

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

2021

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 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending

Form header section containing fields B through M: B Check if applicable, C Name of organization (SPECIAL OLYMPICS, INC.), D Employer identification number (52-0889518), E Telephone number ((202) 628-3630), F Name and address of principal officer (MARY DAVIS), G Gross receipts (\$ 157,761,700), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown (Total revenue: 148,321,104), expense breakdown (Total expenses: 126,020,467), and net assets (Total assets: 155,208,967).

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.

Signature block section containing fields for Sign Here (Signature of officer MARY DAVIS, CEO), Preparer (YONG ZHANG, CPA), and Firm information (RSM US LLP, 1861 INTERNATIONAL DRIVE, SUITE 400, MCLEAN, VA 22102).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 [X]

1 Briefly describe the organization's mission: SPECIAL OLYMPICS STRIVES TO CREATE A BETTER WORLD BY FOSTERING THE ACCEPTANCE AND INCLUSION OF PEOPLE OF ALL ABILITIES THROUGH SPORTS, HEALTH AND EDUCATION PROGRAMS.

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

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

4 Describe the 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 \$ 64,752,151. including grants of \$ 32,779,865.) (Revenue \$ 3,266,273.) HEALTH WORK

DESPITE SEVERE NEED AND HIGHER HEALTH RISKS INCLUDING AS A RESULT OF COVID, PEOPLE WITH INTELLECTUAL DISABILITIES (ID) ARE OFTEN UNABLE TO ACCESS THE QUALITY CARE THAT THEY NEED TO MAINTAIN OPTIMAL HEALTH. SPECIAL OLYMPICS HEALTH PROGRAMS PROACTIVELY ADDRESS THE HEALTH RISKS AND BARRIERS THAT INDIVIDUALS WITH ID FACE, CREATING A WORLD WHERE PEOPLE WITH INTELLECTUAL DISABILITIES HAVE EVERY OPPORTUNITY TO BE HEALTHY.

IN THE FIRST HALF OF 2021, WITH THE PANDEMIC STILL IN PLACE, VIRTUAL INTERVENTIONS REMAINED A PRIORITY INCLUDING APP-BASED FITNESS

4b (Code:) (Expenses \$ 36,388,452. including grants of \$ 15,282,052.) (Revenue \$) PUBLIC EDUCATION AND COMMUNICATIONS

THERE ARE AS MANY AS 200 MILLION PEOPLE WITH INTELLECTUAL DISABILITIES AROUND THE WORLD. OUR GOAL IS TO REACH OUT TO EVERY ONE OF THEM AND THEIR FAMILIES AS WELL. SPECIAL OLYMPICS DOES THIS THROUGH A WIDE RANGE OF TRAININGS, COMPETITIONS, HEALTH SCREENINGS AND FUND-RAISING EVENTS.

WE ALSO CREATE OPPORTUNITIES FOR FAMILIES, COMMUNITY MEMBERS, LOCAL LEADERS, BUSINESSES, LAW ENFORCEMENT, CELEBRITIES, DIGNITARIES AND OTHERS TO BAND TOGETHER TO CHANGE ATTITUDES AND SUPPORT ATHLETES.

IN 2021, COVID-19 CONTINUED TO CAUSE SCHOOL CLOSURES AROUND THE WORLD;

4c (Code:) (Expenses \$ 5,616,483. including grants of \$ 2,427,646.) (Revenue \$ 383,000.) SPORTS TRAINING AND COMPETITION

THROUGH THE POWER OF SPORTS, PEOPLE WITH INTELLECTUAL DISABILITIES DISCOVER NEW STRENGTHS AND ABILITIES, SKILLS AND SUCCESS. OUR ATHLETES FIND JOY, CONFIDENCE AND FULFILLMENT ON THE PLAYING FIELD AND IN LIFE. THEY ALSO INSPIRE PEOPLE IN THEIR COMMUNITIES AND ELSEWHERE TO OPEN THEIR HEARTS TO A WIDER WORLD OF HUMAN TALENTS AND POTENTIAL.

IN 2021, THE SPECIAL OLYMPICS SPORT AND COMPETITION CONTINUED EFFORTS TO DIGITIZE EDUCATIONAL RESOURCES INCLUDING THE CONDUCT OF A GLOBAL COACH WEBINAR SERIES, DEVELOPMENT OF ON-LINE DATA SHARING PLATFORM FOR OUR SPORT SPECIFIC RESOURCE TEAMS, AND CREATION OF AN E-LEARNING

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

4e Total program service expenses 106,757,086.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	X	
15 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>	X	
16 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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

Table with 3 columns: Question, Yes, No. Rows include 1a (41), 1b (38), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
19 Describe on 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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 SHRIVER CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(2) MR. WILLIAM ALFORD LEAD DIRECTOR AND VICE CHAIR	6.00	X		X				0.	0.	0.
(3) MS. LORETTA CLAIBORNE VICE CHAIR, CHIEF INSPIRATION OFFICE	10.00	X		X				32,000.	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) MR. JAIME ALEMN DIRECTOR	0.80	X						0.	0.	0.
(7) MR. NICHOLAS BURNS DIRECTOR	0.80	X						0.	0.	0.
(8) MR. YOUSEF AL OTAIBA DIRECTOR	0.80	X						0.	0.	0.
(9) DR. CLEMENT CHILESHE DIRECTOR	0.80	X						0.	0.	0.
(10) DR. ELENI ROSSIDES DIRECTOR	0.80	X						0.	0.	0.
(11) DR. JIM P. CLEMENTS DIRECTOR	0.80	X						0.	0.	0.
(12) DR. KAROLY MIRNICS DIRECTOR	0.80	X						0.	0.	0.
(13) DR. SHI DERONG DIRECTOR	0.80	X						0.	0.	0.
(14) MR. BART CONNER DIRECTOR	0.80	X						0.	0.	0.
(15) MR. BENJAMIN HAACK DIRECTOR	0.80	X						14,860.	0.	0.
(16) MR. BOBBY SHRIVER DIRECTOR	0.80 6.00	X						0.	0.	0.
(17) MR. DALE JONES 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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. DAVID SABLE DIRECTOR	0.80	X					0.	0.	0.	
(19) MR. DIKEMBE MUTOMBO DIRECTOR	0.80	X					0.	0.	0.	
(20) MR. ERNEST Z. BOWER DIRECTOR	0.80	X					0.	0.	0.	
(21) MR. GLENN LYON DIRECTOR	0.80	X					0.	0.	0.	
(22) MR. JAMES QUINCEY DIRECTOR	0.80	X					0.	0.	0.	
(23) MR. LI RUIGANG DIRECTOR	0.80	X					0.	0.	0.	
(24) MR. MARK SHRIVER DIRECTOR	0.80	X					0.	0.	0.	
(25) MR. MUHTAR KENT DIRECTOR	0.80	X					0.	0.	0.	
(26) MR. NILS KASTBERG DIRECTOR	0.80	X					0.	0.	0.	
1b Subtotal							46,860.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,726,748.	0.	236,074.	
d Total (add lines 1b and 1c)							2,773,608.	0.	236,074.	

