

** PUBLIC DISCLOSURE COPY **

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.**2016**Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

SPECIAL OLYMPICS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1133 19TH STREET NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20036F Name and address of principal officer: **MARY DAVIS****SAME AS C ABOVE**

D Employer identification number

52-0889518

E Telephone number

(202) 628-3630G Gross receipts \$ **156,104,480.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.SPECIALOLYMPICS.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1968** M State of legal domicile: **DC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDES YEAR-ROUND SPORTS TRAINING AND COMPETITION TO PERSONS WITH INTELLECTUAL DISABILITIES.		
	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)	3	43
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	181
	6	Total number of volunteers (estimate if necessary)	6	1580000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	103,974,742.	95,819,017.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,681,986.	4,591,810.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,094,624.	2,725,669.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,024,577.	104,596,866.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,540,946.	34,803,336.
	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)	21,222,221.	20,238,179.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,557,212.	3,353,227.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,232,395.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,126,951.	45,541,507.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,447,330.	103,936,249.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-8,422,753.	660,617.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	71,759,731.	79,895,080.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,405,590.	18,711,040.
			60,354,141.	61,184,040.

Part II Signature Block

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

Signature of officer: **MARY DAVIS, CHIEF EXECUTIVE OFFICER** Date: **7/6/2017**
 Type or print name and title

Print/Type preparer's name: **YONG ZHANG** Preparer's signature: *Yong Zhang* Date: **06/30/17** Check ☐ self-employed PTIN: **P01249785**
 Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**
 Firm's address: **1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102** Phone no. **703-336-6400**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 64,065,793. including grants of \$ 27,881,889.) (Revenue \$ 3,718,492.)PROGRAM ASSISTANCE:

PEOPLE WITH INTELLECTUAL DISABILITIES ARE AT HIGHER RISK FOR MANY PREVENTABLE HEALTH CONDITIONS. OUR EXPANDED HEALTH INITIATIVES WORK TO CLOSE THE HEALTH GAP BETWEEN PEOPLE WITH INTELLECTUAL DISABILITIES (ID) AND THOSE WITHOUT ID, SAVING LIVES AND BRINGING IMPROVED HEALTH TO OUR ATHLETES ALL AROUND THE WORLD.

SPECIAL OLYMPICS' FOCUS ON HEALTH CONTINUED TO EXPAND IN 2016. TO DATE, ATHLETES HAVE RECEIVED MORE THAN 1.7 MILLION FREE EXAMS THROUGH THE HEALTHY ATHLETES PROGRAM SINCE ITS FOUNDING NEARLY 20 YEARS AGO. IN 2016 ALONE, THE SPECIAL OLYMPICS HEALTH PROGRAM, MADE POSSIBLE BY THE

4b (Code:) (Expenses \$ 20,174,838. including grants of \$ 6,490,546.) (Revenue \$)PUBLIC EDUCATION AND COMMUNICATIONS:

SPECIAL OLYMPICS IS WORKING TO RAISE AWARENESS AND PARTICIPATION EVEN MORE -- AND ESPECIALLY AMONG YOUNG PEOPLE. WHY? BECAUSE CHILDREN WITH DISABILITIES ARE TWO TO THREE TIMES MORE LIKELY TO BE BULLIED THAN THOSE WITHOUT DISABILITIES. STUDENTS WITH ID FACE EVEN MORE ISOLATION ON SCHOOL CAMPUSES. THAT'S BECAUSE THEY ARE LESS LIKELY TO SPEND TIME IN A REGULAR EDUCATION ENVIRONMENT THAN STUDENTS WITH OTHER TYPES OF DISABILITY.

A RECENT HARRIS POLL SHOWS THAT, WHILE UNIFIED SPORTS REMAINS A RELATIVELY NEW BRAND, 1 IN 5 YOUNG PEOPLE (AGES 18-34) SAY THEY'RE

4c (Code:) (Expenses \$ 1,833,323. including grants of \$ 430,901.) (Revenue \$ 873,318.)SPORTS TRAINING AND COMPETITION:

IMPROVING OPPORTUNITIES FOR ATHLETES TO PERFORM AT THEIR BEST EVERY YEAR, SPECIAL OLYMPICS HOLDS THOUSANDS OF COMPETITIONS AROUND THE WORLD - LARGE AND SMALL. EACH ONE BRINGS OUT NEW STRENGTHS AND SKILLS IN OUR ATHLETES - AND CHANGES ATTITUDES ABOUT THE TALENTS OF PEOPLE WITH INTELLECTUAL DISABILITIES (ID).

