARE, PLUS

FITNESS AND PREVENTION PROGRAMMING FOR PEOPLE WITH ID WORLDWIDE. IN THE

UNITED STATES, SPECIAL OLYMPICS PARTNERS WITH THE CENTERS FOR DISEASE

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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CONTROL AND PREVENTION TO DOWN BARRIERS TO INCLUSIVE HEALTH SERVICES  
AND PROGRAMS, CHALLENGE MISPERCEPTIONS, ELIMINATE STIGMA, AND IMPROVE  
THE HEALTH OF PEOPLE WITH ID. THE CDC SUPPORTS THE CENTER FOR INCLUSIVE  
HEALTH (INCLUSIVEHEALTHCENTER.ORG), A WEB-BASED CLEARINGHOUSE OF  
RESOURCES DEVELOPED BY SPECIAL OLYMPICS AND OTHER EXPERTS. THE CENTER  
LAUNCHED ON JUNE 30, 2018 AT AN EVENT IN SEATTLE FEATURING THE U.S.  
SURGEON GENERAL.

THERE ARE NOW 24 RECOGNIZED SPECIAL OLYMPICS HEALTHY COMMUNITIES-OUR  
RECOGNITION PROGRAM THAT ENSURES YEAR-ROUND ACCESS TO QUALITY HEALTH  
CARE AND PREVENTION PROGRAMMING FOR PEOPLE WITH ID-AROUND THE WORLD.

SPECIAL OLYMPICS ALSO GREATLY INCREASED THE QUANTITY AND QUALITY OF  
CLINICAL DIRECTORS. A NEW COHORT OF HEALTHY COMMUNITY GRANTEEES JOINED  
THE MOVEMENT, ENERGIZED TO BUILD UPON THE STRONG FOUNDATION AND  
INNOVATIVE PRACTICES DEVELOPED BY THE FIRST COHORT. IN THE U.S., WE  
HAVE COMMITMENTS FROM UNIVERSITIES, CORPORATIONS, AND MANAGED CARE  
ORGANIZATIONS AND ARE PAVING THE WAY TO INCLUSIVE HEALTH ANCHORED IN  
COMMUNITIES. GLOBALLY, PARTNERSHIPS AND COLLABORATIONS WITH  
INTERGOVERNMENTAL ENTITIES, INTERNATIONAL ORGANIZATIONS, BUSINESSES,  
AND GOVERNMENTS HAVE STARTED TO TAKE SHAPE AND ARE YIELDING RESULTS  
GLOBALLY, NATIONALLY, AND WITHIN COMMUNITIES TO INFLUENCE HEALTH  
SYSTEMS. TO BRIDGE HEALTH AND SPORTS, WE ROLLED OUT FITNESS RESOURCES  
ACROSS THE GLOBE SUPPORTING OUR ATHLETES IN THEIR SPORTS PERFORMANCE  
AND OVERALL HEALTH.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SIDELINES, EMBRACE INCLUSION AND PROMOTE EQUALITY IN THEIR SCHOOLS AND

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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COMMUNITIES. OUR YOUTH ACTIVATION PROGRAM - UNIFIED SCHOOLS - IS NOW

OFFERED IN MORE THAN 107,700 SCHOOLS WORLDWIDE, INCLUDING 7,683 IN THE

U.S. THIS REPRESENTS ENORMOUS GROWTH IN 2018, AS WE EMPOWER MILLIONS

MORE YOUNG PEOPLE TO UNITE AND CHANGE THE GAME FOR EVERYONE.

WHY ARE UNIFIED PROGRAMS SO POPULAR WITH STUDENTS AND WITH STAFF?

BECAUSE UNIFIED SCHOOLS CREATE A WELCOMING, INCLUSIVE SCHOOL CULTURE

THAT BENEFITS ALL STUDENTS - WITH AND WITHOUT INTELLECTUAL DISABILITIES

(ID).

THE FIRST TWO-DAY REGIONAL SIBLING AND FAMILY MEMBERS WORKSHOP WAS

ATTENDED BY FAMILY LEADERS FROM 8 PROGRAMS IN THE AFRICA REGION.

