

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending														
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization  SPECIAL OLYMPICS, INC.</td> <td rowspan="2"><b>D</b> Employer identification number  52-0889518</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 VIRGINIA AVE NW 11TH FLR</td> <td rowspan="2"><b>E</b> Telephone number (202) 628-3630</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037</td> </tr> <tr> <td colspan="3"><b>F</b> Name and address of principal officer: MARY DAVIS SAME AS C ABOVE</td> </tr> </table>	<b>C</b> Name of organization  SPECIAL OLYMPICS, INC.		<b>D</b> Employer identification number  52-0889518	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 VIRGINIA AVE NW 11TH FLR		<b>E</b> Telephone number (202) 628-3630	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		<b>F</b> Name and address of principal officer: MARY DAVIS SAME AS C ABOVE		
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City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037														
<b>F</b> Name and address of principal officer: MARY DAVIS SAME AS C ABOVE														
<b>G</b> Gross receipts \$ 187,089,223.														
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions														
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No														
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527														
<b>J</b> Website: WWW.SPECIALOLYMPICS.ORG														
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other														
<b>L</b> Year of formation: 1968		<b>M</b> State of legal domicile: DC												

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 37		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 34		
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 286		
	6	Total number of volunteers (estimate if necessary) 820832		
	<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12 80,728.	
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11 8,936.		
		Prior Year	Current Year	
8		Contributions and grants (Part VIII, line 1h) 142,892,537.	171,101,457.	
9		Program service revenue (Part VIII, line 2g) 5,023,587.	6,684,899.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,382,430.	6,135,174.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 934,809.	2,481,933.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 152,233,363.	186,403,463.	
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 57,897,548.	66,353,246.
		14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 35,904,805.	39,742,106.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 8,158,339.	8,355,544.	
	b	Total fundraising expenses (Part IX, column (D), line 25) 19,049,197.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 58,569,341.	54,092,264.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 160,530,033.	168,543,160.	
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12 -8,296,670.		
		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16) 150,264,447.	164,249,772.	
	21	Total liabilities (Part X, line 26) 30,128,231.	25,575,195.	
22	Net assets or fund balances. Subtract line 21 from line 20 120,136,216.		138,674,577.	

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
<b>Sign Here</b>	 Signature of officer				11/7/25 Date
	JAMES BARBEE, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SUE ROBISON	SUE ROBISON	11/07/25		P00560072
	Firm's name	Firm's EIN			
	RSM US LLP	42-0714325			
	Firm's address	Phone no.			
	920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104	206-281-4444			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 81,189,891. including grants of \$ 37,763,763. ) (Revenue \$ 4,116,139. )  
HEALTH WORK

DESPITE SEVERE NEED AND HIGHER HEALTH RISKS, PEOPLE WITH INTELLECTUAL  
AND DEVELOPMENTAL DISABILITIES (IDD) 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 IDD FACE, THROUGH PROGRAMMING THAT IS  
OPERATIONALIZED THROUGH FOUR FOCI - PREVENTION, ASSESSMENT, TRAINING,  
AND HEALTH SYSTEMS STRENGTHENING (THE P.A.T.H. TO HEALTH EQUITY). IN  
EACH AREA, SPECIAL OLYMPICS HAS EXPANDED EXISTING PROGRAMMING AND  
RESOURCES, INTEGRATED RECENT TECHNOLOGY AND INNOVATIONS, AND GARNERED  
SUPPORT FOR CONTINUED GROWTH.

**4b** (Code: ) (Expenses \$ 53,173,734. including grants of \$ 26,599,206. ) (Revenue \$ )  
PUBLIC EDUCATION AND COMMUNICATIONS

AT THE END OF 2024, 152 COUNTRIES HAD ADOPTED SPECIAL OLYMPICS SCHOOL  
PROGRAMMING ACROSS SEVEN GLOBAL REGIONS, WITH 41 COUNTRIES RECEIVING  
DIRECT GRANT-FUNDED SUPPORT FROM SPECIAL OLYMPICS HEADQUARTERS. THIS  
FUNDING WAS THANKS TO THE BACKING OF SIGNIFICANT CONTRIBUTORS SUCH AS  
THE STAVROS NIARCHOS FOUNDATION (SNF) AND HIS HIGHNESS SHEIKH MOHAMMED  
BIN ZAYED AL NAHYAN, PRESIDENT OF THE U.A.E., RULER OF ABU DHABI,  
SUPREME COMMANDER OF THE U.A.E. ARMED FORCES (MBZ)

IN 2024, SPECIAL OLYMPICS TRAINED 33 NEW COUNTRY PROGRAMS TO IMPLEMENT  
THE UNIFIED CHAMPION SCHOOLS (UCS) MODEL THROUGH THE EXCELLENCE IN

**4c** (Code: ) (Expenses \$ 8,383,998. including grants of \$ 1,990,277. ) (Revenue \$ 2,568,760. )  
SPORTS TRAINING AND COMPETITION

DURING 2024, SPECIAL OLYMPICS GEARED UP TO HOST THE SPECIAL OLYMPICS  
WORLD WINTER GAMES IN TURIN, ITALY, WHICH WAS HELD IN Q1 OF 2025. THE  
MOVEMENT'S SPORT PARTNERSHIP WORK OFFERED UNPRECEDENTED SUPPORT AND  
INVOLVEMENT FROM INTERNATIONAL SPORT FEDERATIONS AT THE WORLD WINTER  
GAMES. MANY OF THE MOVEMENT'S SPORT FEDERATION PARTNERS ASSISTED WITH  
THE RECRUITMENT OF TECHNICAL OFFICIALS, STORYTELLING, AND FACILITATING  
CONNECTIONS BETWEEN NATIONAL FEDERATIONS AND LOCAL SPECIAL OLYMPICS  
PROGRAMS TO SUPPORT THE TRAINING AND PREPARATION FOR THE WORLD WINTER  
GAMES.

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

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

**4e** Total program service expenses 142,747,623.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

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

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

X

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	141
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 286		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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

☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a 37		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1b 34		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
<b>13</b> Did the organization have a written whistleblower policy?	13 X	
<b>14</b> Did the organization have a written document retention and destruction policy?	14 X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a X	
<b>b</b> Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**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  
BRANDON FITZGERALD, CHIEF LEGAL OFFICER - (202) 628-3630  
2600 VIRGINIA AVE NW, 11TH FLR, WASHINGTON, DC 20037



**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, box 6 of 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) MS. MARY DAVIS CEO & PRESIDENT	40.00 0.00			X				534,245.	0.	36,516.
(2) MS. ZEHRA SAYIN CMDO	40.00 0.00				X			350,741.	0.	0.
(3) DR. JOHN DOW CHIEF, REGIONAL & PROGRAM	40.00 0.00				X			318,543.	0.	25,464.
(4) MR. BRANDON FITZGERALD CHIEF LEGAL OFFICER & SECRETARY	40.00 0.00			X				304,573.	0.	25,614.
(5) MR. DAVID EVANGELISTA RPMD, SOEE	40.00 0.00					X		271,755.	0.	40,912.
(6) MR. JAMES BARBEE CFO	40.00 0.00				X			274,416.	0.	37,052.
(7) MR. LOUIS LAURIA CHIEF OF GAMES AND COMPETITION	40.00 0.00					X		258,892.	0.	35,902.
(8) MR. STEVE BORRELLI CHIEF HUMAN RESOURCES OFFICER	40.00 0.00					X		269,358.	0.	10,297.
(9) MS. FREDA FUNG RPMD, SOEA	40.00 0.00					X		241,603.	0.	0.
(10) MR. AYMAN WAHAB RPMD, MENA	40.00 0.00					X		209,054.	0.	0.
(11) DR. TIMOTHY SHRIVER CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(12) MS. ANNE FINUCANE LEAD DIRECTOR AND VICE CHAIR	6.00 0.00	X		X				0.	0.	0.
(13) MR. DALE JONES TREASURER	0.80 0.00	X		X				0.	0.	0.
(14) DR. SEUN ADIGUN DIRECTOR	0.80 0.00	X						0.	0.	0.
(15) MR. YOUSEF AL OTAIBA DIRECTOR	0.80 0.00	X						0.	0.	0.
(16) MR. JAIME ALEMAN DIRECTOR	0.80 0.00	X						0.	0.	0.
(17) MS. KIERA BYLAND DIRECTOR	0.80 0.00	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) DR. JIM P. CLEMENTS DIRECTOR	0.80 0.00	X						0.	0.	0.
(19) MR. BART CONNER DIRECTOR	0.80 0.00	X						0.	0.	0.
(20) DR. SHI DERONG DIRECTOR	0.80 0.00	X						0.	0.	0.
(21) MR. DIDIER DROGBA DIRECTOR	0.80 0.00	X						0.	0.	0.
(22) MS. EMANUELLE DUTRA FERNANDES D DIRECTOR	0.80 0.00	X						0.	0.	0.
(23) MS. BENITA FITZGERALD MOSLEY DIRECTOR	0.80 0.00	X						0.	0.	0.
(24) MS. JENNIFER FORTNER DIRECTOR	0.80 0.00	X						0.	0.	0.
(25) MR. AMADOU GALL FALL DIRECTOR	0.80 0.00	X						0.	0.	0.
(26) MS. EVA GAZOVA DIRECTOR	0.80 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								3,033,180.	0.	211,757.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								3,033,180.	0.	211,757.