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 46

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 RD, SUITE 600, VIENNA, VA 22182	FUNDRAISING/MAILING SERVICES	13,191,745.
MDS COMMUNICATIONS CORP 545 WEST JUANITA AVE, MESA, AZ 85210	FUNDRAISING SERVICES	1,577,223.
CLICK ON MEDIA LIMITED 35 SUNSET AVE, VENICE, CA 60654	DIGITAL TECHNOLOGY CONTENT	1,256,696.
GIVEBRIDGE INC., 525 W MONROE ST, SUITE 2350, CHICAGO, IL 60661	FUNDRAISING SERVICES	1,179,704.
FUSESPORT INC 415 N TEJON ST, COLORADO SPRINGS, CO 80903	TECHNOLOGY DEVELOPMENT/IMPLEMENTATION	1,100,000.

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 38

SEE PART VII, SECTION A CONTINUATION SHEETS

(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. NYASHA DERERA DIRECTOR	0.80	X						5,900.	0.	0.
(28) MR. RAY LANE DIRECTOR	0.80	X						0.	0.	0.
(29) MR. SATISH PILLAI DIRECTOR	0.80	X						0.	0.	0.
(30) MS. ANNE FINUCANE DIRECTOR	0.80	X						0.	0.	0.
(31) MS. CAROLINA PICASSO DIRECTOR	0.80	X						0.	0.	0.
(32) MS. GLORIA TORRUCO DIRECTOR	0.80	X						0.	0.	0.
(33) MS. JENNIFER FORTNER DIRECTOR	0.80	X						0.	0.	0.
(34) MS. KIM SAMUEL DIRECTOR	0.80	X						0.	0.	0.
(35) MS. MARIA GABRIELA SIGALA DIRECTOR	0.80	X						0.	0.	0.
(36) MS. NATALIA VODIANOVA DIRECTOR	0.80	X						0.	0.	0.
(37) MS. RONAK LAKHANI DIRECTOR	0.80	X						0.	0.	0.
(38) MS. SHARON BOLLENBACH DIRECTOR	0.80	X						0.	0.	0.
(39) MS. SUJING ZHAO DIRECTOR	0.80	X						0.	0.	0.
(40) MS. YANG LAN DIRECTOR	0.80	X						0.	0.	0.
(41) MS. YOLANDA ELETA DE VARELA DIRECTOR	0.80	X						0.	0.	0.
(42) MS. ANGELA CICCOLO CLO/SECRETARY	40.00 1.00	X	X					284,885.	0.	22,955.
(43) MS. MARY DAVIS CEO	40.00			X				490,848.	0.	35,153.
(44) DR. ALICIA BAZZANO CHIEF MEDICAL OFFICER	40.00				X			381,564.	0.	20,891.
(45) MR. JAMES BARBEE CFO	40.00				X			195,378.	0.	34,229.
(46) MS. KELLI SEELY CHIEF MARKETING & DEVELOPMENT OFFICE	40.00					X		320,273.	0.	48,471.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	35,796,345.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	98,599,874.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,071,202.				
	h Total. Add lines 1a-1f			134,396,219.			
Program Service Revenue	2 a ACCREDITATION FEES	Business Code					
		900099	3,266,273.	3,266,273.			
	b WORLD GAMES SANCT FEE	900099	280,000.	280,000.			
	c CONFERENCES & MEETINGS	900099	103,000.	103,000.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,649,273.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,777,763.		408,000.	8,369,763.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,230,645.			1,230,645.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,430,316.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,440,596.				
	c Gain or (loss)	7c	-10,280.				
	d Net gain or (loss)			-10,280.		-10,280.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	277,484.			277,484.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			277,484.				
12 Total revenue. See instructions			148,321,104.	3,649,273.	408,000.	9,867,612.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	43,251,371.	43,251,371.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,238,192.	7,238,192.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,702,897.	712,805.	643,498.	346,594.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,178,364.	18,735,931.	1,400,779.	2,041,654.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	693,277.	517,279.	89,727.	86,271.
9 Other employee benefits	1,930,200.	1,440,191.	249,816.	240,193.
10 Payroll taxes	1,497,348.	1,117,225.	193,794.	186,329.
11 Fees for services (nonemployees):				
a Management				
b Legal	207,819.	155,864.	51,955.	
c Accounting	234,339.	77,332.	157,007.	
d Lobbying	142,091.	142,091.		
e Professional fundraising services. See Part IV, line 17	5,877,500.			5,877,500.
f Investment management fees	487,989.	452,824.	35,165.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,162,194.	10,999,427.	162,767.	
12 Advertising and promotion	325,633.	259,805.	10,433.	55,395.
13 Office expenses				
14 Information technology	3,739,212.	2,721,246.	432,158.	585,808.
15 Royalties				
16 Occupancy	1,943,374.	1,565,196.	265,958.	112,220.
17 Travel	388,952.	343,344.	33,314.	12,294.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,744,601.	1,568,821.	175,306.	474.
23 Insurance	429,732.	23,097.	406,635.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND SHIPPING	6,756,210.	5,174,535.	7,263.	1,574,412.
b PRINTING	6,503,973.	3,622,903.	197.	2,880,873.
c DONATED GOODS	5,071,202.	5,071,202.		
d SUPPLIES	830,022.	619,279.	107,405.	103,338.
e All other expenses	1,683,975.	947,126.	497,152.	239,697.
25 Total functional expenses. Add lines 1 through 24e	126,020,467.	106,757,086.	4,920,329.	14,343,052.
26 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"/> if following SOP 98-2 (ASC 958-720)	24,261,955.	13,441,123.	0.	10,820,832.