SIBLINGS WERE AWARDED GRANTS TO CONDUCT PROJECTS ON FAMILY LEADERSHIP

IN THEIR HOME COUNTRIES.

IN CELEBRATION OF THE 50TH ANNIVERSARY OF SPECIAL OLYMPICS, THE 2018

GLOBAL YOUTH LEADERSHIP FORUM CAME TO BAKU, AZERBAIJAN FROM 24 TO 28

SEPTEMBER WITH 120 YOUTH LEADERS WITH AND WITHOUT INTELLECTUAL

DISABILITIES FROM 45 COUNTRIES. THE FORUM SAW YOUNG LEADERS AND AN

ADDITIONAL 100 ADULT LEADERS FROM AROUND THE WORLD DEVELOP GROUP

PROJECTS TO CREATE MORE INCLUSIVE COMMUNITIES IN THEIR HOME COUNTRIES.

THE 4TH SPECIAL OLYMPICS EAST ASIA UNIFIED SCHOOLS LEADERSHIP FORUM IN

SHANGHAI CHINA CONTINUED ITS MOMENTUM OF LEADING THE UNPRECEDENTED

CAMPUS CLIMATE TRANSFORMATION TO EMBRACE UNITY AND INNOVATION THROUGH

SPORTS AND YOUTH LEADERSHIP. 159 SCHOOL AND ORGANIZATION HEADS WERE

PRESENT AT FORUM. THIS IS THE LARGEST NUMBER OF DELEGATES EVER.

TOGETHER, THESE STUDENTS BRING EMPATHY, ACCEPTANCE AND COMPASSION TO

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
--	--

THEIR SCHOOLS. AS STUDIES SHOW, THIS REDUCES BULLYING AND OFFENSIVE

LANGUAGE; IT ALSO BOOSTS A POSITIVE SCHOOL ENVIRONMENT. YOUNG PEOPLE

ALSO CREATE LASTING IMPACT WHEN THEY BRING THESE LESSONS TO THEIR

FAMILIES, COMMUNITIES AND THE LARGER WORLD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DELEGATES AND 10,609 VOLUNTEERS, 5,102 REGISTERED FAMILY MEMBERS

AS THE GLOBAL LEADER IN INCLUSIVE SPORTS, SPECIAL OLYMPICS ALSO MARKED

A SIGNIFICANT UNIFIED SPORTS MILESTONE: AS OF 2018, WE HAVE BROUGHT

TOGETHER 6,389,191 TEAMMATES WITH AND WITHOUT ID IN 244 PROGRAMS IN 193

COUNTRIES AROUND THE WORLD - A NEW RECORD.

IN TOTAL, THE REACH OF THE SPECIAL OLYMPICS MOVEMENT HAS GROWN TO OVER

5.4 MILLION ATHLETES WITH INTELLECTUAL DISABILITIES AND NEARLY

920,275 UNIFIED PARTNERS - PEOPLE WITHOUT INTELLECTUAL DISABILITIES, A

TOTAL OF 6,389,191 ATHLETES AND UNIFIED PARTNERS.

NEARLY 30 YEARS OLD, SPECIAL OLYMPICS UNIFIED SPORTS IS ALSO MARKING AN

IMPRESSIVE NEW MILESTONE: MORE THAN 1,771,395 MILLION UNIFIED TEAMMATES

- PEOPLE WITH AND WITHOUT ID - HAVE NOW COMPETED TOGETHER IN EVERY

SINGLE REGION OF THE WORLD IN 25,383 UNIFIED COMPETITIONS. AND MORE

YOUNG PEOPLE THAN EVER ARE PLAYING UNIFIED: THERE ARE NOW MORE THAN A

HALF-MILLION YOUTH UNIFIED TEAMMATES AGES 8-25 WORLDWIDE.

A THREE-DAY SEMINAR IN SINGAPORE, FOLLOWED BY A TWO-DAY COURSE IN

DEHLI, GATHERED SOME 91 COACHES AND PROGRAM STAFF TOGETHER TO INSTRUCT

THEM ON THE FINER POINTS OF UNIFIED SPORTS COACHING AND TO UPDATE THEM

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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ON THE LATEST TRAINING TRENDS AND DEVELOPMENTS.