IN 2016, WE CONTINUED TO EXPAND THE ENORMOUS IMPACT AND REACH OF SPECIAL OLYMPICS UNIFIED SPORTS EVENTS. THROUGH UNIFIED SPORTS, WE ARE BRINGING TOGETHER PEOPLE WITH AND WITHOUT ID IN SCHOOLS, PLAYING FIELDS AND COMMUNITIES WORLDWIDE. THANKS TO SUPPORT FROM ESPN, THE GLOBAL

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

(Expenses \$) (Revenue \$)

4e Total program service expenses 86,073,954.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 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? If "Yes," complete Schedule I, Parts I and III		X
23 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? If "Yes," complete Schedule J	X	
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	58																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																																
2a 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		181																																	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X																																
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																			
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O																																			
4a 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)?			X																																
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).																																			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																			
6a 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																			
7 Organizations that may receive deductible contributions under section 170(c).																																			
a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the sponsoring organization make any taxable distributions under section 4966?																																			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																			
10 Section 501(c)(7) organizations. Enter:																																			
a Initiation fees and capital contributions included on Part VIII, line 12																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter:																																			
a Gross income from members or shareholders																																			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.																																			
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																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	43			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		41		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a 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 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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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
11a 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. TIMOTHY P. SHRIVER CHAIRMAN OF THE BOARD	30.00	X		X				214,055.	0.	55,949.
(2) MR. WILLIAM ALFORD LEAD DIRECTOR AND VICE CHAIR	1.60	X		X				0.	0.	0.
(3) MR. STEPHEN M. CARTER LEAD DIRECTOR AND VICE CHAIR	1.60	X		X				0.	0.	0.
(4) MS. LORETTA CLAIBORNE VICE CHAIR	1.60	X		X				20,108.	0.	0.
(5) MR. ANGELO MORATTI VICE CHAIR	1.60	X		X				0.	0.	0.
(6) MS. MICHELLE KWAN TREASURER	1.60	X		X				0.	0.	0.
(7) MR. MOHAMMED M. AL HAMELI DIRECTOR	0.80	X						0.	0.	0.
(8) H.H. SAYYID FAISAL BIN TURKI AL DIRECTOR	0.80	X						0.	0.	0.
(9) MR. ERNEST Z. BOWER DIRECTOR	0.80	X						0.	0.	0.
(10) DR. DAVID BRADDOCK DIRECTOR	0.80	X						0.	0.	0.
(11) AMBASSADOR NICHOLAS BURNS DIRECTOR	0.80	X						0.	0.	0.
(12) MS. NADIA COMANECI DIRECTOR	0.80	X						0.	0.	0.
(13) MS. DONNA DE VARONA DIRECTOR	0.80	X						0.	0.	0.
(14) DR. ELISABETH DYKENS DIRECTOR	0.80	X						0.	0.	0.
(15) MS. YOLANDA ELETA DE VARELA DIRECTOR	0.80	X						0.	0.	0.
(16) MS. ANNE FINUCANE DIRECTOR	0.80	X						0.	0.	0.
(17) AMBASSADOR LUIS GALLEGOS DIRECTOR	0.80	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. KATHY GIBSON DIRECTOR	0.80	X						0.	0.	0.
(19) DR. FEDERICO GARCIA-GODOY DIRECTOR	0.80	X						0.	0.	0.
(20) MR. BENJAMIN HAACK DIRECTOR	0.80	X						0.	0.	0.
(21) MR. SCOTT HAMILTON DIRECTOR	0.80	X						0.	0.	0.
(22) MR. NILS KASTBERG DIRECTOR	0.80	X						0.	0.	0.
(23) MR. MUHTAR KENT DIRECTOR	0.80	X						0.	0.	0.
(24) MR. KIM BYEONG DEOK DIRECTOR	0.80	X						0.	0.	0.
(25) MS. RONAK LAKHANI DIRECTOR	0.80	X						0.	0.	0.
(26) MR. LARRY LUCCHINO DIRECTOR	0.80	X						0.	0.	0.
1b Sub-total								234,163.	0.	55,949.
c Total from continuation sheets to Part VII, Section A								3,544,391.	0.	434,032.
d Total (add lines 1b and 1c)								3,778,554.	0.	489,981.