**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

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD, SUITE 600, VIENNA, VA 22182	FUNDRAISING/MAILING SERVICES	15,161,105.
INTERACTIVE STRATEGIES, 1133 CONNECTICUT AVE NW, SUITE 600, WASHINGTON, DC 20036	FUNDRAISING SERVICES	2,715,682.
GIVEBRIDGE INC., 525 W MONROE ST, SUITE 2350, CHICAGO, IL 60661	FUNDRAISING SERVICES	1,995,041.
ERNST AND YOUNG US LLP, 200 PLAZA DRIVE, SUITE 2222, SEACAUCUS, NJ 07094	TECHNOLOGY DEVELOPMENT/IMPLEMENTATION	1,629,385.
MDS COMMUNICATIONS CORP 545 WEST JUANITA AVE, MESA, AZ 85210	FUNDRAISING SERVICES	1,553,443.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MS. MARY GU DIRECTOR	0.80 0.00	X						0.	0.	0.
(28) MS. GAIL HAMAMOTO DIRECTOR	0.80 0.00	X						0.	0.	0.
(29) MS. RONAK LAKHANI DIRECTOR	0.80 0.00	X						0.	0.	0.
(30) MS. YANG LAN DIRECTOR	0.80 0.00	X						0.	0.	0.
(31) MR. RAY LANE DIRECTOR (THRU 11/24)	0.80 0.00	X						0.	0.	0.
(32) MR. GLENN LYON DIRECTOR	0.80 0.00	X						0.	0.	0.
(33) MR. HAMCHETOU MAIGA BA DIRECTOR	0.80 0.00	X						0.	0.	0.
(34) DR. KAROLY MIRNICS DIRECTOR	0.80 0.00	X						0.	0.	0.
(35) MS. TUSITINA NU'UVALI DIRECTOR	0.80 0.00	X						0.	0.	0.
(36) MS. CAROLINA PICASSO DIRECTOR	0.80 0.00	X						0.	0.	0.
(37) MR. SATISH PILLAI DIRECTOR (THRU 11/24)	0.80 0.00	X						0.	0.	0.
(38) MR. JAMES QUINCY DIRECTOR	0.80 0.00	X						0.	0.	0.
(39) MR. LI RUIGANG DIRECTOR (THRU 11/24)	0.80 0.00	X						0.	0.	0.
(40) MR. JIM RYAN DIRECTOR	0.80 0.00	X						0.	0.	0.
(41) MR. DAVID SABLE DIRECTOR	0.80 0.00	X						0.	0.	0.
(42) MS. KIM SAMUEL DIRECTOR	0.80 0.00	X						0.	0.	0.
(43) MR. BOBBY SHRIVER DIRECTOR	0.80 6.00	X						0.	0.	0.
(44) MR. MARK SHRIVER DIRECTOR	0.80 0.00	X						0.	0.	0.
(45) MS. MARIA GABRIELA SIGALA DIRECTOR	0.80 0.00	X						0.	0.	0.
(46) MR. CHANG-WOO SOH DIRECTOR	0.80 0.00	X						0.	0.	0.
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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	676,249.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	57,301,099.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	113,124,109.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,161,077.					
	<b>h Total.</b> Add lines 1a-1f .....							171,101,457.
<b>Program Service Revenue</b>	<b>2 a</b> ACCREDITATION FEES	<b>Business Code</b>						
		900099		4,116,139.	4,116,139.			
	<b>b</b> CONFERENCES & MEETINGS	900099		2,568,760.	2,568,760.			
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			6,684,899.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			6,140,731.		80,728.	6,060,003.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....			982,114.			982,114.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal					
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss) .....	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other					
			680,022.					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	681,451.					4,128.
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-1,429.					-4,128.
	<b>d</b> Net gain or (loss) .....			-5,557.			-5,557.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
	<b>b</b> Less: direct expenses .....	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events .....							
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
	<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	181.						
<b>c</b> Net income or (loss) from sales of inventory .....			-181.			-181.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>						
		900099		1,500,000.			1,500,000.	
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....			1,500,000.				
<b>12 Total revenue.</b> See instructions .....				186,403,463.	6,684,899.	80,728.	8,536,379.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	55,277,263.	55,277,263.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	11,075,983.	11,075,983.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,907,165.	772,078.	784,346.	350,741.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	31,871,152.	26,897,620.	2,339,031.	2,634,501.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	931,022.	746,605.	85,808.	98,609.
<b>9</b> Other employee benefits .....	2,821,280.	2,262,441.	260,025.	298,814.
<b>10</b> Payroll taxes .....	2,211,487.	1,773,436.	203,823.	234,228.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,202,337.	901,753.	300,584.	
<b>c</b> Accounting .....	338,002.	111,541.	226,461.	
<b>d</b> Lobbying .....	153,015.	153,015.		
<b>e</b> Professional fundraising services. See Part IV, line 17	8,355,544.			8,355,544.
<b>f</b> Investment management fees .....	273,326.	191,029.	82,297.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	16,030,968.	15,311,946.	719,022.	
<b>12</b> Advertising and promotion .....	723,392.	571,114.	14,350.	137,928.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....	6,090,058.	4,950,695.	446,920.	692,443.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,054,851.	1,712,279.	218,491.	124,081.
<b>17</b> Travel .....	7,663,548.	7,400,248.	129,781.	133,519.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	271,109.	145,649.	125,460.	
<b>23</b> Insurance .....	567,387.	1,325.	566,062.	
<b>24</b> 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.)				
<b>a</b> PRINTING	8,170,542.	4,143,009.	1,626.	4,025,907.
<b>b</b> POSTAGE AND SHIPPING	6,431,261.	4,730,599.	7,525.	1,693,137.
<b>c</b> DONATED GOODS	1,593,397.	1,593,397.		
<b>d</b> SUPPLIES	1,348,967.	1,081,764.	124,328.	142,875.
<b>e</b> All other expenses	1,180,104.	942,834.	110,400.	126,870.
<b>25</b> Total functional expenses. Add lines 1 through 24e	168,543,160.	142,747,623.	6,746,340.	19,049,197.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	28,368,272.	13,923,148.	0.	14,445,124.

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	951,119.	<b>1</b>	296,259.
	<b>2</b> Savings and temporary cash investments .....	48,378,199.	<b>2</b>	45,480,443.
	<b>3</b> Pledges and grants receivable, net .....	11,468,261.	<b>3</b>	24,475,798.
	<b>4</b> Accounts receivable, net .....	14,438,288.	<b>4</b>	11,150,323.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	359,385.	<b>8</b>	331,206.
	<b>9</b> Prepaid expenses and deferred charges .....	3,042,672.	<b>9</b>	3,081,485.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,917,210.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,237,415.		
	<b>11</b> Investments - publicly traded securities .....	1,542,581.	<b>10c</b>	1,679,795.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	62,631,450.	<b>11</b>	71,126,106.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,452,492.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	150,264,447.	<b>15</b>	6,628,357.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,943,684.	<b>16</b>	164,249,772.
	<b>18</b> Grants payable .....	163,299.	<b>17</b>	11,750,560.
	<b>19</b> Deferred revenue .....	8,724,911.	<b>18</b>	35,938.
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	8,259,936.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,296,337.	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	30,128,231.	<b>25</b>	5,528,761.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	25,575,195.
	<b>27</b> Net assets without donor restrictions .....	85,210,627.		
	<b>28</b> Net assets with donor restrictions .....	34,925,589.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>27</b>	91,231,585.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>28</b>	47,442,992.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>	
	<b>32</b> Total net assets or fund balances .....	120,136,216.	<b>30</b>	
	<b>33</b> Total liabilities and net assets/fund balances .....	150,264,447.	<b>31</b>	

Form **990** (2024)

**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	186,403,463.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	168,543,160.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,860,303.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	120,136,216.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	887,396.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-209,338.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	138,674,577.

**Part XII Financial Statements and Reporting**

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

☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number	
--------------------------------	--

52-0889518

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	111,391,767.	134,396,219.	139,547,290.	142,892,537.	171,101,457.	699,329,270.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	111,391,767.	134,396,219.	139,547,290.	142,892,537.	171,101,457.	699,329,270.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						21,850,360.
<b>6 Public support.</b> Subtract line 5 from line 4.						677,478,910.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	111,391,767.	134,396,219.	139,547,290.	142,892,537.	171,101,457.	699,329,270.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,095,621.	9,600,408.		6,040,216.	7,122,845.	29,859,090.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	313,000.	408,000.	271,716.		8,936.	1,001,652.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	80,212.	277,484.	113,850.	9,150.	1,500,000.	1,980,696.
<b>11 Total support.</b> Add lines 7 through 10						732,170,708.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	27,377,183.

**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** ☐

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.53 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	94.22 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

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

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

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024			
<b>a</b>	From 2019			
<b>b</b>	From 2020			
<b>c</b>	From 2021			
<b>d</b>	From 2022			
<b>e</b>	From 2023			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to under distributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2024 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2020			
<b>b</b>	Excess from 2021			
<b>c</b>	Excess from 2022			
<b>d</b>	Excess from 2023			
<b>e</b>	Excess from 2024			

Schedule A (Form 990) 2024

### Supplemental Information.



**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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 foundationCheck 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	Employer identification number
SPECIAL OLYMPICS, INC.	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		\$ 37,703,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 19,184,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,852,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 18,076,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 8,709,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-0889518

## Part II

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

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

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

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>SPECIAL OLYMPICS, INC.</b>	Employer identification number (EIN) <b>52-0889518</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political 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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

**Schedule C (Form 990) 2024**

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		0.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		153,015.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		153,015.	
<b>d</b> Other exempt purpose expenditures .....		168,828,638.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		168,981,653.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>IF the amount on line 1e, column (a) or (b), is:</b>	<b>THEN the lobbying nontaxable amount is:</b>		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	142,091.	203,417.	152,599.	153,015.	651,122.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024





SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

**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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	8,029,874.	7,505,630.	6,095,762.	3,641,805.	3,498,584.
<b>b</b> Contributions	1,500,000.		2,000,000.	2,234,272.	
<b>c</b> Net investment earnings, gains, and losses	652,610.	498,503.	-590,132.	219,685.	143,221.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	10,182,484.	8,029,874.	7,505,630.	6,095,762.	3,641,805.

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

**a** Board designated or quasi-endowment .0000 %

**b** Permanent endowment 100 %

**c** Term endowment .0000 %

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

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

**(i)** Unrelated organizations? ☐ Yes ☒ No

**(ii)** Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		417,654.	332,873.	84,781.
<b>d</b> Equipment		6,184,687.	5,997,956.	186,731.
<b>e</b> Other		2,314,869.	906,586.	1,408,283.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,679,795.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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)	LEASE LIABILITY	5,528,761.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		5,528,761.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	195,285,280.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	887,396.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	7,914,650.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	337,269.
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	9,139,315.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	186,145,965.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	273,326.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	-15,828.
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	257,498.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	186,403,463.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	176,702,184.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	7,914,650.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	517,700.
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	8,432,350.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	168,269,834.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	273,326.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	273,326.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	168,543,160.

**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 \$10,182,484 AND \$8,029,874 AT DECEMBER 31, 2024 AND 2023, 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 CENTER FOR INCLUSION IN EDUCATION (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 CASH EQUIVALENTS, EQUITY AND FIXED INCOME MUTUAL 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

**Part XIII** Supplemental Information (continued)

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 IN 2024 AND 2023, DUE TO CARRIED-FORWARD LOSSES FROM OPERATIONS.

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, 2024 AND 2023, 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.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF RELATED ORGS INCLUDED IN CONSOL. FIN. STATEMENTS	811,357.
FOREIGN CURRENCY TRANSLATION ADJUSTMENT	-209,338.
AMOUNTS ELIMINATED IN CONSOLIDATION	-264,750.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	337,269.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOAL OF ASSET	-4,128.
LOSS ON INVENTORY	-11,700.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-15,828.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOAL OF ASSET	4,128.
EXPENSES OF RELATED ORGS INCLUDED IN CONSOL. FIN. STATEMENTS	766,622.
AMOUNTS ELIMINATED IN CONSOLIDATION	-264,750.
LOSS ON INVENTORY	11,700.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	517,700.