UNIFIED COMPETITIONS ARE ALSO GROWING IN INNOVATION AND REACH. IN 2018,

WE HELD OUR FIRST EVER UNIFIED CUP. THE SPECIAL OLYMPICS UNIFIED CUP

PRESENTED BY TOYOTA FEATURED 24 FEMALE AND MALE UNIFIED TEAMS COMPRISED

OF PLAYERS WITH AND WITHOUT INTELLECTUAL DISABILITIES. REPRESENTING

EVERY REGION OF THE WORLD, THEY PLAYED IN THIS INAUGURAL GLOBAL

FOOTBALL (SOCCER) INVITATIONAL TOURNAMENT AND SHOWED THE WORLD THAT

WHEN WE PLAY UNIFIED, WE LIVE UNIFIED.

IN NORTH AMERICA, THE 2018 SPECIAL OLYMPICS USA GAMES WERE HELD IN

SEATTLE, WASHINGTON FROM JULY 1-6, 2018. MORE THAN 4,000 ATHLETES AND

COACHES REPRESENTING 50 STATE PROGRAMS AND THE DISTRICT OF COLUMBIA,

ALONG WITH THE SUPPORT OF TENS OF THOUSANDS OF VOLUNTEERS AND

SPECTATORS, WILL COMPETED IN 14 OLYMPIC-TYPE TEAM AND INDIVIDUAL

SPORTS.

OVER 220 ATHLETES, 100 COACHES AND 300 FAMILIES PARTICIPATED IN THE

FIRST SPECIAL OLYMPICS WORLD TENNIS INVITATIONAL. THE FIVE-DAY EVENT,

HOSTED IN THE DOMINICAN REPUBLIC WAS THE LARGEST UNIFIED TENNIS EVENT

HELD GLOBALLY. THE INVITATIONAL OFFICIAL SLOGAN "STAND UP FOR

INCLUSION" REFLECTS THE COMMITMENT OF THE CITIZENSHIP TO CREATE AN

INCLUSIVE SOCIETY, GUARANTEEING RESPECT FOR THE RIGHTS OF PEOPLE WITH

INTELLECTUAL DISABILITIES.

AT SPECIAL OLYMPICS, WE KNOW THAT SPORTS TRAINING AND COMPETITION DO

MORE THAN EMPOWER CHILDREN AND ADULTS WITH ID; SPORTS ALSO DRIVE

AWARENESS OF THE TALENTS AND SKILLS OF PEOPLE WITH ID. THAT'S WHY WE

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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CONTINUE TO EXPAND COMPETITION OPPORTUNITIES ALL AROUND THE WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL OLYMPICS 50TH ANNIVERSARY

SPECIAL OLYMPICS KICKED OFF OUR 50TH ANNIVERSARY CELEBRATION IN CHICAGO! WE LAUNCHED INTO THE NEXT 50 YEARS OF THE INCLUSION REVOLUTION WITH A WEEK OF HIGH-LEVEL SPORTS COMPETITION AT THE UNIFIED CUP, FAMILY-FRIENDLY FUN AT THE TORCH RUN AND GLOBAL DAY OF INCLUSION FESTIVAL, AND A STAR-STUDED CONCERT AT NORTHERLY ISLAND.

THE SPARK THAT BECAME TODAY'S SPECIAL OLYMPICS MOVEMENT IGNITED AT THE FIRST 1968 INTERNATIONAL SUMMER GAMES IN CHICAGO, IL., USA.

FIVE DECADES LATER, WE RETURNED TO CHICAGO TO LAUNCH THE YEAR-LONG GLOBAL SPECIAL OLYMPICS 50TH ANNIVERSARY CELEBRATION.

SPECIAL OLYMPICS INTERNATIONAL, SPECIAL OLYMPICS ILLINOIS AND SPECIAL CHILDREN'S CHARITIES IN CHICAGO UNITED TO HOST NEARLY A WEEK OF EXCITING EVENTS THAT CELEBRATED THE FIRST 50 YEARS OF SPECIAL OLYMPICS AND LAUNCHED THE MOVEMENT INTO THE FUTURE.