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
Assets	1 Cash - non-interest-bearing	9,747,891.	1	11,908,596.
	2 Savings and temporary cash investments	25,657,282.	2	44,337,993.
	3 Pledges and grants receivable, net	17,304,235.	3	13,578,730.
	4 Accounts receivable, net	8,313,270.	4	12,301,248.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	451,929.	8	392,487.
	9 Prepaid expenses and deferred charges	2,508,458.	9	1,982,543.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,232,251.		
	b Less: accumulated depreciation	10b 9,860,781.	5,702,132.	10c 4,371,470.
	11 Investments - publicly traded securities	58,935,204.	11	65,305,850.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,194,581.	15	1,030,050.
16 Total assets. Add lines 1 through 15 (must equal line 33)	129,814,982.	16	155,208,967.	
Liabilities	17 Accounts payable and accrued expenses	6,727,269.	17	8,169,790.
	18 Grants payable	5,020,726.	18	6,682,101.
	19 Deferred revenue	8,087,482.	19	7,431,060.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	23,224.	25	216,112.
	26 Total liabilities. Add lines 17 through 25	19,858,701.	26	22,499,063.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	71,173,250.	27	90,923,655.
	28 Net assets with donor restrictions	38,783,031.	28	41,786,249.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	109,956,281.	32	132,709,904.
33 Total liabilities and net assets/fund balances	129,814,982.	33	155,208,967.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	148,321,104.
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,020,467.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,300,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,956,281.
5	Net unrealized gains (losses) on investments	5	546,072.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-93,086.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	132,709,904.

Part XII Financial Statements and Reporting

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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	116,214,209.	126,016,795.	121,611,154.	111,391,767.	134,396,219.	609,630,144.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	116,214,209.	126,016,795.	121,611,154.	111,391,767.	134,396,219.	609,630,144.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,777,972.
6 Public support. Subtract line 5 from line 4.						600,852,172.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	116,214,209.	126,016,795.	121,611,154.	111,391,767.	134,396,219.	609,630,144.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,317,989.	1,729,236.	7,158,364.	7,095,621.	9,600,408.	32,901,618.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			352,000.	313,000.	408,000.	1,073,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	119,096.	60,802.	200,238.	80,212.	277,484.	737,832.
11 Total support. Add lines 7 through 10						644,342,594.
12 Gross receipts from related activities, etc. (see instructions)					12	30,158,664.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	93.25 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.28 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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 Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 Did the activities described on line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 0.85 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	Distributable Amount. 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) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

2017 AMOUNT: \$ 119,096.

2018 AMOUNT: \$ 60,802.

2019 AMOUNT: \$ 200,238.

2020 AMOUNT: \$ 80,212.

2021 AMOUNT: \$ 277,484.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

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	<hr/> <hr/> <hr/>	\$ 21,851,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,337,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,218,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,445,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,549,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization SPECIAL OLYMPICS, INC.	Employer identification number 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**

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 <p style="text-align: center;">SPECIAL OLYMPICS, INC.</p>	Employer identification number <p style="text-align: center;">52-0889518</p>
---	---

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-.

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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	142,091.													
c	Total lobbying expenditures (add lines 1a and 1b)	142,091.													
d	Other exempt purpose expenditures	125,878,376.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	126,020,467.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	116,879.	100,000.	112,000.	142,091.	470,970.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a-1b: Reporting requirements for art/historical treasures. 2: Reporting requirements for art/historical treasures held for financial gain.

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	3,641,805.	3,498,584.	1,498,584.	198,584.	
b Contributions	2,234,272.		2,000,000.	1,300,000.	198,584.
c Net investment earnings, gains, and losses	219,685.	143,221.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,095,762.	3,641,805.	3,498,584.	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 _____ %
 - b Permanent endowment 100 %
 - c Term 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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
1a Land				
b Buildings				
c Leasehold improvements		376,268.	332,873.	43,395.
d Equipment		13,030,300.	8,714,701.	4,315,599.
e Other		825,683.	813,207.	12,476.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,371,470.

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)		
Total. (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)		
Total. (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)	
Total. (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	216,112.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	216,112.

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements	1	149,543,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	546,072.
b	Donated services and use of facilities	2b	1,185,562.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-20,896.
e	Add lines 2a through 2d	2e	1,710,738.
3	Subtract line 2e from line 1	3	147,833,115.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	487,989.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	487,989.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	148,321,104.

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.

1	Total expenses and losses per audited financial statements	1	126,983,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,185,562.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	265,570.
e	Add lines 2a through 2d	2e	1,451,132.
3	Subtract line 2e from line 1	3	125,532,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	487,989.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	487,989.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	126,020,467.