**SCHEDULE F  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	21	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,327,420.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			GRANTS TO RECIPIENTS LOCATED IN REGION		484,816.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	2	21	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,952,130.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			GRANTS TO RECIPIENTS LOCATED IN REGION		1,710,331.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	1	37	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	5,043,788.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANTS TO RECIPIENTS LOCATED IN REGION		2,384,743.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	24	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	2,846,775.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			GRANTS TO RECIPIENTS LOCATED IN REGION		1,101,599.
<b>3 a Subtotal</b> .....	5	103			16,851,602.
<b>b Total from continuation sheets to Part I</b> .....	1	24			8,615,926.
<b>c Totals</b> (add lines 3a and 3b) .....	6	127			25,467,528.

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

Schedule F (Form 990) (Rev. 12-2024)

**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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	6	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	316,734.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			GRANTS TO RECIPIENTS LOCATED IN REGION		363,323.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	26,635.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,			GRANTS TO RECIPIENTS LOCATED IN REGION		361,565.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	4	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,151,033.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,			GRANTS TO RECIPIENTS LOCATED IN REGION		1,887,891.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	32,007.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			GRANTS TO RECIPIENTS LOCATED IN REGION		864,518.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	14	PROGRAM SERVICES	SPORTS TRAINING, HEALTHY COMMUNITIES AND PUBLIC EDUCATION	1,695,023.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANTS TO RECIPIENTS LOCATED IN REGION		1,917,197.
<b>Totals</b> .....	1	24			8,615,926.



**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 - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	13,399.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	32,818.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	132,741.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	76,055.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	54,823.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	31,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	28,299.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	26,783.	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 ..... 135

3 Enter total number of other organizations or entities ..... 0

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	34,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	21,553.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM ASSISTANCE	16,665.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	140,273.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	37,282.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	61,021.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	117,683.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	148,941.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	17,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	40,730.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	164,174.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	118,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	31,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	383,627.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	97,320.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	19,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	66,748.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	111,868.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	57,600.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	18,337.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	22,427.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	40,843.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROGRAM ASSISTANCE	8,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	25,866.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	83,526.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	64,054.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	32,891.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	10,021.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	37,921.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	9,933.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	15,631.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	21,045.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	17,327.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	92,173.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	152,303.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	74,872.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	176,966.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	10,673.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	34,549.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	57,886.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	6,188.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	352,261.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	29,248.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	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)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	61,774.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	11,348.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	81,275.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	106,690.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	44,805.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	235,801.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	43,357.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	209,881.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	62,213.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	46,144.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	36,749.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	105,527.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM ASSISTANCE	17,828.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	15,858.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	45,814.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	550,237.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	74,691.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	112,709.	WIRE	0.		



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	29,421.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	33,501.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	56,230.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	88,622.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	49,932.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM ASSISTANCE	56,014.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM ASSISTANCE	285,690.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM ASSISTANCE	77,634.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	9,974.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	14,848.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	8,333.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	39,216.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	14,700.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	260,133.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	PROGRAM ASSISTANCE	10,112.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	301,710.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	85,236.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	557,866.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	136,794.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	177,781.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	33,139.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	12,883.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	370,311.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	87,635.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	23,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM ASSISTANCE	98,986.	WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROGRAM ASSISTANCE	159,683.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROGRAM ASSISTANCE	402,788.	WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROGRAM ASSISTANCE	40,014.	WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROGRAM ASSISTANCE	258,033.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	7,030.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	7,500.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	23,940.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	30,487.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	7,200.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	28,166.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	65,300.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	23,225.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	52,850.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	240,133.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	139,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	20,950.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	47,865.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	85,863.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	5,500.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	48,278.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	131,700.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	56,058.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	35,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	27,709.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	227,454.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	28,661.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	180,388.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	8,000.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	101,979.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	68,515.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	121,255.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	8,050.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	5,500.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	5,500.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	14,980.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	5,625.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	27,504.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM ASSISTANCE	19,901.	WIRE	0.		



Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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 the 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 the 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 the 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 the 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 the 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 the 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.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

**Fundraising Activities.**

**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 nongovernment 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,	DIRECT MAIL CAMPAIGNS		X	39,825,936.	874,647.	38,951,289.
INTERACTIVE STRATEGIES - 1133 CONNECTICUT AVENUE NW SUITE	ONLINE CONSULTANTS		X	9,856,442.	2,715,682.	7,140,760.
GIVEBRIDGE, INC - 525 W MONROE ST, SUITE 900,	CANVASSING		X	3,217,919.	1,995,041.	1,222,878.
MDS COMMUNICATIONS CORP - 545 W. JUANITA AVENUE, MESA, OH	TELEMARKETING		X	2,765,075.	1,553,443.	1,211,632.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DRIVE, AKRON,	TELEMARKETING		X	413,372.	377,503.	35,869.
MAL WARWICK & ASSOCIATES - 2550 NINTH ST, SUITE 103,	PLANNED GIVING CONSULTANTS		X	390,784.	43,272.	347,512.
CATAPULT - 2651 N. GREEN VALLEY PARKWAY, SUITE 102,	TELEMARKETING		X	135,202.	145,557.	0.
DONORVOICE - 11710 PLAZA AMERICA DR. SUITE 2000,	TELEMARKETING		X	24,873.	54,595.	0.
GLOBALFACES - 16905 NORTHCROSS DRIVE,	CANVASSING		X	0.	492,940.	0.
NGP VAN - 655 15TH ST NW, SUITE 650, WASHINGTON, DC	ONLINE CONSULTANTS		X	0.	102,864.	0.
<b>Total</b>				56,629,603.	8,355,544.	48,909,940.

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

AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

DC

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

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

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter the 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

(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: MDS COMMUNICATIONS CORP

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

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

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

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

(I) NAME OF FUNDRAISER: MAL WARWICK & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2550 NINTH ST, SUITE 103, BERKELEY, CA 94710

(I) NAME OF FUNDRAISER: CATAPULT

(I) ADDRESS OF FUNDRAISER:

2651 N. GREEN VALLEY PARKWAY, SUITE 102, HENDERSON, NV 89014

(I) NAME OF FUNDRAISER: DONORVOICE

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DR. SUITE 2000, RESTON, VA 20190

(I) NAME OF FUNDRAISER: GLOBALFACES

(I) ADDRESS OF FUNDRAISER: 16905 NORTHCROSS DRIVE, HUNTERSVILLE, NC 28078

(I) NAME OF FUNDRAISER: NGP VAN

(I) ADDRESS OF FUNDRAISER: 655 15TH ST NW, SUITE 650, WASHINGTON, DC 20005

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

**Employer identification number**

52-0889518

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN COUNCIL ON EXERCISE 4933 PARAMOUNT DR. SAN DIEGO, CA 92123	33-0123550	501(C)(3)	7,500.	0.			PROGRAM ASSISTANCE
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 20001	36-2166948	501(C)(3)	47,170.	0.			PROGRAM ASSISTANCE
CENTER FOR NUTRITION AND HEALTH IMPACT - 14301 FNB PARKWAY, SUITE 100 - OMAHA, NE 68154	27-4313546	501(C)(3)	42,499.	0.			PROGRAM ASSISTANCE
EAST CAROLINA UNIVERSITY 1000 EAST 5TH STREET GREENVILLE, NC 27858-4353	56-6000403	STATE OF NC	95,310.	0.			PROGRAM ASSISTANCE
EDUCATION SERVICE DISTRICT 105 33 S 2ND AVE YAKIMA, WA 98902	91-0948131	STATE OF WA	151,200.	0.			PROGRAM ASSISTANCE
GOOD NUTRITION IDEAS LLC 227 EAST 36TH AVE EUGENE, OR 97405	92-0721223		50,000.	0.			PROGRAM ASSISTANCE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 66.