EVENTS INCLUDED THE FIRST-EVER SPECIAL OLYMPICS UNIFIED CUP; A STAR-STUDED GLOBAL DAY OF INCLUSION; A LAW ENFORCEMENT TORCH RUN COMMEMORATIVE RUN; A CEREMONIAL LIGHTING OF THE SPECIAL OLYMPICS ETERNAL FLAME OF HOPE, WHICH SYMBOLIZED OUR BURNING PASSION FOR INCLUSION AND JUSTICE FOR PEOPLE WITH INTELLECTUAL DISABILITIES.



Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, POLAND, EGYPT, UNITED ARAB EMIRATES,

SINGAPORE, IRELAND, PANAMA, IRELAND,

CHINA

FORM 990, PART VI, SECTION A, LINE 2:

TIMOTHY P SHRIVER, CHAIRMAN, AND BOBBY SHRIVER, DIRECTOR HAVE A FAMILY

RELATIONSHIP.

CHAIRMAN, TIMOTHY SHRIVER AND DIRECTORS, AND ANGELO MORATTI 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 A, LINE 4:

BYLAWYS HAVE BEEN UPDATED DURING THE YEAR AND THE CHANGES ARE:

ARTICLE IV: COMMITTEES

2. EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE

ALL THE POWERS OF THE BOARD OF DIRECTORS WHEN THE BOARD IS NOT IN SESSION

AND SHALL PERIODICALLY REPORT ITS ACTIONS TO THE BOARD. THE EXECUTIVE

COMMITTEE SHALL CONSIST OF THE CHAIR, THE VICE CHAIRS, AND UP TO ELEVEN

(11) ADDITIONAL DIRECTORS NOMINATED BY THE NOMINATING COMMITTEE AND ELECTED

BY THE BOARD OF DIRECTORS TO SERVE UNTIL THE EARLIER OF THE ELECTION OF A

SUCCESSOR OR END OF THE DIRECTOR'S TERM ON THE BOARD OF DIRECTORS. THE

EXECUTIVE COMMITTEE SHALL MEET AT LEAST QUARTERLY AT THE CALL OF THE CHAIR,

THE CHAIR OF THE EXECUTIVE COMMITTEE, OR OF ANY THREE (3) MEMBERS OF THE

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
--	--

EXECUTIVE COMMITTEE. NOTICE OF EACH MEETING SHALL BE GIVEN AT LEAST THREE

(3) DAYS PRIOR TO THE MEETING BY WRITTEN OR ELECTRONIC MEANS.

MEETINGS MAY BE HELD AT ANY LOCATION, AND SEVEN (7) MEMBERS SHALL

CONSTITUTE A QUORUM. THE EXECUTIVE COMMITTEE SHALL HAVE THE FOLLOWING

RESPONSIBILITIES, AMONG OTHERS, AND SHALL REPORT TO THE BOARD OF DIRECTORS

ON EACH OF THE FOLLOWING MATTERS AT LEAST ONCE EVERY TWO YEARS: (1) A

MISSION REVIEW TO ASSURE THAT MANAGEMENT IS EFFECTIVELY CARRYING OUT THE

MISSION OF THE CORPORATION AND TO RECOMMEND METHODS FOR BETTER ACHIEVING

THE MISSION, AND (2) A REVIEW OF THE OVERALL EFFECTIVENESS OF THE

CORPORATION'S GOVERNANCE STRUCTURE AND COMPLIANCE WITH

APPLICABLE LEGAL AND GOVERNANCE REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE SPECIAL OLYMPICS FEDERAL FORM 990 IS PREPARED BY AN EXTERNAL FIRM, RSM,

AND REVIEWED INTERNALLY BY SENIOR MANAGEMENT. AFTER WHICH, IT IS SUBMITTED

BY THE CHIEF FINANCIAL OFFICER AND CHIEF LEGAL OFFICER TO THE BOARD OF

DIRECTORS' AUDIT AND FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE FINAL

FEDERAL FORM 990 IS SENT TO EACH BOARD MEMBER BY EMAIL PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE.