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

	Yes	No
3	X	
4	X	
5		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 GALLOWES ROAD SUITE 600, VIENNA, VA 22182	FUNDRAISING/MAILING SERVICES	13,836,296.
THE HERITAGE GROUP, 2402 WILDWOOD AVENUE SUITE 500, LITTLE ROCK, AR 72120	FUNDRAISING SERVICES	1,843,036.
BLACKBAUD PO BOX 930256, ATLANTA, GA 31193	DATABASE MANAGEMENT AND ANALYTICS	829,978.
NNE MARKETING LLC, 1666 MASSACHUSETTS AVE SUITE 14, LEXINGTON, MA 02420	FUNDRAISING SERVICES	774,379.
AMERICAN LIST COUNSEL INC, 750 COLLEGE ROAD EAST SUITE #201, PRINCETON, NJ 08540	LIST BROKERAGE/MARKETING	767,242.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. GLENN LYON DIRECTOR	0.80	X						0.	0.	0.
(28) MR. PETER MAZUNDA DIRECTOR	0.80	X						0.	0.	0.
(29) MS. GEORGIA MILTON-SHEATS DIRECTOR	0.80	X						0.	0.	0.
(30) MS. KATIE BURKE MITIC DIRECTOR	0.80	X						0.	0.	0.
(31) MR. DIKEMBE MUTOMBO DIRECTOR	0.80	X						0.	0.	0.
(32) HON. NA KYUNG WON DIRECTOR	0.80	X						0.	0.	0.
(33) MR. DENIS OBRIEN DIRECTOR	0.80	X						0.	0.	0.
(34) MR. SAMUEL PERKINS DIRECTOR	0.80	X						0.	0.	0.
(35) MS. MONICA RIVERO DIRECTOR	0.80	X						0.	0.	0.
(36) DR. ELENI ROSSIDES DIRECTOR	0.80	X						0.	0.	0.
(37) MR. LI RUIGANG DIRECTOR	0.80	X						0.	0.	0.
(38) MS. KIM SAMUEL DIRECTOR	0.80	X						0.	0.	0.
(39) MR. BOBBY SHRIVER DIRECTOR	0.80	X						0.	0.	0.
(40) MR. HAMDI ULUKAYA DIRECTOR	0.80	X						0.	0.	0.
(41) MS. NATALIA VODIANOVA DIRECTOR	0.80	X						0.	0.	0.
(42) MR. MATTHEW WILLIAMS DIRECTOR	0.80	X						0.	0.	0.
(43) MS. VANESSA WILLIAMS DIRECTOR	0.80	X						0.	0.	0.
(44) MS. YANG LAN DIRECTOR	0.80	X						0.	0.	0.
(45) MR. YAO MING DIRECTOR	0.80	X						0.	0.	0.
(46) DR. DICKEN YUNG DIRECTOR	0.80	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 258,008.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 11,488,218.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 84,072,791.				
	g Noncash contributions included in lines 1a-1f: \$	11,713,712.				
	h Total. Add lines 1a-1f		95,819,017.			
			Business Code			
Program Service Revenue	2 a ACCREDITATION FEES	900099	3,718,492.	3,718,492.		
	b CONFERENCES & MEETINGS	900099	723,318.	723,318.		
	c WORLD GAMES SANCT FEE	900099	150,000.	150,000.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,591,810.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,712,709.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			517,210.			517,210.
6 a Gross rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			12,960.			12,960.
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a LIST RENTAL	900099	852,063.			852,063.	
b OTHER INCOME	900099	91,097.			91,097.	
c						
d All other revenue						
e Total. Add lines 11a-11d		943,160.				
12 Total revenue. See instructions.		104,596,866.	4,591,810.	0.	4,186,039.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,488,378.	26,488,378.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,314,958.	8,314,958.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,460,061.	1,056,995.	1,092,616.	310,450.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,384,483.	12,217,658.	501,800.	1,665,025.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	782,030.	581,471.	71,941.	128,618.
9 Other employee benefits	1,225,618.	1,034,584.	8,891.	182,143.
10 Payroll taxes	1,385,987.	1,127,172.	125,479.	133,336.
11 Fees for services (non-employees):				
a Management				
b Legal	164,481.	123,911.	40,570.	
c Accounting	272,432.		272,432.	
d Lobbying	91,200.	91,200.		
e Professional fundraising services. See Part IV, line 17	3,353,227.			3,353,227.
f Investment management fees	363,801.	353,224.	10,577.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,634,816.	1,634,816.		
12 Advertising and promotion				
13 Office expenses	828,990.	765,837.	17,923.	45,230.
14 Information technology	337,341.	291,018.	8,361.	37,962.
15 Royalties				
16 Occupancy	1,599,357.	1,273,249.	159,519.	166,589.
17 Travel	5,532,791.	5,091,713.	255,106.	185,972.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	594,638.	505,642.	88,996.	
23 Insurance	360,015.	198,845.	161,170.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE & SHIPPING	14,944,220.	7,782,905.	17,570.	7,143,745.
b DONATED GOODS & SUPPLIES	11,633,203.	11,633,203.		
c DATA PROCESSING	2,125,790.	1,425,012.	664,777.	36,001.
d REALIZED FOREIGN CURREN	158,254.		158,254.	
e All other expenses	4,900,178.	4,082,163.	-26,082.	844,097.
25 Total functional expenses. Add lines 1 through 24e	103,936,249.	86,073,954.	3,629,900.	14,232,395.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	20,528,660.	10,059,044.	0.	10,469,616.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,206,968.	1	2,066,890.
	2 Savings and temporary cash investments	6,276,678.	2	15,555,630.
	3 Pledges and grants receivable, net	3,081,383.	3	4,659,282.
	4 Accounts receivable, net	4,067,459.	4	4,632,185.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	383,778.	8	378,811.
	9 Prepaid expenses and deferred charges	1,296,876.	9	1,326,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,805,860.		
	b Less: accumulated depreciation	10b 5,418,847.		
		1,297,209.	10c	1,387,013.
	11 Investments - publicly traded securities	51,628,096.	11	49,155,299.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	521,284.	15	733,707.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	71,759,731.	16	79,895,080.	
Liabilities	17 Accounts payable and accrued expenses	7,381,290.	17	6,573,498.
	18 Grants payable	2,832,096.	18	5,217,887.
	19 Deferred revenue	468,994.	19	6,260,109.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	723,210.	25	659,546.
	26 Total liabilities. Add lines 17 through 25	11,405,590.	26	18,711,040.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,633,799.	27	50,502,945.
	28 Temporarily restricted net assets	11,521,758.	28	10,681,095.
	29 Permanently restricted net assets	198,584.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	60,354,141.	33	61,184,040.
34 Total liabilities and net assets/fund balances	71,759,731.	34	79,895,080.	