**3** Enter total number of other organizations listed in the line 1 table ..... 2.

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

**Schedule I (Form 990) (Rev. 12-2024)**



**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
HEALTH OUTREACH PARTNERS 2970 BROADWAY, SUITE 200 OAKLAND, CA 94612	52-1852628	501(C)(3)	42,463.	0.			PROGRAM ASSISTANCE
MEDICAID MEDICARE CHIP SERVICES DENTAL ASSOCIATION - 2 GROVE STREET - SANDWICH, MA 02563	02-1957993		49,243.	0.			PROGRAM ASSISTANCE
NATIONAL TASK GROUP ON INTELLECTUAL DISABILITIES & - PO BOX 862 - ROCKPORT, ME 04856	85-2663072	501(C)(3)	42,273.	0.			PROGRAM ASSISTANCE
REGIONAL SCHOOL DISTRICT 13 135A PICKETT LANE DURHAM, CT 06422	06-0855660	STATE OF CT	79,536.	0.			PROGRAM ASSISTANCE
SIBLING LEADERSHIP NETWORK 332 S. MICHIGAN AVE STE 121-S240 CHICAGO, IL 60604-4434	45-2429797	501(C)(3)	38,636.	0.			PROGRAM ASSISTANCE
SOUND GENERATIONS 2208 2ND AVE STE 100 SEATTLE, WA 98121	91-0823767	501(C)(3)	50,605.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALABAMA 880 SOUTH COURT STREET MONTGOMERY, AL 36104	63-1236518	501(C)(3)	149,846.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALASKA 3200 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99501	92-0057197	501(C)(3)	599,268.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARIZONA 2100 S. 75 TH AVE. PHOENIX, AZ 85043	86-0307564	501(C)(3)	1,141,636.	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 ARKANSAS 2115 MAIN ST. NORTH LITTLE ROCK, AR 72114	71-0666671	501(C)(3)	643,060.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTHERN CALIFORNIA - 3480 BUSKIRK AVENUE, SUITE 340 - PLEASANT HILL, CA 94523	68-0363121	501(C)(3)	1,508,800.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 1600 FORBES WAY, STE 200 - LONG BEACH, CA 90810	95-4538450	501(C)(3)	1,778,369.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS COLORADO 12450 E. ARAPAHOE ROAD, SUITE C CENTENNIAL, CO 80112	84-0713739	501(C)(3)	1,481,724.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CONNECTICUT 2666 STATE STREET, STE 1 HAMDEN, CT 06517-2232	23-7099756	501(C)(3)	1,079,958.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DELAWARE 619 SOUTH COLLEGE AVE. NEWARK, DE 19716-1901	52-0967608	501(C)(3)	489,761.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DC 415 MICHIGAN AVENUE NE WASHINGTON, DC 20017	23-7162877	501(C)(3)	566,722.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	23-7181560	501(C)(3)	2,374,404.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS GEORGIA 6046 FINANCIAL DRIVE NORCROSS, GA 30071	23-7210676	501(C)(3)	345,778.	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 HAWAII 91-610 MAUNAKAPU ST. EWA BEACH, HI 96706	23-7173957	501(C)(3)	560,625.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IDAHO 199 E. 52ND ST BOISE, ID 83714	23-7185185	501(C)(3)	595,535.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ILLINOIS 605 EAST WILLOW STREET NORMAL, IL 61761	36-2922811	501(C)(3)	2,102,162.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS INDIANA 6200 TECHNOLOGY CTR, SUITE 105 INDIANAPOLIS, IN 46278	35-1262574	501(C)(3)	1,137,523.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IOWA P.O. BOX 620, 551 DOVETAIL ROAD GRIMES, IA 50111-0620	51-0176029	501(C)(3)	887,925.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	1,006,918.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW COURT FRANKFORT, KY 40601-8749	61-0954571	501(C)(3)	466,819.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS LOUISIANA 1010 W 21ST AVE COVINGTON, LA 70433	72-0706608	501(C)(3)	1,093,881.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MAINE 525 MAIN STREET, SUITE D SOUTH PORTLAND, ME 04106	01-0355822	501(C)(3)	610,676.	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 MARYLAND 3701 COMMERCE DRIVE, SUITE 103 BALTIMORE, MD 21227	23-7089144	501(C)(3)	997,047.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST STREET MARLBOROUGH, MA 01752	23-7242294	501(C)(3)	1,635,184.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MICHIGAN 1120 S MISSION STREET MT. PLEASANT, MI 48858	38-1964643	501(C)(3)	2,181,710.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MINNESOTA 900 2ND AVENUE SOUTH, SUITE 300 MINNEAPOLIS, MN 55402	41-1228157	501(C)(3)	1,831,179.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSISSIPPI 2906 NORTH STATE STREET, SUITE 206 JACKSON, MS 39206	51-0185594	501(C)(3)	584,714.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DRIVE JEFFERSON CITY, MO 65101	23-7328374	501(C)(3)	855,008.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MONTANA P.O. BOX 3507, 710 1ST ABENUE GREAT FALLS, MT 59401	81-0367064	501(C)(3)	649,693.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEBRASKA 14216 DAYTON CIRCLE, SUITE 1 OMAHA, NE 68137	47-0546346	501(C)(3)	738,086.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEVADA, INC. 4000 S. EASTERN AVE., STE. 320 LAS VEGAS, NV 89119	68-0363121	501(C)(3)	279,722.	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 HAMPSHIRE 650 ELM STREET, SUITE 101 MANCHESTER, NH 03101-2508	23-7207522	501(C)(3)	501,803.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW JERSEY 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	23-7448729	501(C)(3)	1,044,062.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS NE, SUITE 207 ALBUQUERQUE, NM 87109	85-0268084	501(C)(3)	561,848.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW YORK 94 NEW KARNER ROAD, SUITE 208 ALBANY, NY 12203	23-7061382	501(C)(3)	2,014,206.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH CAROLINA 2200 GATEWAY CENTRE BOULEVARD, SUITE 200 - MORRISVILLE, NC 27560-9122	56-1149607	501(C)(3)	1,832,486.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH DAKOTA 2616 26TH STREET SOUTH GRAND FORKS, ND 58201	45-0355704	501(C)(3)	254,244.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OHIO 921 EASTWIND DR, SUITE 120 WESTERVILLE, OH 43081	51-0183468	501(C)(3)	1,531,311.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OKLAHOMA 6835 SOUTH CANTON AVENUE TULSA, OK 74136-3433	23-7174120	501(C)(3)	718,442.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OREGON 8313 SW CIRBUS DRIVE BEAVERTON, OR 97008	93-0752969	501(C)(3)	1,324,726.	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 PENNSYLVANIA 124 WASHINGTON SQUARE NORRISTOWN, PA 19403	23-2078543	501(C)(3)	1,994,745.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PUERTO RICO 1510 AVE. ROOSEVELT, SUITE 6-B GUAYNABO , PR 00968	66-0761797	501(C)(3)	312,919.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	560,356.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH CAROLINA 204 PALMETTO PARK BLVD. LEXINGTON, SC 29072	57-0680248	501(C)(3)	1,380,303.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH DAKOTA 800 E- I 90 LANE SIOUX FALLS, SD 57104	46-0359776	501(C)(3)	411,568.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TENNESSEE 5115 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027	23-7348136	501(C)(3)	1,104,334.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TEXAS 4732 WHIRLWIND DR SAN ANTONIO, TX 78217	74-1998367	501(C)(3)	2,606,538.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS UTAH 12227 S. BUSINESS PARK DRIVE, BLDG. 5, SUITE 100W - DRAPER, UT 84020	87-0367185	501(C)(3)	782,069.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VERMONT 16 GREGORY DRIVE, SUITE 102 SO. BURLINGTON, VT 05403	23-7231535	501(C)(3)	404,179.	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 VIRGINIA 3212 SKIPWITH ROAD, SUITE 100 RICHMOND, VA 23294	54-1013637	501(C)(3)	1,148,244.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WASHINGTON 2815 2ND AVE, SUITE 370 SEATTLE, WA 98121	91-0962383	501(C)(3)	896,682.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WEST VIRGINIA 1206 VIRGINIA STREET EAST, SUITE 10 CHARLESTON, WV 25301	55-0596975	501(C)(3)	175,807.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WISCONSIN 6582 RONALD REAGAN AVE., STE. 1000 MADISON, WI 53704	39-1176591	501(C)(3)	1,386,666.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WYOMING 239 W. 1ST STREET CASPER, WY 82604	39-1176591	501(C)(3)	234,684.	0.			PROGRAM ASSISTANCE
ST. JOHN FISHER UNIVERSITY 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	42,483.	0.			PROGRAM ASSISTANCE
UNIVERSITY OF MASSACHUSETTS BOSTON 100 MORRISSEY BLVD BOSTON, MA 02125	04-3167652	501(C)(3)	915,894.	0.			PROGRAM ASSISTANCE
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	81-6001713	STATE OF MONTANA	21,203.	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 COMPLETE A BUDGET TEMPLATE INDICATING HOW GRANT FUNDS ARE SPENT, (5) EACH REPORT MUST BE REVIEWED AND ENDORSED BY THE REGIONAL MANAGING DIRECTOR BEFORE IT IS SENT TO SPECIAL OLYMPICS FOR REVIEW AND SUPPORT.



SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

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

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

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

- a Receive a severance payment or change-of-control payment? .....
- b Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization? .....
- b Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization? .....
- b Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

**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. MARY DAVIS CEO & PRESIDENT	(i)	503,121.	20,000.	11,124.	25,000.	11,516.	570,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. ZEHRA SAYIN CMDO	(i)	350,741.	0.	0.	0.	0.	350,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. JOHN DOW CHIEF, REGIONAL & PROGRAM	(i)	313,599.	0.	4,944.	24,003.	1,461.	344,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. BRANDON FITZGERALD CHIEF LEGAL OFFICER & SECRETARY	(i)	303,331.	0.	1,242.	10,140.	15,474.	330,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. DAVID EVANGELISTA RPMD, SOEE	(i)	243,454.	27,500.	801.	18,461.	22,451.	312,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. JAMES BARBEE CFO	(i)	270,852.	0.	3,564.	9,899.	27,153.	311,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. LOUIS LAURIA CHIEF OF GAMES AND COMPETITION	(i)	255,328.	0.	3,564.	10,600.	25,302.	294,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MR. STEVE BORRELLI CHIEF HUMAN RESOURCES OFFICER	(i)	250,000.	12,500.	6,858.	10,000.	297.	279,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MS. FRED A FUNG RPMD, SOEA	(i)	241,603.	0.	0.	0.	0.	241,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MR. AYMAN WAHAB RPMD, MENA	(i)	209,054.	0.	0.	0.	0.	209,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines or other markings present. The paper appears to be a standard sheet of notebook paper.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	57	567,680.	FMV
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	5	84,902.	FMV OR ACTUAL DONOR COST
20 Drugs and medical supplies .....	X	3	1,461,488.	FMV OR ACTUAL DONOR COST
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( SOFTWARE LICENS )	X	1	47,007.	FMV
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

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

## Part II

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE O  
(Form 990)

(Rev. December 2024)

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

OMB No. 1545-0047

Open to Public  
Inspection

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

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

THE MISSION OF SPECIAL OLYMPICS IS TO PROVIDE YEAR-ROUND SPORTS  
TRAINING AND ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS  
FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES, GIVING THEM  
CONTINUING OPPORTUNITIES TO DEVELOP PHYSICAL FITNESS, DEMONSTRATE  
COURAGE, EXPERIENCE JOY AND PARTICIPATE IN A SHARING OF GIFTS, SKILLS  
AND FRIENDSHIP WITH THEIR FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES AND  
THE COMMUNITY.

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

WITHIN THE AREA OF PREVENTION, OVER 294,000 CHILDREN WITH AND WITHOUT  
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) BENEFITED FROM THE  
YOUNG ATHLETES PROGRAM IN 2024. THIS EARLY CHILDHOOD DEVELOPMENT  
PROGRAM IMPROVES MOTOR SKILLS AND SOCIAL AND COGNITIVE DEVELOPMENT.  
CORE YOUNG ATHLETES RESOURCES, INCLUDING THE YOUNG ATHLETES APP, LESSON  
PLANS, AND INCLUSIVE ADAPTATIONS, DROVE PROGRAMMING SUCCESSES IN 2024,  
INCREASING THE QUALITY AND SUSTAINABILITY OF IMPLEMENTATION.

OVER 14,500 FAMILY MEMBERS AND ATHLETES PARTICIPATED IN 71FAMILY HEALTH  
FORUMS WHERE THEY GAINED VALUABLE HEALTH EDUCATION FROM SUBJECT MATTER  
EXPERTS ON A RANGE OF TOPICS INCLUDING NUTRITION, DIABETES, MENTAL  
HEALTH, AND HEALTHY RELATIONSHIPS. SPECIAL OLYMPICS PILOTED AN ONGOING  
HEALTH EDUCATION MODEL FOR FAMILIES AND THEIR ATHLETES TO SUPPORT  
DEEPER EDUCATION AROUND NUTRITION.

SPECIAL OLYMPICS FITNESS, WHICH ENGAGES ATHLETES IN ONGOING PHYSICAL  
ACTIVITY, NUTRITION, AND HYDRATION PROGRAMS, CONTINUED TO GROW  
SUBSTANTIALLY AND REACHED OVER 300,000 PARTICIPANTS IN 2024 THROUGH ITS  
FITNESS PROGRAMMING. THIS INTERVENTION CONTINUES TO HELP MANY ATHLETES  
ACHIEVE PHYSICAL ACTIVITY LEVELS GREATER THAN THE GENERAL POPULATION,  
REDUCE THEIR BLOOD PRESSURE LEVELS AND WEIGHT, AND ADOPT HEALTHY  
BEHAVIORS. TO BETTER SUPPORT ATHLETES ENGAGING IN ONGOING FITNESS AND  
HEALTHY BEHAVIOR TRACKING, THE SPECIAL OLYMPICS FITNESS APP WAS  
DEVELOPED AND PILOTED IN 2024.