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 OR CEO (IN WHICH CASE THE MATTER IS

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
--	--

SUBMITTED TO THE BOARD OF DIRECTORS) OR INVOLVES ANOTHER OFFICER OR  
 EMPLOYEE (IN WHICH CASE THE MATTER IS SUBMITTED TO THE 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 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 CEO 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) 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 SERVES ON THE COMPENSATION

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
--	--

COMMITTEE. IN 2016 COMPENSATION OF THE BOARD CHAIR, CHIEF EXECUTIVE OFFICER, AND EACH POSITION REPORTING TO THE CHIEF EXECUTIVE OFFICER WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE BASED ON 2015 PERFORMANCE. POSITIONS REPORTING TO THE CHIEF EXECUTIVE OFFICER ARE: CHIEF LEGAL OFFICER, SENIOR VICE PRESIDENT OF GLOBAL DEVELOPMENT AND GOVERNMENT RELATIONS, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, CHIEF MARKETING OFFICER, CHIEF OF ORGANIZATIONAL EXCELLENCE, CHIEF DEVELOPMENT OFFICER, CHIEF TECHNOLOGY OFFICER, CHIEF EXECUTIVE PRODUCER OF SPECIAL OLYMPICS 50TH ANNIVERSARY, CHIEF OF REGIONAL AND PROGRAM OPERATIONS, CHIEF OF GAMES AND COMPETITIONS AND SENIOR VICE PRESIDENT OF SPORT AND HEALTH.

SPECIAL OLYMPICS INTERNATIONAL'S COMPENSATION COMMITTEE USES A MARKET ANALYSIS OF THE COMPENSATION AND BENEFITS PACKAGES PROVIDED TO EXECUTIVES OF COMPARABLE ORGANIZATIONS. THIS REVIEW IS USED AS BENCHMARKING INFORMATION FOR DETERMINING THE MARKET VALUE OF POSITIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,FL,GA,IL,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 MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, GENERAL RULES, AND CONFLICT OF INTEREST POLICY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.SPECIALOLYMPICS.ORG AND UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
--	--

PROGRAM SERVICE EXPENSES 12,944,742.

MANAGEMENT AND GENERAL EXPENSES 259,584.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 13,204,326.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 13,204,326.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON FOREIGN CURRENCY -174,962.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

(a) Name, address, and EIN (if applicable) 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 1133 19TH STREET NW WASHINGTON, DC 20036	INVESTMENTS OF ROYALTY INCOME TO BENEFIT SPECIAL OLYMPICS MOVEMENT	DISTRICT OF COLUMBIA	933,388.	50,912,337.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA (MENA) FZ LLC, FZ LLC, OFFICE 320 BUILDING 8, MEDIA CITY, DUBAI, UNITED ARAB EMIRATES	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS MENA	UNITED ARAB EMIRATES			SPECIAL OLYMPICS, INC.
OLIMPIADAS ESPECIAIS - AMERICA LATINA AVENIDA RIO BRANCO, NO. 100, 10TH FLOOR RIO DE JANEIRO, BRAZIL CEP 20040-	IMPLEMENTING PROGRAM ACTIVITIES IN BRAZIL	BRAZIL			SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS ASIA PACIFIC (LTD) 354 TANGLIN RD, TANGLIN INT'L CENTRE, #01-11 TANGLIN BLOCK, SINGAPORE 247672	FUNDRAISING VEHICLE AND REGIONAL OFFICE FOR SPECIAL OLYMPICS ASIA PACIFIC	SINGAPORE	2,865,536.	3,754,497.	SPECIAL OLYMPICS, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on 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
SO EUROPE EURASIA (SOEE) FOUNDATION MORRISON CHAMBERS 32 3RD FL DUBLIN, IRELAND	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS EUROPE/EURASIA	IRELAND	NGO		SPECIAL OLYMPICS, INC.	X	

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

Schedule R (Form 990) 2018

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SO EUROPE EURASIA (SOEE) FOUNDATION	O	175,952.	GAAP
(2)			
(3)			
(4)			
(5)			
(6)			



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

[illegible]