Form 990 (2016)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,596,866.
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,936,249.
3	Revenue less expenses. Subtract line 2 from line 1	3	660,617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,354,141.
5	Net unrealized gains (losses) on investments	5	169,255.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,184,040.

Part XII Financial Statements and Reporting

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

☒

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,902,122.	84,268,453.	98,192,074.	103,974,742.	95,819,017.	472,156,408.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	89,902,122.	84,268,453.	98,192,074.	103,974,742.	95,819,017.	472,156,408.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,092,230.
6 Public support. Subtract line 5 from line 4.						461,064,178.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	89,902,122.	84,268,453.	98,192,074.	103,974,742.	95,819,017.	472,156,408.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,215,087.	5,440,720.	5,232,254.	4,896,618.	4,081,982.	23,866,661.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	95,481.	309,969.	105,653.	84,696.	91,097.	686,896.
11 Total support. Add lines 7 through 10						496,709,965.
12 Gross receipts from related activities, etc. (see instructions)					12	22,045,873.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	92.82	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	93.47	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

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

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

2012 AMOUNT: \$ 95,481.

2013 AMOUNT: \$ 309,969.

2014 AMOUNT: \$ 105,653.

2015 AMOUNT: \$ 84,696.

2016 AMOUNT: \$ 91,097.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

SPECIAL OLYMPICS, INC.

52-0889518

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. **Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

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
<u>1</u>		\$ <u>7,936,272.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,422,113.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,958,897.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,751,553.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,915,795.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>5,433,880.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>4</u>	<u>OTHER SUPPLIES</u> _____ _____ _____	\$ <u>623,524.</u>	<u>12/31/16</u>
<u>6</u>	<u>OTHER SUPPLIES</u> _____ _____ _____	\$ <u>5,433,880.</u>	<u>12/31/16</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

SPECIAL OLYMPICS, INC.**52-0889518****Part III**

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		91,200.													
c Total lobbying expenditures (add lines 1a and 1b)		91,200.													
d Other exempt purpose expenditures		103,845,049.													
e Total exempt purpose expenditures (add lines 1c and 1d)		103,936,249.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	91,200.	91,200.	183,200.	91,200.	456,800.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number
52-0889518

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Otherc ☐ 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		785,167.	479,000.	306,167.
d Equipment		5,445,628.	4,512,094.	933,534.
e Other		575,065.	427,753.	147,312.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,387,013.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	659,546.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

659,546.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	110,929,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	169,255.
b	Donated services and use of facilities	2b	5,425,422.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	896,243.
e	Add lines 2a through 2d	2e	6,490,920.
3	Subtract line 2e from line 1	3	104,438,613.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	158,253.
c	Add lines 4a and 4b	4c	158,253.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	104,596,866.

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

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

1	Total expenses and losses per audited financial statements	1	109,901,503.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,425,422.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	698,085.
e	Add lines 2a through 2d	2e	6,123,507.
3	Subtract line 2e from line 1	3	103,777,996.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	158,253.
c	Add lines 4a and 4b	4c	158,253.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	103,936,249.

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 X, LINE 2:

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

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY SOI AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF SOI HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

Part XIII Supplemental Information (continued)

BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY SOI AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. GENERALLY, SOI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2013. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SO EUROPE EURASIA FOUNDATION REVENUE INCLUDED IN CONSOL.

FIN. STATEMENTS 697,632.

UNREALIZED GAIN ON FOREIGN CURRENCY 198,611.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 896,243.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED LOSS ON FOREIGN CURRENCY 158,253.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SO EUROPE EURASIA FOUNDATION EXPENSES INCLUDED IN CONSOL.

FIN. STATEMENTS 698,085.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REALIZED LOSS ON FOREIGN CURRENCY 158,253.

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

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

Employer identification number

SPECIAL OLYMPICS, INC.**52-0889518****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		191,510.
CENTRAL AMERICA AND THE CARIBBEAN	1	8	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	31,936.
EAST ASIA AND THE PACIFIC	1	29	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	3,915,667.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,472,621.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		1,357,717.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	22	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	3,567,514.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,556,612.
MIDDLE EAST AND NORTH AFRICA	1	17	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	1,116,802.
3 a Sub-total	4	76			13,210,379.
b Total from continuation sheets to Part I	1	19			7,182,318.
c Totals (add lines 3a and 3b)	5	95			20,392,697.