WITHIN THE DOMAIN OF ASSESSMENT, A REVISION TO SCREENING PROTOCOLS IN  
2024 ENSURED THAT THE HEALTHY ATHLETES PROGRAM REMAINS ABREAST OF  
CLINICAL ADVANCEMENTS AND NOW INCLUDES QUESTIONS FROM NATIONAL HEALTH  
SURVEILLANCE INSTRUMENTS. THESE NEW CLINICAL PROTOCOLS WERE IMPLEMENTED  
AT THE SCREENINGS HELD DURING THE SPECIAL OLYMPICS LATIN AMERICA  
REGIONAL GAMES IN PARAGUAY. IN ADDITION, 98,619 SCREENINGS WERE  
CONDUCTED WITH 69,000+ INDIVIDUAL DIGITAL RECORDS CAPTURED TO AID  
TRACKING FOLLOW-UP CARE, MONITORING IMPROVEMENTS IN HEALTH OUTCOMES AND  
SUPPORT SURVEILLANCE AND ADVOCACY EFFORTS. OVER 8,100 PAIRS OF  
PRESCRIPTION EYEWEAR WERE PROVIDED TO CORRECT ATHLETES' VISION, WHILE  
140 INDIVIDUALS HAD THEIR HEARING RESTORED THROUGH HEARING AIDS  
PROVIDED BY PARTNER, STARKEY CARES.

DEVELOPING A WORKFORCE EQUIPPED WITH THE APPROPRIATE KNOWLEDGE, SKILLS,  
AND ATTITUDES TO PROVIDE QUALITY CARE TO PEOPLE WITH IDD IS CRITICAL TO

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

REDUCING HEALTH DISPARITIES FOR THIS POPULATION. WITHIN THIS AREA OF TRAINING, OVER 19,000 CLINICIANS AND STUDENTS GAINED PRACTICUM EXPERIENCE AS PART OF THE HEALTHY ATHLETES PROGRAM IN 2024, WHILE A FURTHER 29,176 CLINICIANS AND STUDENTS WERE TRAINED THROUGH ONLINE TRAINING RESOURCES OR PROGRAM-LED INITIATIVES. THE UPTAKE OF ONLINE TRAINING ROSE SIGNIFICANTLY IN 2024 AS SPECIAL OLYMPICS IMPROVED ACCESS BY LAUNCHING THE ONLINE GOLISANO SCHOOL OF HEALTH SCIENCES. THIS RESULTED IN THE INCLUSIVE HEALTH FUNDAMENTALS TRAINING MODULES BEING USED BY 124 HEALTH PROFESSIONS SCHOOLS AND UNIVERSITIES ACROSS THE GLOBE. DURING THIS PERIOD, SPECIAL OLYMPICS SIGNIFICANTLY EXPANDED THE DEPLOYMENT OF INDIVIDUALS WITH IDD AS STANDARDIZED PATIENTS WITHIN MEDICAL, NURSING, AND OTHER HEALTH PROFESSIONAL SCHOOLS. THIS REPRESENTS AN IMPORTANT EVOLUTION IN THE EMPOWERMENT AND AGENCY OF PEOPLE WITH IDD AND A SHIFT TOWARDS EMBEDDING INCLUSIVE PRACTICES BY MANY UNIVERSITIES IN THE U.S.

WITHIN THE DOMAIN OF HEALTH SYSTEMS REFORM, SPECIAL OLYMPICS CONTINUES TO BUILD THE CASE AND TOOLS FOR INCLUSIVE HEALTH SYSTEMS AND IS A KEY PLAYER IN DISABILITY-INCLUSIVE HEALTH. IN 2024, SPECIAL OLYMPICS PROGRESSED WORK ON A MULTI-YEAR, MULTI-COUNTRY PROJECT KNOWN AS ROSEMARY COLLABORATORY, WHICH WILL GIVE RISE TO THE FIRST-EVER GLOBAL REPORT ON THE HEALTH OF PERSONS WITH IDD, TO BE LAUNCHED IN 2025. ALONGSIDE THIS PROGRESS WAS GROWTH IN THE CADRE OF ATHLETES SERVING AS HEALTH MESSENGERS, WHICH GREW IN 2024 TO OVER 1,000 INDIVIDUALS WITH IDD BEING ACTIVATED TO USE THEIR VOICE TO DRIVE INCLUSIVE HEALTH CHANGES.

ALSO IN 2024, SPECIAL OLYMPICS RELAUNCHED THE CENTER FOR INCLUSIVE HEALTH WEBSITE, A ONE-STOP SHOP FOR RESOURCES AND TOOLS TO SUPPORT AND NORMALIZE THE INCLUSION OF PEOPLE WITH IDD IN HEALTHCARE AND HEALTH PROMOTION SERVICES AND ACTIVITIES. THE SITE AIMS TO SPECIFICALLY CATER TO HEALTHCARE PROVIDERS, PAYERS, AND POLICYMAKERS. AMONG THE INCLUSIVE HEALTH RESOURCES IN WHICH SPECIAL OLYMPICS HAS BEEN INVOLVED WAS A REPORT EXAMINING THE USE AND POTENTIAL OF CODING MECHANISMS TO REDUCE THE BARRIERS INDIVIDUALS WITH IDD FACE IN ACCESSING HEALTHCARE IN THE U.S. THE REPORT ALSO IDENTIFIES ELEMENTS OF AN INCLUSIVE CARE MODEL AND HIGHLIGHTS THE POTENTIAL OF VALUE-BASED PAYMENT ARRANGEMENTS.

SPECIAL OLYMPICS' LONGITUDINAL EVALUATION 'PROJECT ALL STAR GREW IN 2024, ENROLLING 48 PARTICIPANTS ACROSS FOUR STATES AND CONDUCTING FIVE IN-PERSON ENROLLMENT AND ASSESSMENT EVENTS DURING THE YEAR. THIS EVALUATION WILL CONTRIBUTE TO THE UNDERSTANDING OF THE MULTIPLE PHYSICAL AND MENTAL HEALTH BENEFITS OF PARTICIPATION IN SPECIAL OLYMPICS. AN ECONOMIC ANALYSIS OF SPECIAL OLYMPICS' SPECIAL SMILES SCREENING PROGRAM WAS COMPLETED IN 2024, DEMONSTRATING A RETURN ON INVESTMENT OF 354% AND AVERTING OVER \$793,000 WORTH OF DENTAL COSTS ANNUALLY IN THE U.S. ALONE.

AWARENESS AND MEDIA COVERAGE ESCALATED IN 2024: ACROSS THE 232 HEALTH-FOCUSED SOCIAL MEDIA POSTS ON SPECIAL OLYMPICS INTERNATIONAL CHANNELS, POSTS WERE SHARED OVER 2,430 TIMES AND REACHED 2.77 MILLION INDIVIDUALS. A SIGNIFICANT DRIVER OF THIS GROWTH WAS THE LAUNCH OF THE SCHOOL OF STRENGTH: SNACK ZONE CAMPAIGN, WHICH SAW OVER 3,000 INDIVIDUALS ACCESSING THE RESOURCES AIMED AT HEALTHIER SNACKING.

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

Name of the organization <div style="text-align: center;">SPECIAL OLYMPICS, INC.</div>	Employer identification number <div style="text-align: center;">52-0889518</div>
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ACTION EVENTS, LED BY THE REGIONAL HUBS OF EXCELLENCE (SPECIAL OLYMPICS ARGENTINA, SPECIAL OLYMPICS BHARAT, SPECIAL OLYMPICS PAKISTAN, SPECIAL OLYMPICS EGYPT, SPECIAL OLYMPICS RWANDA, AND SPECIAL OLYMPICS ROMANIA). AT THESE EVENTS, THE HUBS SHARED BEST PRACTICES AND TRAINED THE NEW PROGRAMS ON KEY TOPICS ESSENTIAL FOR IMPLEMENTING THE UCS MODEL.

WITHIN THE UNITED STATES, UNIFIED CHAMPION SCHOOLS (UCS) MARKED A MILESTONE YEAR IN 2024, ENTERING ITS 17TH YEAR OF PARTNERSHIP WITH THE OFFICE OF SPECIAL EDUCATION PROGRAMS AT THE U.S. DEPARTMENT OF EDUCATION. THE MOVEMENT ACHIEVED A MAJOR BENCHMARK, SURPASSING ITS NATIONAL TARGET OF 10,000 SCHOOLS ENGAGED ACROSS ALL LEVELS OF EDUCATION FROM PRE-K TO COLLEGE, DEMONSTRATING THE GROWING DEMAND FOR INCLUSIVE SCHOOL CULTURES. GLOBALLY, UCS EXPERIENCED SIGNIFICANT EXPANSION, GROWING FROM 17 TO 25 SPECIAL OLYMPICS PROGRAMS, FURTHER EMBEDDING THE MODEL OF INCLUSIVE YOUTH LEADERSHIP, UNIFIED SPORTS, AND WHOLE-SCHOOL ENGAGEMENT INTO EDUCATION SYSTEMS WORLDWIDE. THIS GROWTH UNDERSCORES THE TRANSFORMATIVE POWER OF UCS TO SHIFT SCHOOL CLIMATES, EMPOWER STUDENTS WITH AND WITHOUT INTELLECTUAL DISABILITIES, AND ESTABLISH INCLUSION AS A STANDARD PRACTICE RATHER THAN AN EXCEPTION.

IN 2024, THE SPECIAL OLYMPICS GLOBAL YOUTH & EDUCATION TEAM ADVANCED GLOBAL YOUTH LEADERSHIP AND UNIFIED CHAMPION SCHOOLS WORLDWIDE. WITH SUPPORT FROM THE U.S. DEPARTMENT OF STATE, UNIFIED YOUTH EXCHANGES WERE IMPLEMENTED IN MEXICO, PERU, NORTH CAROLINA, WASHINGTON, D.C., JAMAICA, CONNECTICUT, AND PANAMA, CREATING OPPORTUNITIES FOR YOUTH WITH AND WITHOUT INTELLECTUAL DISABILITIES TO CONNECT ACROSS CULTURES, SHARE BEST PRACTICES, AND STRENGTHEN LEADERSHIP SKILLS.

A GLOBAL VIRTUAL YOUTH & EDUCATORS SUMMIT REACHED MORE THAN 1,000 PARTICIPANTS WORLDWIDE AND DEEPENED COLLABORATION BETWEEN YOUTH LEADERS AND EDUCATORS ON SPECIAL OLYMPICS PROGRAMMING. REGIONALLY, A YOUTH LEADERSHIP SUMMIT IN CHINA CONVENED YOUTH AND ATHLETE LEADERSHIP COUNCILS FROM ACROSS EAST ASIA TO STRENGTHEN SKILLS AND PROMOTE INCLUSION.