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:

NET ASSETS WITH DONOR RESTRICTIONS, IN PERPETUITY, OF \$6,095,762 AND \$3,641,805 AT DECEMBER 31, 2021 AND 2020, RESPECTIVELY, CONSISTS OF THE SPECIAL OLYMPICS, INC. INTERNAL ENDOWMENT FUND AND THE GLOBAL UNIFIED CHAMPION SCHOOLS FUND (ESTABLISHED JUNE 25, 2019). THE INTERNAL ENDOWMENT FUND 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. THE GLOBAL UNIFIED CHAMPION SCHOOLS FUND WAS ESTABLISHED AS PART OF A MULTI-YEAR COMMITMENT WITH 30% OF THAT COMMITMENT GOING TOWARD THE ENDOWMENT FUND. THE FIRST \$2,000,000 WAS CONTRIBUTED TO THE ENDOWMENT IN 2019. THE INVESTMENT INCOME EARNED MUST BE USED IN SUPPORT OF THE SPECIAL OLYMPICS GLOBAL CENTRE FOR

Part XIII Supplemental Information (continued)

INCLUSION IN EDUCATION (TO BE CREATED BY THE DONATION AND LOCATED IN ABU
DHABI, UAE) AND UNIFIED CHAMPION SCHOOLS AROUND THE WORLD PER
DONOR-IMPOSED RESTRICTIONS.

SOI'S ENDOWMENT CONSISTS OF AMOUNTS HELD IN MONEY MARKET FUNDS AND FIXED
INCOME 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 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, 2021 AND 2020,
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

Part XIII Supplemental Information (continued)

AUTHORITIES FOR YEARS BEFORE 2018. THERE ARE CURRENTLY NO AUDITS FOR ANY

TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF RELATED ORGS INCLUDED IN CONSOL. FIN. STATEMENTS	412,933.
FOREIGN CURRENCY TRANSLATION ADJUSTMENT	-93,086.
AMOUNTS ELIMINATED IN CONSOLIDATION	-340,743.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-20,896.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED ORGS INCLUDED IN CONSOL. FIN. STATEMENTS	606,313.
AMOUNTS ELIMINATED IN CONSOLIDATION	-340,743.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	265,570.

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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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			GRANTS TO RECIPIENTS LOCATED IN REGION		285,199.
CENTRAL AMERICA AND THE CARIBBEAN	1	10	PROGRAM SERVICES	SPORTS TRAINING AND PUBLIC EDUCATION	675,413.
EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN REGION		1,646,363.
EAST ASIA AND THE PACIFIC	1	30	PROGRAM SERVICES	SPORTS TRAINING AND PUBLIC EDUCATION	1,995,433.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTS TO RECIPIENTS LOCATED IN REGION		1,603,486.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	25	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	2,744,598.
MIDDLE EAST AND NORTH AFRICA			GRANTS TO RECIPIENTS LOCATED IN REGION		365,012.
MIDDLE EAST AND NORTH AFRICA	1	20	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	920,697.
3 a Subtotal	4	85			10,236,201.
b Total from continuation sheets to Part I	1	20			4,801,706.
c Totals (add lines 3a and 3b)	5	105			15,037,907.

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

Schedule F (Form 990) 2021

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			GRANTS TO RECIPIENTS LOCATED IN REGION		392,531.
NORTH AMERICA	0	2	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	213,964.
RUSSIA AND NEIGHBORING STATES			GRANTS TO RECIPIENTS LOCATED IN REGION		215,978.
SOUTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN REGION		594,900.
SOUTH ASIA	0	4	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,735.
SOUTH ASIA			GRANTS TO RECIPIENTS LOCATED IN REGION		580,688.
SUB-SAHARAN AFRICA			GRANTS TO RECIPIENTS LOCATED IN REGION		1,599,341.
SUB-SAHARAN AFRICA	1	14	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	830,201.
SOUTH AMERICA			PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	372,368.
Totals	1	20			4,801,706.

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	131,556.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	56,046.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	29,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	34,462.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	227,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	24,700.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	206,864.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 121

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)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	62,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	22,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	11,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	17,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	70,716.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	49,700.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	75,942.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	88,902.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	363,592.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	11,212.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	28,903.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	70,727.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	43,060.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	134,768.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	72,920.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	23,250.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	11,999.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	25,219.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	44,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	19,142.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	106,158.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	62,263.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,226.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	46,660.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,012.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,455.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	16,152.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	26,933.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	48,260.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	151,924.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	99,155.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	22,209.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	130,961.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	67,972.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,910.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	42,399.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	61,614.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,136.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	47,783.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	31,220.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	212,892.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	51,563.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	8,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	34,661.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	70,230.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	20,635.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	20,718.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	85,953.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	77,477.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	67,952.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	21,750.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	11,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	56,983.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	53,915.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	57,297.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	305,338.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	87,193.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	8,113.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	25,486.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	14,227.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	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)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	16,964.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	10,022.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	43,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	12,964.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	59,721.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM ASSISTANCE	13,480.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	101,866.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	12,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	123,865.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM ASSISTANCE	186,848.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	5,857.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	63,466.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	64,098.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	36,900.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	25,276.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	348,991.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	10,850.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	155,070.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAM ASSISTANCE	17,500.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	9,300.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	18,280.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	22,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	9,212.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	11,250.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	51,445.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	6,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	21,955.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	20,164.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	266,363.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	8,962.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	6,106.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	61,600.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	33,699.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	47,184.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	168,220.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	120,360.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	122,208.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	7,850.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	231,058.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	29,365.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	141,911.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	62,692.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	23,641.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	68,165.	WIRE	0.		