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

Schedule F (Form 990) 2016

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
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		282,526.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,360,394.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,315,356.
SOUTH AMERICA	0	5	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	1,266,511.
SOUTH ASIA	0	2	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	19,110.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		638,830.
SUB-SAHARAN AFRICA	1	12	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION	802,482.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,497,109.
Totals	1	19			7,182,318.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	18,000	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	18,000	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	21,000	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	27,634	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	46,500	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	60,376	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	8,000	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	8,764	WIRE	0.		

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

3 Enter total number of other organizations or entities

1220

Schedule F (Form 990) 2016

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	13,701.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	14,695.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	15,850.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	20,000.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	26,651.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	39,481.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	42,617.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	43,400.	WIRE	0.			
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	45,905.	WIRE	0.			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	46,500.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	50,628.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	57,401.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	68,939.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	69,782.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	85,305.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	104,169.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	108,793.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	423,815.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	8,999	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,911	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,964	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,300	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,800	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,989	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,438	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	15,000	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	15,250	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	15,470	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	16,500	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	16,987	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	20,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	22,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	27,113	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	28,392	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	28,749	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	29,967	WIRE	0		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	33,048	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	35,767	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	38,121	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	38,994	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	42,353	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	46,340	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	47,195	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	50,780	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	57,485	WIRE	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	61,598	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	61,821	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	84,581	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	88,624	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	98,780	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	162,005	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	170,917	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	13,932	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	24,523	WIRE	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	28,932	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	28,932	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	29,959	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	40,918	WIRE	0		
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	115,329	WIRE	0		
			NORTH AMERICA	PROGRAM ASSISTANCE	6,700	WIRE	0		
			NORTH AMERICA	PROGRAM ASSISTANCE	7,141	WIRE	0		
			NORTH AMERICA	PROGRAM ASSISTANCE	9,924	WIRE	0		
			NORTH AMERICA	PROGRAM ASSISTANCE	10,000	WIRE	0		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM ASSISTANCE	10,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	13,738.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	26,466.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	129,317.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	140,901.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	195,780.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	8,940.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	18,500.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	26,000.	WIRE	0.		

Schedule F (Form 990)		SPECIAL OLYMPICS, INC.		52-0889518		Page 2			
Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	PROGRAM ASSISTANCE	31,884	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	59,000	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	70,393	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	73,980	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	85,820	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	117,209	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	158,786	WIRE	0		
			SOUTH AMERICA	PROGRAM ASSISTANCE	506,840	WIRE	0		
			SOUTH ASIA	PROGRAM ASSISTANCE	15,000	WIRE	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	PROGRAM ASSISTANCE	16,000	WIRE	0.		
			SOUTH ASIA	PROGRAM ASSISTANCE	34,000	WIRE	0.		
			SOUTH ASIA	PROGRAM ASSISTANCE	70,587	WIRE	0.		
			SOUTH ASIA	PROGRAM ASSISTANCE	87,000	WIRE	0.		
			SOUTH ASIA	PROGRAM ASSISTANCE	398,330	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	5,100	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	8,500	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	17,000	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	29,974	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)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	29,989.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	38,125.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	40,316.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	43,646.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	45,380.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	45,556.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	46,500.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	46,625.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	47,932.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	84,967.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	99,678.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	109,575.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	229,176.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	231,692.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	257,684.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ☒ Yes ☐ No

Schedule F (Form 990) 2016

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

SPECIAL OLYMPICS GRANT MANAGERS ROUTINELY REVIEW AND MONITOR EXPENSE-TO-BUDGET REPORTS FROM GRANTEEES DURING A GRANT PERIOD. SPECIAL OLYMPICS REQUIRES THAT ALL GRANTEEES SUBMIT MONTHLY OR QUARTERLY FINANCIAL AND PROGRAMMATIC REPORTS SHOWING IN DETAIL THE GRANTEEES' GRANT ACTIVITY. SPECIAL OLYMPICS MAY REQUIRE GRANTEEES TO PERFORM AN AUDIT IF NECESSARY BASED ON THE SIZE OF THE AWARD AND TAKE CORRECTIVE ACTION, IF DIRECTED BY SPECIAL OLYMPICS. IF CITED BY THE AUDITOR, GRANTEEES THAT ARE NOT SUBJECTED TO FINANCIAL AUDITS (FEDERAL GOVERNMENT OMB CIRCULAR A-133) ARE REQUIRED TO MAINTAIN AND PROVIDE SUPPORTING DOCUMENTATION IN THE FORM OF ORIGINAL RECEIPTS, COPIES OF ANY TIMESHEETS AND PAYROLL RECORDS, AUDITS OR COMPILATIONS AND ANY OTHER VITAL FORM OF DOCUMENTATION AS DETERMINED BY GRANT GUIDELINES.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