A KEY MILESTONE IN FEBRUARY 2024 WAS THE ONBOARDING OF THE 2023-2025 GLOBAL YOUTH LEADERSHIP COUNCIL (GYLC), A COHORT OF UNIFIED YOUTH LEADERS BEGINNING A TWO-YEAR TERM GUIDING SPECIAL OLYMPICS' GLOBAL YOUTH PROGRAMMING. IN ADDITION, THE YOUTH INNOVATION INITIATIVE FUNDED 77 YOUTH-LED PROJECTS ACROSS ALL SEVEN REGIONS, EMPOWERING YOUNG LEADERS TO DESIGN AND IMPLEMENT COMMUNITY- AND SCHOOL-BASED PROJECTS WITH MEASURABLE IMPACT.

SPECIAL OLYMPICS IS A GLOBAL THOUGHT LEADER WITHIN INCLUSION AND EDUCATION. THE SPECIAL OLYMPICS GLOBAL CENTER FOR INCLUSION IN EDUCATION WAS FOUNDED IN 2019 BY A GENEROUS GIFT FROM HIS HIGHNESS SHEIKH MOHAMMED BIN ZAYED AL NAHYAN, PRESIDENT OF THE U.A.E., AND SERVES AS A PLATFORM OF BEST PRACTICES FOR UNIFIED CHAMPION SCHOOLS. IN ITS THIRD YEAR, THE RESEARCH COLLABORATIVE DEVELOPED A SET OF KEY RESEARCH PRINCIPLES, PARAMETERS, AND THEMES THAT SERVE AS THE FOUNDATION FOR PUBLISHING AND EXECUTING A CONSENSUS RESEARCH AGENDA TO ADVANCE RESEARCH, PRACTICE, AND POLICY RELATED TO INCLUSION IN SPORT AND EDUCATION CONTEXTS. THE CENTER CONTINUED TWO IMPORTANT PARTNERSHIPS WITH RENOWNED RESEARCH INSTITUTIONS. IN COLLABORATION WITH THE EASEL LAB AT THE HARVARD GRADUATE SCHOOL OF EDUCATION, SPECIAL OLYMPICS DEVELOPED A FRAMEWORK FOR INCLUSIVE MINDSETS AND BEHAVIORS (IMB) AND



Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
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SEVERAL IMPORTANT RESOURCES FOR DEVELOPING NEXT-GENERATION PROGRAMMING, INCLUDING A THEORY OF CHANGE, RESEARCH BRIEF, DRAFT MEASUREMENT TOOL, CASE STUDY VIGNETTES, AND EASY-READ ONE-PAGERS. IN 2024, NORTHWESTERN UNIVERSITY BEGAN COMPILING THE RESULTS OF A THREE-YEAR EVALUATION OF UNIFIED CHAMPION SCHOOLS (UCS) CONDUCTED ACROSS SIX COUNTRIES. THE STUDY, WHICH INCLUDED PRE- AND POST-SURVEYS AS WELL AS FOCUS GROUPS WITH EDUCATORS, STUDENTS, AND FAMILIES, FOUND POSITIVE IMPACTS ON SOCIAL AND EMOTIONAL WELL-BEING, STRONGER PERCEPTIONS OF SOCIAL INCLUSION, AND IMPROVEMENTS IN SCHOOL CLIMATE AND SAFETY. THESE FINDINGS REINFORCE THE EFFECTIVENESS OF THE UCS MODEL IN ADVANCING INCLUSIVE EDUCATION AND SUPPORTIVE LEARNING ENVIRONMENTS WORLDWIDE.

IN 2024, THE GLOBAL CENTER FOR INCLUSION IN EDUCATION ADVANCED ITS MISSION THROUGH A SERIES OF HIGH-IMPACT CONVENINGS AND PARTNERSHIPS. THE YEAR BEGAN WITH A JOINT PANEL DISCUSSION WITH THE BROOKINGS INSTITUTION, SPOTLIGHTING THE GLOBAL IMPERATIVE FOR INCLUSIVE EDUCATION. IN OCTOBER, THE CENTER CO-HOSTED A TWO-DAY EVENT AT THE NYU ABU DHABI INSTITUTE, INCLUSIVE FUTURES: EXPLORING RESEARCH INNOVATIONS AND AI TOOLS FOR CHILDREN WITH DISABILITIES (OCTOBER 10-11), WHICH BROUGHT TOGETHER RESEARCHERS, EDUCATORS, AND TECHNOLOGY EXPERTS TO EXAMINE HOW EMERGING TOOLS CAN EXPAND ACCESS AND OPPORTUNITY. THE CENTERPIECE OF THE YEAR'S WORK WAS THE GLOBAL SUMMIT, HELD IN NOVEMBER 2024, WHICH GATHERED MORE THAN 300 EDUCATORS, GOVERNMENT OFFICIALS, PROFESSIONALS, AND YOUTH VOICES UNDER THE THEME INCLUSION FOR TOMORROW. THIS LANDMARK GATHERING PROVIDED A PLATFORM FOR SHARED LEARNING, CROSS-SECTOR DIALOGUE, AND CONCRETE ACTION COMMITMENTS, FURTHER POSITIONING THE GLOBAL CENTER AS A CATALYST FOR ADVANCING INCLUSIVE EDUCATION WORLDWIDE.

IN JANUARY 2024, SPECIAL OLYMPICS ISSUED ITS FIRST ANNUAL GLOBAL STATE OF INCLUSION IN EDUCATION LETTER IN RECOGNITION OF THE INTERNATIONAL DAY OF EDUCATION. THE LETTER, AUTHORED BY DR. TIMOTHY SHRIVER, CHAIRMAN OF SPECIAL OLYMPICS, REVIEWED GLOBAL PROGRESS AND CHALLENGES IN ADVANCING INCLUSIVE EDUCATION FOR STUDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD). THE PUBLICATION HIGHLIGHTS SUCCESSES IN POLICY AND PRACTICE, IDENTIFIES CONTINUING BARRIERS TO INCLUSION, AND REINFORCES SPECIAL OLYMPICS' LEADERSHIP ROLE IN PROMOTING EDUCATIONAL EQUITY WORLDWIDE. THE FULL LETTER IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

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

SPECIAL OLYMPICS CONTINUED ITS EFFORTS IN DEVELOPING SPORT PARTNERSHIPS, AS WELL AS A SPORT-SPECIFIC APPROACH TO SPORT DEVELOPMENT. GLOBAL STRATEGIC DEVELOPMENT PLANS WERE CREATED FOR THE SPORTS OF FOOTBALL, SWIMMING, AND GOLF. SPECIAL OLYMPICS CONTINUED ITS WORK IN SPORT PARTNERSHIPS, DEVELOPING STRONGER RELATIONSHIPS WITH MANY OF ITS INTERNATIONAL SPORT FEDERATION PARTNERS, AND CREATING ADDITIONAL OPPORTUNITIES FOR SPECIAL OLYMPICS ATHLETES TO COMPETE IN MAINSTREAM SPORTING EVENTS. IN 2024, THE SPORT PARTNERSHIP SURVEY SHOWED OVER 1,260 PARTNERSHIPS AT THE NATIONAL, REGIONAL, AND INTERNATIONAL LEVEL, WORTH OVER USD \$7.39 MILLION IN VALUE-IN-KIND ACROSS THE GLOBAL SPECIAL OLYMPICS MOVEMENT.

#### E-LEARNING

10,494 COACH CERTIFICATIONS WERE COMPLETED ON THE ONLINE LEARNING PORTAL IN 2024. SPECIAL OLYMPICS TRANSITIONED TO A NEW ONLINE LEARNING

Name of the organization	Employer identification number
SPECIAL OLYMPICS, INC.	52-0889518
PORTAL (DOCEBO) IN SEPTEMBER 2024	

## GALLAGHER COACH DEVELOPMENT INITIATIVES

- COACHING SYSTEM DEVELOPMENT GRANTS
- SO AFRICA: IN 2024, SPECIAL OLYMPICS AFRICA'S PRIMARY FOCUS WAS CAPACITY BUILDING WITHIN THE FOUR GRANT MARKETS PREVIOUSLY SUPPORTED (SPECIAL OLYMPICS KENYA, SPECIAL OLYMPICS NIGERIA, SPECIAL OLYMPICS SOUTH AFRICA, AND SPECIAL OLYMPICS GHANA)
- COACH DEVELOPER TRAINING: SPECIAL OLYMPICS AFRICA CONDUCTED A REGIONAL COACH DEVELOPER TRAINING WITH 19 COACH DEVELOPERS ATTENDING FROM SPECIAL OLYMPICS KENYA, SPECIAL OLYMPICS NIGERIA, AND SPECIAL OLYMPICS GHANA. COACHES COMPLETED SPECIAL OLYMPICS AFRICA'S COMPREHENSIVE MASTER COACH (COACH DEVELOPER) TRAINING, WHICH INCLUDED THE CORE PRINCIPLES OF SPECIAL OLYMPICS, COACHING ATHLETES WITH IDD, AND COMPETITION PLANNING. ALL COACH DEVELOPERS COMPLETED AND PASSED SPECIAL OLYMPICS AFRICA'S ASSESSMENT, INCLUDING 3 STAFF MEMBERS WITH IDD, WHO WILL NOW SUPPORT FURTHER COACH EDUCATION WITHIN THE REGION.
- GRANTS: KENYA, NIGERIA, SOUTH AFRICA, GHANA, ZAMBIA
- DUE TO SIGNIFICANT STAFFING CHANGES, THE SPECIAL OLYMPICS AFRICA GRANTS WERE ISSUED IN EARLY 2025
- SPECIAL OLYMPICS ASIA PACIFIC:
- GRANTS: DUE TO DELAYS IN FUND ALLOCATION AND GRANT APPLICATION PROCESSES, SPECIAL OLYMPICS MALAYSIA, NIPPON, PAKISTAN, AND THAILAND GRANTS WERE FINALIZED IN Q3 OF 2024. BELOW IS A SUMMARY OF THE GRANT METRICS BY THE END OF 2024, AND ALONGSIDE, THE TOTALS AS OF THEIR FINAL GRANT REPORTS IN Q3 2025. YEAR 2 GRANT APPLICATIONS ARE UNDERWAY FOR SPECIAL OLYMPICS MALAYSIA, PAKISTAN, THAILAND, AND WITH THE INTRODUCTION OF INDONESIA. SINCE SPECIAL OLYMPICS NIPPON HAS BEEN SUCCESSFUL IN SECURING ADDITIONAL FUNDING, THEY ARE NOW EXITING THIS GRANT STREAM.
- GRANT TERM FOR 4 X SPECIAL OLYMPICS ASIA PACIFIC PROGRAMMES CONCLUDED IN JULY 2025.
- GRANT TERM FOR SPECIAL OLYMPICS ASIA PACIFIC PROGRAMMES COMMENCED IN FEBRUARY 2025.