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)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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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, LLC - 1666 MASSACHUSETTS AVE, SUITE 14, BLUE STATE DIGITAL - 41 FLATBUSH AVENUE 8TH FL, NEW	NNE PLANS, MANAGES AND CONDUCTS DIRECT MAIL		X	43,612,089.	764,232.	42,847,857.
MDS COMMUNICATIONS CORP - 545 W. JUANITA AVENUE, MESA, OH	ONLINE CONSULTANTS		X	5,606,347.	330,000.	5,276,347.
INTERACTIVE STRATEGIES - 1133 CONNECTICUT AVENUE NW SUITE	TELEMARKETING		X	2,973,209.	1,577,223.	1,395,986.
GIVEBRIDGE, INC - 525 W MONROE ST, SUITE 900,	ONLINE CONSULTANTS		X	2,784,468.	1,011,004.	1,773,464.
ONE & ALL, INC - 2 N LAKE AVE #700, PASADENA, CA 91101	CANVASSING		X	1,617,564.	1,179,704.	437,860.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DRIVE, AKRON,	ONLINE CONSULTANTS		X	1,236,520.	560,703.	675,817.
SD&A TELESERVICES, INC - 5757 WEST CENTURY BLVD, SUITE 300,	TELEMARKETING		X	319,878.	204,241.	115,637.
INKIND DBA GOOD UNITED - 796 MEETING STREET, CHARLESTON,	TELEMARKETING		X	175,720.	77,822.	97,898.
TELEFUND - 186 LINCOLN STREET, STE 100, BOSTON, MA	ONLINE CONSULTANTS		X	123,826.	16,838.	106,988.
	TELEMARKETING		X	54,643.	113,732.	-59,089.
Total				58,504,264.	5,835,499.	52,668,765.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
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))
		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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a 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, LLC

(I) ADDRESS OF FUNDRAISER:

1666 MASSACHUSETTS AVE, SUITE 14, LEXINGTON, MA 02420

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

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL

(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVENUE 8TH FL, NEW YORK, NY 11217

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVENUE, MESA, OH 72120

(I) NAME OF FUNDRAISER: INTERACTIVE STRATEGIES

(I) ADDRESS OF FUNDRAISER:

1133 CONNECTICUT AVENUE NW SUITE 600 , WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: GIVEBRIDGE, INC

(I) ADDRESS OF FUNDRAISER: 525 W MONROE ST, SUITE 900, CHICAGO, IL 60661

(I) NAME OF FUNDRAISER: ONE & ALL, INC

(I) ADDRESS OF FUNDRAISER: 2 N LAKE AVE #700, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD, SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: INKIND DBA GOOD UNITED