SCHEDULE F, PART IV, LINE 6:

THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING - 1666 MASSACHUSETTS AVE, SUITE 14, THE HERITAGE COMPANY - 2402 WILDWOOD AVENUE, SUITE 500, ELEVENTY MARKETING GROUP - 453 S. HIGH STREET, STE. 101, BEACONFIRE REDENGINE - 3033 WILSON BLVD, SUITE 700, KEY ACQUISITION PARTNERS - 2525 RIVA RD #145, ANNAPOLIS, SD&A - 5757 WEST CENTURY BLVD, SUITE 300, LOS ANGELES, INFOCISION - 286 N. CLEVELAND-MASSILLON ROAD, MDS - 545 W. JUANITA AVENUE, MESA, AZ 85210, OMP DIRECT - 1214 STOWE AVENUE, MEDFORD, OR 97501, MINDSET DIRECT - 1220 N. FILLMORE ST., STE 400	SEE PART IV		X	36,199,372.	660,000.	35,539,372.
	SEE PART IV		X	3,907,151.	1,769,675.	2,137,476.
	SEE PART IV		X	603,289.	426,711.	176,578.
	SEE PART IV		X	218,555.	151,722.	66,833.
	SEE PART IV		X	58,346.	66,594.	-8,248.
	SEE PART IV		X	22,390.	57,594.	-35,204.
	SEE PART IV		X	20,698.	22,943.	-2,245.
	SEE PART IV		X	15,742.	21,798.	-6,056.
	SEE PART IV		X	6,890.	40,000.	-33,110.
	SEE PART IV		X	0.	137,000.	-137,000.
Total				41,052,433.	3,354,037.	37,698,396.

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, AR, AZ, CA, CO, CT, FL, GA, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, MO, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI, NC, VA, DC, HI, IA, MD, NC

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

Name ► _____

Address ► _____

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

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**(I) NAME OF FUNDRAISER: NNE MARKETING****(I) ADDRESS OF FUNDRAISER: 1666 MASSACHUSETTS AVE, SUITE 14, LEXINGTON, MA 02420****(II) ACTIVITY: NNE PLANS, MANAGES AND CONDUCTS DIRECT MAIL CAMPAIGNS IN ALL 50 STATES FOR SPECIAL OLYMPICS****(I) NAME OF FUNDRAISER: THE HERITAGE COMPANY****(I) ADDRESS OF FUNDRAISER: 2402 WILDWOOD AVENUE, SUITE 500, SHERWOOD,**

Part IV Supplemental Information (continued)

AR 72120

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: ELEVENTY MARKETING GROUP

(I) ADDRESS OF FUNDRAISER: 453 S. HIGH STREET, STE. 101, AKRON, OH
44311(II) ACTIVITY: TELEMARKETING CONSULTANTS, WITH MODELING, ONLINE
CONSULTANTS

(I) NAME OF FUNDRAISER: BEACONFIRE REDENGINE

(I) ADDRESS OF FUNDRAISER: 3033 WILSON BLVD. SUITE 700, ARLINGTON, VA
22201

(II) ACTIVITY: ONLINE CONSULTANTS

(I) NAME OF FUNDRAISER: KEY ACQUISITION PARTNERS

(I) ADDRESS OF FUNDRAISER: 2525 RIVA RD #145, ANNAPOLIS, MD 21401

(II) ACTIVITY: ONLINE

(I) NAME OF FUNDRAISER: SD&A

(I) ADDRESS OF FUNDRAISER: 5757 WEST CENTURY BLVD, SUITE 300, LOS
ANGELES, CA 90045

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: INFOCISION

(I) ADDRESS OF FUNDRAISER: 286 N. CLEVELAND-MASSILLON ROAD, AKRON, OH
44333

(II) ACTIVITY: TELEMARKETING

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: MDS

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

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: OMP DIRECT

(I) ADDRESS OF FUNDRAISER: 1133 19TH STREET, NW, STE 300, WASHINGTON,
DC 20036

(II) ACTIVITY: ONLINE CONSULTANTS

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER: 1220 N. FILLMORE ST., STE 400, ARLINGTON, VA
22201

(II) ACTIVITY: SUSTAINERS CONSULTANTS

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Part I General Information on Grants and Assistance

Employer identification number
52-0889518

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AADMD PO BOX 681 PROSPECT KY 40059	01-0751843	501(C)(3)	66,000.	0.			PROGRAM ASSISTANCE
AMERICAN ASSOCIATION ON HEALTH & DISABILITY - 110 N. WASHINGTON STREET - ROCKVILLE, MD 20850	52-1864887	501(C)(3)	30,000.	0.			PROGRAM ASSISTANCE
ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES - 1100 WAYNE AVENUE - SILVER SPRING, MD 20910	23-7189098	501(C)(3)	100,000.	0.			PROGRAM ASSISTANCE
NATIONAL SCHOOL CLIMATE CENTER 341 W. 38TH STREET NEW YORK, NY 10018	13-3974819	501(C)(3)	97,322.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALASKA 3200 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99501	92-0057197	501(C)(3)	36,250.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARIZONA 2100 S. 75 TH AVE. PHOENIX, AZ 85043	86-0307564	501(C)(3)	243,205.	0.			PROGRAM ASSISTANCE

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

65.