## 2024 COACH WEBINAR SERIES (CWS)

- PRESENTED BY GALLAGHER
- 2 WEBINARS AND 4 SPORT SPECIFIC WORKSHOPS, EIGHT LANGUAGES, 6 ATHLETE LEADER HOSTS FROM 6 REGIONS
- HIGHEST LIVE ATTENDANCE- TEACHING AND LEARNING IN SPECIAL OLYMPICS (571)
- 6,098 REGISTRATIONS REPRESENTING 1,863 UNIQUE COACHES FROM 148 COUNTRIES
- 959 INDIVIDUALS FROM 123 COUNTRIES ATTENDED, AND THOSE UNABLE TO ATTEND RECEIVED LINKS TO THE RECORDINGS
- 23% OF ATTENDEES WERE COACHES OUTSIDE OF SPECIAL OLYMPICS
- 84 SOCIAL MEDIAL POSTS; 301,500 IMPRESSIONS

## WOMEN IN SPORT WEBINAR SERIES (WIS)

- SPONSORED BY AERIE - 2 WEBINARS 8 LANGUAGES, 2 ATHLETE LEADER HOSTS FROM 2 REGIONS
- THE WOMEN IN SPORT WEBINAR SERIES, PRESENTED BY AERIE, WAS LAUNCHED ON INTERNATIONAL WOMEN'S DAY TO SHINE A LIGHT ON THE EXPERIENCES AND INSIGHTS OF INSPIRATIONAL WOMEN IN SPORTS.
- FEATURING DIVERSE FEMALE LEADERS FROM WITHIN AND OUTSIDE THE SPECIAL OLYMPICS COMMUNITY, THE OPENING WEBINAR ATTRACTED OVER 250 ATTENDEES

Name of the organization	Employer identification number
SPECIAL OLYMPICS, INC. FROM MORE THAN 60 COUNTRIES.	52-0889518

## YOUTH SPORT COACHING

WITH THE SUPPORT OF GALLAGHER & ESPN, WE COMMENCED AN EXCITING PIECE OF WORK WITH ICOACHKIDS AND LEEDS BECKETT UNIVERSITY IN THE UK. AS PART OF THIS WORK, WE ARE CONDUCTING A LANDSCAPE ANALYSIS OF YOUTH SPORT IN SPECIAL OLYMPICS - INVOLVING SURVEYING YOUTH SPORT COACHES, YOUTH SPORT ATHLETES, THEIR PARENTS/CAREGIVERS, AND YOUTH SPORT ORGANIZERS. THEIR INPUT WILL HELP TO INFORM THE RESEARCH TEAM'S DEVELOPMENT OF A SUITE OF RESOURCES SPECIFICALLY DESIGNED TO SUPPORT THE COACHES OF YOUTH ATHLETES WITH IDD. BASED AROUND THE CORE TENETS OF THE ICOACHKIDS GOLDEN PRINCIPLES, THESE RESOURCES WILL SUPPORT YOUTH SPORT COACHES IN SPECIAL OLYMPICS TO PLAN AND DELIVER FUN, ENGAGING, DEVELOPMENTALLY APPROPRIATE SPORTS EXPERIENCES FOR YOUTH ATHLETES IN SPECIAL OLYMPICS, AS WELL AS TO PROVIDE THEM WITH GUIDANCE AND GOOD PRACTICES TO SUPPORT THE EFFECTIVE AND APPROPRIATE USE OF COMPETITION AS A DEVELOPMENT TOOL.

## MICHAEL PHELPS FOUNDATION PROJECT OVERVIEW

THE MICHAEL PHELPS FOUNDATION SUPPORTED SEVEN SWIMMING GRANTS IN TWO REGIONS AND SEVEN SPECIAL OLYMPICS PROGRAMS IN 2024. THESE GRANTS SUPPORTED SWIM COACHES FROM SIX DIFFERENT PROGRAMS IN LATIN AMERICA AS THEY WORKED TO IMPLEMENT WHAT THEY HAD LEARNED AT A REGIONAL MICHAEL PHELPS FOUNDATION SWIM COACH TRAINING ON THE LOCAL LEVEL IN THEIR OWN COMMUNITIES, AS WELL AS FUNDING ANOTHER SWIM COACH TRAINING IN DUBLIN, IRELAND. THROUGH THIS MODEL, COACHES IN LATIN AMERICA SPREAD THEIR KNOWLEDGE TO OTHERS IN THEIR AREA, AND IN 2025, THE SAME PROCESS WILL ALLOW EUROPEAN COACHES WHO ATTENDED THE TRAINING IN DUBLIN TO DO THE SAME.

- 6 LOCAL SPECIAL OLYMPICS PROGRAMS GRANTS TO TRAIN LOCAL COACHES & SWIMMERS (BOLIVIA, CHILE, GUATEMALA, PARAGUAY, PERU, PUERTO RICO)
- 258 SO COACHES CERTIFIED
- 53 SO COACHES RECERTIFIED
- HOSTED BY SPECIAL OLYMPICS IRELAND, THE MICHAEL PHELPS FOUNDATION DELIVERED AN IM CHAMPION COACH TRAINING TO SPECIAL OLYMPICS SWIMMING COACHES FROM ACROSS THE SPECIAL OLYMPICS EUROPE EURASIA REGION, SPECIFICALLY FROM SEVEN LOCAL SPECIAL OLYMPICS PROGRAMS (IRELAND, ITALY, GERMANY, SLOVENIA, ISRAEL, LUXEMBOURG, ESTONIA). EACH PARTICIPATING PROGRAMME HAD THE OPPORTUNITY TO APPLY FOR GRANT FUNDING TO SUPPORT THE ROLL-OUT OF THE MICHAEL PHELPS FOUNDATION IM PROGRAM TRAINING IN 2025.

## SPORT ASSISTANTS WITH IDD PILOT

LEVEL 1 SPORT ASSISTANT MATERIALS WERE ADAPTED IN COLLABORATION WITH THE ATHLETE LEADERSHIP TEAM FOR A MODIFIED DELIVERY FORMAT FOR COACHES WITH IDD. THESE MATERIALS WERE LAUNCHED AND MADE AVAILABLE IN 2024 AS PART OF THE THE ATHLETE LEADERSHIP PROGRAMME'S LEADERSHIP AND SKILLS CURRICULUM. THIS WAS LAUNCHED IN LATE 2024.

## UNIFIED SPORTS DEVELOPMENT

IN 2024, ESPN, LIONS CLUBS INTERNATIONAL, AND TOYOTA MOTOR COMPANY SUPPORTED A TOTAL OF 85 UNIFIED SPORTS GRANTS WITH PROGRAMMING ACROSS SIX SPECIAL OLYMPICS REGIONS AND 47 SPECIAL OLYMPICS PROGRAMS. ALL FOCUSED ON THE DEVELOPMENT OF UNIFIED SPORTS, SUPPORTING THE GROWTH OF OPPORTUNITIES BOTH IN SCHOOLS AND COMMUNITY SETTINGS, INCLUDING LEAGUE-PLAY, AND THE DEVELOPMENT OF NEW SPORTS. PROGRAMS PARTNERED WITH COMMUNITY ORGANIZATIONS LIKE LIONS CLUBS, YMCAS, BOYS & GIRLS CLUBS,

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SPECIAL OLYMPICS, INC.	52-0889518
AND LOCAL PARKS & RECREATION DEPARTMENTS TO OFFER NEW UNIFIED SPORTS OPPORTUNITIES IN THEIR STATES.	

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

EGYPT, UNITED ARAB EMIRATES, SINGAPORE, IRELAND,  
PANAMA, CHINA

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

TIMOTHY P SHRIVER, DIRECTOR AND CHAIRMAN, AND BOBBY SHRIVER, DIRECTOR AND  
MARK SHRIVER, DIRECTOR HAVE A FAMILY RELATIONSHIP.

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. 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 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 2023, COMPENSATION OF THE CHIEF EXECUTIVE OFFICE AND EACH  
POSITION REPORTING TO THE CHIEF EXECUTIVE OFFICER WAS REVIEWED AND APPROVED  
BY THE COMPENSATION COMMITTEE BASED ON 2022 PERFORMANCE. POSITIONS

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SPECIAL OLYMPICS, INC.	52-0889518

CURRENTLY REPORTING TO THE CHIEF EXECUTIVE OFFICER ARE: CHIEF LEGAL OFFICER, CHIEF FINANCIAL OFFICER, CHIEF INFORMATION & TECHNOLOGY OFFICER, CHIEF HEALTH OFFICER, CHIEF OF HEALTH OPERATIONS, CHIEF HUMAN RESOURCES OFFICER, SENIOR VP OF LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT, CHIEF OF GOVERNMENT RELATIONS, CHIEF OF COMMUNICATIONS, DEVELOPMENT & MARKETING, CHIEF OF REGIONAL & PROGRAM OPERATIONS, CHIEF OF GAMES & COMPETITION, AND CHIEF OF GLOBAL YOUTH & EDUCATION.

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](http://WWW.SPECIALOLYMPICS.ORG) AND UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

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

FOREIGN CURRENCY TRANSLATION -209,338.

FORM 990, PART VI, SECTION B, LINE 10:

SPECIAL OLYMPICS HAS ACCREDITED PROGRAMS IN THE UNITED STATES AND MANY FOREIGN COUNTRIES. THESE ARE SEPARATE ENTITIES WITH BOARDS OF DIRECTORS AND MANAGEMENT TEAMS. SPECIAL OLYMPICS' CONTROL OVER THESE ENTITIES IS INDIRECT IN THAT REGARD. SPECIAL OLYMPICS EXERTS INFLUENCE OVER THE ACTIVITIES OF THESE ENTITIES IN TERMS OF THE GENERAL RULES, COMPLIANCE WITH WHICH IS REQUIRED FOR ACCREDITATION AND VIA GRANT AGREEMENTS FOR FUNDS SENT TO THESE ENTITIES.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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
SPECIAL OLYMPICS ASIA PACIFIC (LTD) 354 TANGLIN RD, TANGLIN INT'L CENTRE, #01-11 TANGLIN BLOCK, SINGAPORE 247672	FUNDRAISING VEHICLE AND REGIONAL OFFICE FOR SPECIAL OLYMPICS ASIA PACIFIC	SINGAPORE	2,756,333.	1,284,305.	SPECIAL OLYMPICS, INC.
CHRISTMAS RECORDS TRUST 2600 VIRGINIA AVE NW WASHINGTON, DC 20037	INVESTMENTS OF ROYALTY INCOME TO BENEFIT SPECIAL OLYMPICS MOVEMENT	DISTRICT OF COLUMBIA	2,278,044.	59,622,092.	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, 2600 VIRGINIA AVE NW, WASHINGTON, DC 20037	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) (Rev. 1-2025)