(I) ADDRESS OF FUNDRAISER: 796 MEETING STREET, CHARLESTON, SC 29403

(I) NAME OF FUNDRAISER: TELEFUND

(I) ADDRESS OF FUNDRAISER: 186 LINCOLN STREET, STE 100, BOSTON, MA 02111

**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 for the latest information.**

OMB No. 1545-0047

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN INSTITUTES FOR RESEARCH C/O JP MORGAN CHASE, PO BOX 28126 NEW YORK, NY 10087	25-0965219	501(C) (3)	71,687.	0.			PROGRAM ASSISTANCE
GRASSROOT SOCCER INC P O BOX 712 NORWICH, CT 05055	43-1957920	501(C) (3)	20,993.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALABAMA 880 SOUTH COURT STREET MONTGOMERY, AL 36104	APPLIED FOR	501(C) (3)	132,256.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALASKA 3200 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99501	92-0057197	501(C) (3)	368,461.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARIZONA 2100 S. 75 TH AVE. PHOENIX, AZ 85043	86-0307564	501(C) (3)	1,096,426.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARKANSAS 2115 MAIN ST. NORTH LITTLE ROCK, AR 72114	71-0666671	501(C) (3)	515,338.	0.			PROGRAM ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 58.
- 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) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS COLORADO 384 IVERNESS DRIVE ENGLEWOOD, CO 80112	84-0713739	501(C) (3)	1,196,824.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CONNECTICUT 2666- STATE STREET HAMDEN, CT 06517	23-7099756	501(C) (3)	851,422.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DC 900 2ND STREET NE WASHINGTON, DC 20002	23-7162877	501(C) (3)	379,624.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DELAWARE UNIVERSITY OF DELAWARE NEWARK, DE 19716	52-0967608	501(C) (3)	294,716.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	23-7181560	501(C) (3)	1,548,479.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS GEORGIA 4000 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340	23-7210676	501(C) (3)	499,158.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS HAWAII P.O. BOX 3295 HONOLULU, HI 96801	23-7173957	501(C) (3)	462,100.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IDAHO 199 E. 52ND ST BOISE, ID 83714	23-7185185	501(C) (3)	221,767.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ILLINOIS 605 EAST WILLOW STREET NORMAL, IL 61761	36-2922811	501(C) (3)	1,880,700.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS INDIANA 6200 TECHNOLOGY CTR INDIANAPOLIS, IN 46278	35-1262574	501(C) (3)	1,019,341.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IOWA P.O. BOX 620 GRIMES, IA 50111	51-0176029	501(C) (3)	641,871.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C) (3)	528,235.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW COURT FRANKFORT, KY 40601	61-0954571	501(C) (3)	481,156.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS LOUISIANA 1000 EAST MORRIS AVENUE HAMMOND, LA 70403	72-0706608	501(C) (3)	715,231.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MAINE 125 JOHN ROBERTS ROAD SOUTH PORTLAND, ME 04106	01-0355822	501(C) (3)	337,427.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MARYLAND 3701 COMMERCE DRIVE BALTIMORE, MD 21227	23-7089144	501(C) (3)	754,227.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST STREET MARLBOROUGH, MA 01752	23-7242294	501(C) (3)	1,034,847.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MICHIGAN EAST CAMPUS DRIVE MT. PLEASANT, MI 48859	38-1964643	501(C) (3)	1,760,099.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS MINNESOTA 900 2ND AVENUE SOUTH MINNEAPOLIS, MN 55402	41-1228157	501(C) (3)	1,242,865.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSISSIPPI 15 OLYMPIC WAY MADISON, MS 39110	51-0185594	501(C) (3)	324,881.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSOURI 1001 DIAMOND RIDGE JEFFERSON CITY, MO 65109	23-7328374	501(C) (3)	681,463.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MONTANA P.O. BOX 3507 GREAT FALLS, MT 59401	81-0367064	501(C) (3)	484,803.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEBRASKA 11011 Q STREET OMAHA, NE 68137	47-0546346	501(C) (3)	589,857.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEVADA 3480 BUSKIRK AVENUE, SUITE #340 PLEASANT HILL, CA 94523	68-0363121	501(C) (3)	262,862.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW HAMPSHIRE 650 ELM STREET MANCHESTER, NH 03101	23-7207522	501(C) (3)	453,450.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW JERSEY 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	23-7448729	501(C) (3)	1,100,157.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS NE ALBUQUERQUE, NM 87109	85-0268084	501(C) (3)	351,454.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C) (3)	1,617,167.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH CAROLINA 2200 GATEWAY CENTRE BLVD MORRISVILLE, NC 27560	56-1149607	501(C) (3)	1,384,789.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH DAKOTA 2616 26TH STREET SOUTH GRAND FORKS, ND 58201	45-0355704	501(C) (3)	138,796.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTHERN CALIFORNIA - 3480 BUSKIRK AVENUE - PLEASANT HILL, CA 94523	68-0363121	501(C) (3)	1,325,476.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	51-0183468	501(C) (3)	1,193,620.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OKLAHOMA 6835 SOUTH CANTON AVENUE TULSA, OK 74136	23-7174120	501(C) (3)	426,093.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OREGON 5901 SW MACADAM AVENUE PORTLAND, OR 97239	93-0752969	501(C) (3)	704,900.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PENNSYLVANIA 124 WASHINGTON SQUARE NORRISTOWN, PA 19403	23-2078543	501(C) (3)	1,667,808.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PUERTO RICO AVE. ROOSEVELT 1510 SAN PATRICIO, GUAYNABO, PUERTO RICO	66-0761797	501(C) (3)	241,235.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C) (3)	335,589.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH CAROLINA 1276 ASSEMBLY STREET COLUMBIA, SC 29201	57-0680248	501(C) (3)	899,529.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH DAKOTA 800 E- I 90 LANE SIOUX FALLS, SD 57104	46-0359776	501(C) (3)	295,147.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 1600 FORBES WAY - LONG BEACH, CA 90810	95-4538450	501(C) (3)	1,626,125.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TENNESSEE 461 CRAIGHEAD ST NASHVILL, TN 37204	23-7348136	501(C) (3)	633,829.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TEXAS 1804 RUTHERFORD LANE AUSTIN, TX 78754	74-1998367	501(C) (3)	1,480,660.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS USA 7658 MUNICIPAL DRIVE ORLANDO, FL 32819	52-0889518	501(C) (3)	2,000,000.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS UTAH 243 EAST 400 SOUTH SALT LAKE CITY, UT 84111	87-0367185	501(C) (3)	357,650.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VERMONT 16 GREGORY DRIVE SO. BURLINGTON, VT 05403	23-7231535	501(C) (3)	240,792.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS VIRGIN ISLANDS PO BOX 3712 KINGSHILL, VI 00851		501(C) (3)	6,992.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VIRGINIA 3212 SKIPWITH ROAD RICHMOND, VA 23294	54-1013637	501(C) (3)	1,030,497.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WASHINGTON 1809 - 7TH AVENUE SEATTLE, WA 98101	91-0962383	501(C) (3)	991,585.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WEST VIRGINIA 1206 VIRGINIA STREET EAST SUITE 100 CHARLESTON, WV 25301	55-0596975	501(C) (3)	189,510.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DR. MADISON, WI 53718	55-0596975	501(C) (3)	1,056,807.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WYOMING 232 E 2ND STREET CASPER, WY 82601	39-1176591	501(C) (3)	190,098.	0.			PROGRAM ASSISTANCE
UNIVERSITY OF MASSACHUSETTS BOSTON 100 WILLIAM T MORRISSEY BLVD BOSTON, MA 02125	04-3167352	501(C) (3)	679,885.	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

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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	1b	
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?	2	
3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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) MS. ANGELA CICCOLO CLO/SECRETARY	(i)	281,321.	0.	3,564.	22,505.	450.	307,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. MARY DAVIS CEO	(i)	483,990.	0.	6,858.	25,000.	10,153.	526,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. ALICIA BAZZANO CHIEF MEDICAL OFFICER	(i)	380,754.	0.	810.	7,826.	13,065.	402,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. JAMES BARBEE CFO	(i)	192,534.	0.	2,844.	0.	34,229.	229,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. KELLI SEELY CHIEF MARKETING & DEVELOPMENT OFFICE	(i)	317,951.	0.	2,322.	25,000.	23,471.	368,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR. JOHN DOW CHIEF, REGIONAL & PROGRAM OPERATIONS	(i)	287,118.	0.	4,944.	23,019.	1,467.	316,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. PRIANKA NANDY CHIEF INFORMATION OFFICER	(i)	254,233.	0.	540.	6,554.	13,401.	274,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. FREDA FUNG RPMD, SOEA	(i)	254,311.	0.	0.	0.	0.	254,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MR. ANTHONY WYLIE RPMD, SONA	(i)	245,515.	0.	1,239.	10,129.	19,805.	276,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to 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	X		2,500.	FMV OR ACTUAL DONOR COST
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	X	2	31,010.	FMV OR ACTUAL DONOR COST
20 Drugs and medical supplies	X	5	4,390,633.	FMV OR ACTUAL DONOR COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SOFTWARE LICE)	X	4	647,059.	FMV OR ACTUAL DONOR
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization 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

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF SPECIAL OLYMPICS IS TO PROVIDE SPORTS TRAINING AND

COMPETITION IN A VARIETY OF SPORTS FOR CHILDREN AND ADULTS WITH

INTELLECTUAL DISABILITIES, GIVING THEM 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:

CHALLENGES AND VIRTUAL HEALTH EDUCATION MODELS. WITH THE REDUCTION IN

RESTRICTIONS IN THE LATTER PART OF THE YEAR, IN-PERSON ACTIVITIES

INCLUDING HEALTH SCREENINGS, FITNESS AND EARLY CHILDHOOD DEVELOPMENT

PROGRAMMING RESUMED, ALBEIT AT LOWER LEVELS OF PARTICIPATION THAN PRIOR

TO THE PANDEMIC.