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

0.

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

Schedule I (Form 990) (2016)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS ARKANSAS 2115 MAIN ST. NORTH LITTLE ROCK, AR 72114	71-0666671	501(C)(3)	156,090.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS COLORADO 384 IVERNESS DRIVE ENGLEWOOD, CO 80112	84-0713739	501(C)(3)	286,470.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CONNECTICUT 2666 - STATE STREET HAMDEN, CT 06517-2232	23-7099756	501(C)(3)	190,014.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DC 900 2ND STREET NE WASHINGTON, DC 20002	23-7162877	501(C)(3)	36,250.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DELAWARE UNIVERSITY OF DELAWARE NEWARK, DE 19716-1901	52-0967608	501(C)(3)	87,085.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	23-7181560	501(C)(3)	213,229.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS GEORGIA 4000 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340	23-7210676	501(C)(3)	23,875.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS HAWAII P.O. BOX 3295 HONOLULU, HI 96801	23-7173957	501(C)(3)	199,222.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IDAHO 199 E. 52ND ST BOISE, ID 83714	23-7185185	501(C)(3)	65,199.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS ILLINOIS 605 EAST WILLOW STREET NORMAL, IL 61761	36-2922811	501(C)(3)	259,825.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS INDIANA 6200 TECHNOLOGY CTR INDIANAPOLIS, IN 46278	35-1262574	501(C)(3)	210,659.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IOWA P.O. BOX 620 GRIMES, IA 50111-0620	51-0176029	501(C)(3)	37,000.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	65,644.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW COURT FRANKFORT, KY 40601-8749	61-0954571	501(C)(3)	83,173.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS LOUISIANA 1000 EAST MORRIS AVENUE HAMMOND, LA 70403	72-0706608	501(C)(3)	165,742.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MAINE 125 JOHN ROBERTS ROAD SOUTH PORTLAND, ME 04106	01-0355822	501(C)(3)	149,245.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MARYLAND 3701 COMMERCE DRIVE BALTIMORE, MD 21227	23-7089144	501(C)(3)	84,902.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST STREET MARLBOROUGH, MA 01752	23-7242294	501(C)(3)	80,517.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS MICHIGAN EAST CAMPUS DRIVE MT. PLEASANT, MI 48859	38-1964643	501(C)(3)	289,202.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MINNESOTA 900 2ND AVENUE SOUTH MINNEAPOLIS, MN 55402	41-1228157	501(C)(3)	121,041.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSISSIPPI 15 OLYMPIC WAY MADISON, MS 39110	51-0185594	501(C)(3)	9,518.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSOURI 1001 DIAMOND RIDGE JEFFERSON CITY, MO 65109	23-7328374	501(C)(3)	163,569.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MONTANA P.O. BOX 3507 GREAT FALLS, MT 59401	81-0367064	501(C)(3)	165,259.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEBRASKA 11011 Q STREET OMAHA, NE 68137-3700	47-0546346	501(C)(3)	214,860.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEVADA 5670 WYNN RD # H LAS VEGAS, NV 89118		501(C)(3)	63,750.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW HAMPSHIRE 650 ELM STREET MANCHESTER, NH 03101-2508	23-7207522	501(C)(3)	122,433.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW JERSEY PRINCESS RD LAWRENCEVILLE, NJ 086480	23-7448729	501(C)(3)	164,560.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS NE ALBUQUERQUE, NM 87109	85-0268084	501(C)(3)	33,954.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304-2290	23-7061382	501(C)(3)	251,563.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH CAROLINA SUITE 200 MORRISVILLE, NC 27560-9122	56-1149607	501(C)(3)	307,962.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH DAKOTA 2616 26TH STREET SOUTH GRAND FORKS, ND 58201	45-0355704	501(C)(3)	27,511.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTHERN CALIFORNIA - 3480 BUSKIRK AVENUE - PLEASANT HILL, CA 94523	68-0363121	501(C)(3)	150,230.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	51-0183468	501(C)(3)	42,965.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OKLAHOMA 6835 SOUTH CANTON AVENUE TULSA, OK 74136-3433	23-7174120	501(C)(3)	69,596.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OREGON 5901 SW MACADAM AVENUE PORTLAND, OR 97239	93-0752969	501(C)(3)	128,039.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PENNSYLVANIA 124 WASHINGTON SQUARE NORRISTOWN, PA 19403	23-2078543	501(C)(3)	194,975.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	139,913.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH CAROLINA 1276 ASSEMBLY STREET COLUMBIA, SC 29201	57-0680248	501(C)(3)	192,800.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH DAKOTA 800 E- I 90 LANE SIOUX FALLS, SD 57104	46-0359776	501(C)(3)	40,396.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 1600 FORBES WAY - LONG BEACH, CA 90810	95-4538450	501(C)(3)	159,350.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TEXAS 1804 RUTHERFORD LANE AUSTIN, TX 78754	74-1998367	501(C)(3)	124,384.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS UTAH 243 EAST 400 SOUTH SALT LAKE CITY, UT 84111	87-0367185	501(C)(3)	90,522.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VERMONT 16 GREGORY DRIVE SO. BURLINGTON, VT 05403	23-7231535	501(C)(3)	137,068.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VIRGINIA 3212 SKIPWITH ROAD RICHMOND, VA 23294	54-1013637	501(C)(3)	205,270.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WASHINGTON 1809 - 7TH AVENUE SEATTLE, WA 98101	91-0962383	501(C)(3)	273,005.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DR. MADISON, WI 53718	55-0596975	501(C)(3)	126,530.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WYOMING 232 E 2ND STREET CASPER, WY 82601	39-1176591	501(C)(3)	64,385.	0.			PROGRAM ASSISTANCE
UNIVERSITY OF MASSACHUSETTS BOSTON QUINN ADMINISTRATIVE BLDG, 2ND FLOOR, ROOM 02/80-9 - BOSTON, MA 02125	04-3167352	501(C)(3)	415,670.	0.			PROGRAM ASSISTANCE
VECNA CARES CHARITABLE TRUST 36 CAMBRIDGE PARK DRIVE CAMBRIDGE, MA 02140	26-3318451	501(C)(3)	54,881.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