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SPECIAL OLYMPICS COMMUNITY SERVICES LTD 354 TANGLIN ROAD, #01-11/12 SINGAPORE, SINGAPORE 247672	TO RAISE FUND TO SUPPORT SPECIAL OLYMPICS PROGRAMS &	SINGAPORE	SOI	C CORP	0.	0.	100%	X	
SPECIAL OLYMPICS GLOBAL CENTER LIMITED UNIT 6, FLOOR 6, AL SILA TOWER, ABU DHABI GLO ABU DHABI, UNITED ARAB EMIRATES	PUBLISHES RESEARCH AND POLICY BRIEFS ON INCLUSION IN	UNITED ARAB EMIR	SOI	C CORP	0.	0.	100%	X	
SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA (MENA) FZ LLC, OFFICE 320, THIRD FLOOR, BUILDING 8, DUBAI MEDIA CITY, UNITED ARAB	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS MENA	UNITED ARAB EMIR	SOI	C CORP	0.	0.	100%	X	

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SO EUROPE EURASIA (SOEE) FOUNDATION	O	247,368.	GAAP
(2)			
(3)			
(4)			
(5)			
(6)			



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

[illegible]

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

NAME OF RELATED ORGANIZATION:

SPECIAL OLYMPICS GLOBAL CENTER LIMITED

PRIMARY ACTIVITY: PUBLISHES RESEARCH AND POLICY BRIEFS ON INCLUSION IN

EDUCATION

NAME AND ADDRESS OF RELATED ORGANIZATION:

SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA (MENA) FZ LLC

OFFICE 320, THIRD FLOOR, BUILDING 8

DUBAI MEDIA CITY, UNITED ARAB EMIRATES

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2024**Department of the Treasury  
Internal Revenue Service

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		SPECIAL OLYMPICS, INC.	52-0889518
		Number, street, and room or suite no. If a P.O. box, see instructions. 2600 VIRGINIA AVE NW, 11TH FLR	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year _____ 164,249,772.	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>
<b>J</b> Enter the number of attached Schedules A (Form 990-T) _____ 1
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation _____
<b>L</b> The books are in care of BRANDON FITZGERALD, CHIEF LEGAL OF _____ Telephone number (202) 628-3630

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	<b>1</b>	10,929.
<b>2</b> Reserved	<b>2</b>	
<b>3</b> Add lines 1 and 2	<b>3</b>	10,929.
<b>4</b> Charitable contributions (see instructions for limitation rules) STMT 1	<b>4</b>	993.
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	9,936.
<b>6</b> Deduction for net operating loss. See instructions	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	9,936.
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	1,000.
<b>9</b> Trusts. Section 199A deduction. See instructions	<b>9</b>	
<b>10</b> Total deductions. Add lines 8 and 9	<b>10</b>	1,000.
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	8,936.

**Part II Tax Computation**

<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	<b>1</b>	1,877.
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	
<b>3</b> Proxy tax. See instructions	<b>3</b>	
<b>4a</b> Amount from Form 4255, Part I, line 3, column (q)	<b>4a</b>	
<b>b</b> Other tax amounts. See instructions	<b>4b</b>	
<b>5</b> Alternative minimum tax	<b>5</b>	
<b>6</b> Tax on noncompliant facility income. See instructions	<b>6</b>	
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	1,877.

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b> Total credits. Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		1,877.
<b>3a</b> Amount from Form 4255, Part I, line 3, column (r) (see instructions)	<b>3a</b>		
<b>b</b> Amount due from Form 8611	<b>3b</b>		
<b>c</b> Amount due from Form 8697	<b>3c</b>		
<b>d</b> Amount due from Form 8866	<b>3d</b>		
<b>e</b> Other amounts due (see instructions)	<b>3e</b>		
<b>f</b> Total amounts due. Add lines 3a through 3e	<b>3f</b>		0.
<b>4</b> Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		1,877.

**Part III Tax and Payments** (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: Preceding year's overpayment credited to the current year	6a	57,993.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	<b>Total payments.</b> Add lines 6a through 6j	7	57,993.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	56,116.
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> 56,116. <b>Refunded</b>	11	0.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 2	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900001	\$ 1,144,775.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SUE ROBISON	SUE ROBISON	11/07/25	P00560072
	Firm's name RSM US LLP	Firm's EIN 42-0714325		
	920 5TH AVENUE, SUITE 2800	Phone no. 206-281-4444		
	Firm's address SEATTLE, WA 98104			

Form 990-T (2024)

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 1

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
FOR TAX YEAR 2019 37,101,402  
FOR TAX YEAR 2020 31,801,792  
FOR TAX YEAR 2021 50,441,565  
FOR TAX YEAR 2022  
FOR TAX YEAR 2023

TOTAL CARRYOVER 119,344,759  
TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 119,344,759  
TAXABLE INCOME LIMITATION AS ADJUSTED 993

EXCESS CONTRIBUTIONS 119,343,766  
EXCESS 100% CONTRIBUTIONS 0  
TOTAL EXCESS CONTRIBUTIONS 119,343,766

ALLOWABLE CONTRIBUTIONS DEDUCTION 993

TOTAL CONTRIBUTION DEDUCTION 993

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 2

NAME OF COUNTRY

EGYPT  
UNITED ARAB EMIRATES  
SINGAPORE  
IRELAND  
PANAMA  
CHINA

**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2024**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <div style="text-align: center;">SPECIAL OLYMPICS, INC.</div>	<b>B</b> Employer identification number <div style="text-align: center;">52-0889518</div>
<b>C</b> Unrelated business activity code (see instructions)      900001	<b>D</b> Sequence:      1      of      1

**E** Describe the unrelated trade or business      UBI FROM K1

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		136,831.		136,831.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions				
<b>c</b> Capital loss deduction for trusts				
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)      STATEMENT 3		-56,103.		-56,103.
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		80,728.		80,728.

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	22,785.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement)      SEE STATEMENT 4		<b>14</b>	3,300.
<b>15 Total deductions.</b> Add lines 1 through 14		<b>15</b>	26,085.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	54,643.
<b>17</b> Deduction for net operating loss. See instructions      STMT 5      STMT 7		<b>17</b>	43,714.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	10,929.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold**

Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year .....	<b>1</b>	
<b>2</b>	Purchases .....	<b>2</b>	
<b>3</b>	Cost of labor .....	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) .....	<b>4</b>	
<b>5</b>	Other costs (attach statement) .....	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	
<b>7</b>	Inventory at end of year .....	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	<b>8</b>	
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
<b>c</b>	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
<b>3</b>	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
<b>4</b>	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
<b>5</b>	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Gross income from or allocable to debt-financed property .....	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement) .....				
<b>b</b>	Other deductions (attach statement) .....				
<b>c</b>	Total deductions (add lines 3a and 3b, columns A through D) .....				
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
<b>6</b>	Divide line 4 by line 5 .....	%	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 .....				
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 .....				
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
<b>11</b>	<b>Total dividends-received deductions</b> included in line 10 .....	0.			



**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

  

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: .....		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Schedule A (Form 990-T) 2024

**Part IX Advertising Income****1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

**2** Gross advertising income .....**a** Add columns A through D. Enter here and on Part I, line 11, column (A) .....

0.

**3** Direct advertising costs by periodical .....**a** Add columns A through D. Enter here and on Part I, line 11, column (B) .....

0.

**4** Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

**5** Readership costs .....**6** Circulation income .....

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13 .....

0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 .....

0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
GLOBAL ENDOWMENT FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		7,140.
GLOBAL ENDOWMENT FUND II, LP - NET RENTAL REAL ESTATE INCOME		-17,408.
GLOBAL ENDOWMENT FUND II, LP - OTHER NET RENTAL INCOME (LOSS)		-213.
GLOBAL ENDOWMENT FUND II, LP - INTEREST INCOME		16,021.
GLOBAL ENDOWMENT FUND II, LP - DIVIDEND INCOME		1,312.
GLOBAL ENDOWMENT FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)		5,737.
GLOBAL ENDOWMENT FUND II, LP - OTHER INCOME (LOSS)		-26,546.
GEM GROWTH FUND, LP - ORDINARY BUSINESS INCOME (LOSS)		-33,841.
GEM GROWTH FUND, LP - NET RENTAL REAL ESTATE INCOME		-6,544.
GEM GROWTH FUND, LP - OTHER NET RENTAL INCOME (LOSS)		-78.
GEM GROWTH FUND, LP - INTEREST INCOME		17,356.
GEM GROWTH FUND, LP - DIVIDEND INCOME		1,449.
GEM GROWTH FUND, LP - OTHER PORTFOLIO INCOME (LOSS)		5,884.
GEM GROWTH FUND, LP - OTHER INCOME (LOSS)		-26,372.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-56,103.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX FORM PREPARATION FEE		3,300.
TOTAL TO SCHEDULE A, PART II, LINE 14		3,300.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
1,144,775.	43,714.	1,101,061.

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990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 6

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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/23	1,144,775.	0.	1,144,775.	1,144,775.
NOL CARRYOVER AVAILABLE THIS YEAR			1,144,775.	1,144,775.

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SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 7

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TAXABLE INCOME FROM ALL ENTITIES	54,643.
THIS ENTITIES PORTION OF TAXABLE INCOME	54,643.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	54,643.
80% INCOME LIMITATION	43,714.
POST-2017 AVAILABLE	1,144,775.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	43,714.

**SCHEDULE D**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2024**

Name

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				3,626.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	3,626.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				6,498.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	126,707.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	133,205.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	3,626.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	133,205.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	136,831.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

# 2024

Attachment Sequence No. **12A**

**File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

**Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.**

Name(s) shown on return

SPECIAL OLYMPICS, INC.

**Social security number or taxpayer identification no.**

52-0889518

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SPECIAL OLYMPICS, INC.

52-0889518

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

<b>Part II</b>	<b>Long-Term.</b>
----------------	-------------------

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury  
Internal Revenue Service

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2024**

Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number

SPECIAL OLYMPICS, INC.

52-0889518

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	GLOBAL ENDOWMENT FUND II, LP						61,689.
	GEM GROWTH FUND, LP						65,018.

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**

**4**

**5**

**6**

**7**

126,707.

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**

**9**

126,707.

**Part II Ordinary Gains and Losses** (see instructions)

- 10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**11**

**12**

**13**

**14**

**15**

**16**

**17**

**18a**

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE D**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2024**

Name

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				3,626.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	3,626.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				6,498.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	126,707.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	133,205.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	3,626.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	133,205.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	136,831.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.



52-0889518

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury  
Internal Revenue Service

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2024**

Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number

SPECIAL OLYMPICS, INC.

52-0889518

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	GLOBAL ENDOWMENT FUND II, LP						61,689.
	GEM GROWTH FUND, LP						65,018.

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**

**4**

**5**

**6**

**7**

126,707.

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**

**9**

126,707.

**Part II Ordinary Gains and Losses** (see instructions)

- 10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**11**

**12**

**13**

**14**

**15**

**16**

**17**

**18a**

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	