DURING THE COURSE OF THE YEAR, THE HEALTH PROGRAMMING CONTINUED TO

EVOLVE AND BE RESPONSIVE TO THE SHIFTING CONTEXT. AS A RESULT, A NEW

PEDIATRIC HEALTH SCREENING WAS DEVELOPED AND PILOTED, MODIFICATIONS

WERE MADE TO EXISTING SCREENING PROTOCOLS, DEDICATED WEBINARS FOR

HEALTH CARE PROFESSIONALS WERE CREATED AND PROMOTED AND A VIRTUAL

HEALTH SUMMIT WAS STAGED TO ENGAGE KEY AUDIENCES AROUND OUR CURRENT AND

FUTURE HEALTH PROGRAMS.

RECOGNIZING THE PARTICULAR VULNERABILITY OF INDIVIDUALS WITH

INTELLECTUAL DISABILITIES TO CONTRACTING AND DYING FROM COVID AND THE

EMERGENCE OF VIABLE VACCINES FOR THE PUBLIC, SPECIAL OLYMPICS HEALTH

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

Schedule O (Form 990) 2021

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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PLAYED AT AN ACTIVE ROLE IN PROMOTING VACCINE UPTAKE AMONGST PARTICIPATING ATHLETES. THESE EFFORTS INCLUDED REGULAR SURVEYING OF ATHLETE POPULATIONS TO DETERMINE VACCINATION RATES, DEDICATED COMMUNICATION EFFORTS TO ADDRESS HESITANCY, PROTOCOLS DESIGNED TO REDUCE RISK AND PROMOTE VACCINE UPTAKE AND SPECIFIC RISK REDUCTION STRATEGIES SUCH AS MASK DISTRIBUTION INITIATIVES

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

OVER THE COURSE OF THE PANDEMIC, OVER 1.2 BILLION CHILDREN AND YOUTH HAVE BEEN OUT OF SCHOOL GLOBALLY. THIS HAS RESULTED IN SPECIAL OLYMPICS PROGRAMS ADJUSTING TO BE MORE CREATIVE, RESOURCEFUL AND INNOVATIVE, USING VIRTUAL ENGAGEMENT, TO WORK YOUTH WITH AND WITHOUT INTELLECTUAL DISABILITIES.

PROGRAMS HAVE DEVELOPED A WIDE RANGE OF VIRTUAL TALENT SHOWS, ESPORTS ACTIVITIES, DIGITAL UNIFIED SPORTS CHALLENGES, SOCIALLY DISTANT IN-PERSON EVENTS, AND VIRTUAL FITNESS CLASSES. EVEN GIVEN THE VIRTUAL NATURE RESULTING FROM QUARANTINE AND LOCKDOWNS, SPECIAL OLYMPICS HAS BEEN ABLE TO FORGE AND ACTIVATE AN INTERNATIONAL TEAM OF YOUTH LEADERS, TEACHERS, COMMUNITY ORGANIZERS AND COACHES, WHO ARE BRINGING THE POWER OF SOCIAL INCLUSION TO SCHOOLS AND COMMUNITIES AROUND THE WORLD.

FURTHER, WE'VE INCREASED AUDIENCE INTERACTION TO GROW THE MOVEMENT BY ATTRACTING NEW STAKEHOLDERS TO OUR MISSION. WHILE PRIMARILY REMOTE, OUR COMMUNICATIONS AND EFFORTS, HAVE LED TO REACHING NEW CONSUMERS AND POLICYMAKERS THROUGH COORDINATED EFFORTS TO ELEVATE SPECIAL OLYMPICS AS A GLOBAL THOUGHT LEADER WITHIN INCLUSION AND EDUCATION. MOST NOTABLY, SPECIAL OLYMPICS LAUNCHED THE GLOBAL CENTER FOR INCLUSION IN EDUCATION

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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IN ADU DHABI WHICH FOCUSES ON THE INTERSECTION OF POLICY, PRACTICE AND RESEARCH.

THE GLOBAL CENTER PUBLISHES RESEARCH AND POLICY BRIEFS THAT ILLUMINATE OUR WORK ON INCLUSION IN EDUCATION, ALONG WITH CASE STUDIES SHOWCASING THE EXEMPLARY WORK OF SPECIAL OLYMPICS STAFF, COACHES, VOLUNTEERS, ATHLETES, AND YOUTH.

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

TECHNICAL DELEGATE EDUCATION MODULE. OVER 4800 INDIVIDUALS REPRESENTING OVER 120 COUNTRIES REGISTERED FOR THE GLOBAL COACH WEBINAR SERIES. 39% OF THE ATTENDEES WERE FROM OUTSIDE ORGANIZATIONS INDICATING THE SERIES CONTRIBUTED TO A BROADER COACH RECRUITMENT EFFORT WHILE INFLUENCING OTHER ORGANIZATIONS TO PROMOTE INCLUSION FOR INDIVIDUALS WITH ID.

IN PREPARATION FOR POST PANDEMIC RE-ACTIVATION A NEW FORMAT FOR OPERATING AND PRESENTING OUR WORLD GAMES COMPETITION A SET OF SPORT IMPACT STANDARDS FOR PRIORITY SPORTS WAS FINALIZED. THESE SPORT IMPACT STANDARDS WILL PROVIDE SPECIAL OLYMPICS WITH AN OPTIMUM ENVIRONMENT TO PERFORM AT THEIR BEST WHILE CREATING A PATHWAY FOR INSPIRING SPORT STORY CONTENT. ADDITIONALLY, THROUGH OUR SPORT PARTNERSHIP WORK WE LAUNCHED A TRAINING PLEDGE PROGRAM WITH THE BWF FOCUSED ON NATIONAL FEDERATION TRAINING SUPPORT FOR SPECIAL OLYMPICS ATHLETES ATTENDING THE WORLD GAMES IN 2023. THIS PRECEDENT SETTING SUPPORT FROM AN INTERNATIONAL SPORT FEDERATION WILL ENSURE SPECIAL OLYMPICS ATHLETES WILL RECEIVE THE VERY BEST TRAINING ASSISTANCE POSSIBLE WHILE FURTHER INTEGRATING INDIVIDUALS WITH INTELLECTUAL DISABILITIES INTO MAINSTREAM

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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FEDERATION WORK AT THE NATIONAL LEVEL.

OVERALL, 2021 SAW A DECREASE OF TOTAL NATIONAL LEVEL SPORT PARTNERSHIPS

OF 2.5% BUT HIGHER ENGAGED PARTNERSHIPS YIELDED A MILLION DOLLAR

INCREASE IN ANNUAL VALUE IN KIND SUPPORT.

IN THE MAJOR GAMES ARENA, SPECIAL OLYMPICS SELECTED BIDS FOR FUTURE

WORLD WINTER GAMES IN 2025 ITALY AND 2029 SWITZERLAND. THIS SEQUENTIAL

AWARDING OF TWO WORLD GAMES WAS A FIRST FOR THE SPECIAL OLYMPICS

MOVEMENT AND WILL PROVIDE A UNIQUE OPPORTUNITY TO INVEST RESOURCES INTO

SUSTAINABLE LEGACY PROGRAMS AT THE NATIONAL AND REGIONAL LEVEL IN

EUROPE.

SPORT AND COMPETITION WORK IS LED BY A STRONG EMBRACE OF DATA DRIVEN

PRIORITIZATION ENABLING EXPANDED SERVICES AND EVENTS WHILE BUILDING

EVIDENCE-BASED CONTENT DEMONSTRATING HOW POSITIVE INCLUSIVE SPORT

TRAINING COMPETITION CAN SERVE AS A CRITICAL PHYSICAL, SOCIAL, AND

EMOTIONAL HEALTH INTERVENTION FOR INDIVIDUALS WITH AN INTELLECTUAL

DISABILITY AND THEIR BROADER COMMUNITY.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, POLAND, EGYPT, UNITED ARAB EMIRATES,

SINGAPORE, IRELAND, PANAMA, CHINA

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

TIMOTHY P SHRIVER, CHAIRMAN, AND BOBBY SHRIVER, DIRECTOR AND MARK SHRIVER,

DIRECTOR HAVE A FAMILY RELATIONSHIP.

CHAIRMAN, TIMOTHY SHRIVER AND DIRECTOR, ANGELO MORATTI INDIVIDUALLY OWN

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

INTERESTS THAT TOGETHER CONTROL LOVIN SCOOPFUL, LLC, WHOSE PURPOSES ARE (1)

TO MERCHANDISE ICE CREAM AND (2) TO USE ITS PROFITS TO SUPPORT CHARITIES

(PARTICULARLY SPECIAL OLYMPICS).

FORM 990, PART VI, SECTION B, LINE 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 RISK 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

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

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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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 COMMITTEE. IN 2018 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 2017 PERFORMANCE. POSITIONS REPORTING TO THE CHIEF EXECUTIVE OFFICER ARE: CHIEF LEGAL OFFICER, CHIEF FINANCIAL OFFICER, CHIEF INFORMATION & TECHNOLOGY OFFICER, CHIEF HEALTH OFFICER, CHIEF HUMAN RESOURCES OFFICER, CHIEF OF ORGANIZATIONAL EXCELLENCE, CHIEF MARKETING, DEVELOPMENT & COMMUNICATIONS OFFICER, CHIEF OF REGIONAL AND PROGRAM OPERATIONS, CHIEF OF SPORT AND COMPETITION AND SENIOR VICE PRESIDENT, GLOBAL YOUTH AND EDUCATION.

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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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,AZ,DE,HI,ID,IN,IA,MT,NE,NV,SD,TX,VT,WY,

DC

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 VII

SOI COMPENSATES THREE BOARD MEMBERS WHO ARE CURRENT/FORMER SPECIAL OLYMPICS ATHLETES. THE COMPENSATION IS NOT FOR THEIR SERVICE AS BOARD MEMBERS AS SOI DOES NOT COMPENSATE BOARD MEMBERS FOR THEIR SERVICES AS SUCH. THE COMPENSATION OF MS. LORETTA CLAIBORNE, MR. BEN HAACK, AND MR. NYASHA DERERA IS FOR THEIR SERVICES PROMOTING, SPEAKING, AND ENGAGING IN EVENTS OF SOI AS ATHLETES. THESE THREE MEMBERS RECEIVE A FORM 1099-MISC REPORTING THE COMPENSATION FOR THEIR SERVICES.

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

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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FOREIGN CURRENCY TRANSLATION -93,086.

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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	9,686,777.	62,681,615.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA (MENA) FZ LLC, FZ LLC, OFFICE 320 BUILDING 8, MEDIA CITY, UNITED ARAB EMIRATES	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS MENA	UNITED ARAB EMIRATES			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	1,630,863.	3,529,274.	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	
SPECIAL OLYMPICS ENTERTAINMENT CORPORATION - 83-4376683, 1133 19TH ST NW, WASHINGTON, DC 20036	MANAGES PRODUCTION OF FILM PRESENTING SPECIAL OLYMPICS ATHLETES	DELAWARE	501(C)(3)	LINE 12A, I	SPECIAL OLYMPICS, INC.	X	

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

Schedule R (Form 990) 2021

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.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SO EUROPE EURASIA (SOEE) FOUNDATION	O	126,728.	GAAP
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

SPECIAL OLYMPICS COMMUNITY SERVICES LTD

PRIMARY ACTIVITY: TO RAISE FUND TO SUPPORT SPECIAL OLYMPICS PROGRAMS &

ORGANISING COMMITTEES