Part IV	Supplemental Information
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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)

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. TIMOTHY P. SHRIVER CHAIRMAN OF THE BOARD	(i) 212,765. (ii) 0.	0.	1,290. 0.	19,005. 0.	36,944. 0.	270,004. 0.	0. 0.
(2) MS. MARY DAVIS (07/01-12/31/16) CHIEF EXECUTIVE OFFICER	(i) 413,863. (ii) 0.	0.	990. 0.	0. 0.	14,031. 0.	428,884. 0.	0. 0.
(3) MS. ANGELA CICCOLO CLO/SECRETARY	(i) 242,205. (ii) 0.	0.	1,344. 0.	18,843. 0.	3,216. 0.	265,608. 0.	0. 0.
(4) DR. JOHN DOW, JR. CHIEF PROGRAM OPERATIONS	(i) 255,476. (ii) 0.	0.	6,438. 0.	19,603. 0.	23,193. 0.	304,710. 0.	0. 0.
(5) MR. MARC EDENSON REGIONAL PRES. & MANAGING	(i) 258,682. (ii) 0.	0.	2,063. 0.	5,699. 0.	36,794. 0.	303,238. 0.	0. 0.
(6) MR. NOAH BROADWATER CHIEF TECHNOLOGY OFFICER	(i) 255,204. (ii) 0.	0.	313. 0.	20,518. 0.	33,739. 0.	309,774. 0.	0. 0.
(7) MS. KELLI SEELY CHIEF DEVELOPMENT OFFICER	(i) 253,993. (ii) 0.	0.	719. 0.	11,560. 0.	2,106. 0.	268,378. 0.	0. 0.
(8) MR. MIKE MEENAN SVP & CFO	(i) 207,110. (ii) 0.	0.	1,344. 0.	4,096. 0.	35,713. 0.	248,263. 0.	0. 0.
(9) MS. CHRISTA WHITE SVP, GDGR	(i) 186,799. (ii) 0.	0.	719. 0.	7,472. 0.	0. 0.	194,990. 0.	0. 0.
(10) MR. DREW BOSHELL SVP, SPORTS/HEALTH	(i) 176,212. (ii) 0.	0.	468. 0.	11,802. 0.	35,767. 0.	224,249. 0.	0. 0.
(11) MS. MARY GU MANAGING DIRECTOR EAST ASIA	(i) 217,420. (ii) 0.	0.	0. 0.	0. 0.	0. 0.	217,420. 0.	0. 0.
(12) MR. PETER WHEELER CHIEF EXEC. PRODR OF 50TH ANN.	(i) 204,359. (ii) 0.	0.	2,063. 0.	16,215. 0.	23,193. 0.	245,830. 0.	0. 0.
(13) MR. AYMAN WAHAB MANAGING DIRECTOR MENA	(i) 189,351. (ii) 0.	0.	0. 0.	0. 0.	0. 0.	189,351. 0.	0. 0.
(14) MR. LONNIE SNYDER VP, INFORMATION TECHNOLOGY	(i) 152,165. (ii) 0.	0.	281. 0.	12,395. 0.	35,194. 0.	200,035. 0.	0. 0.
(15) MS. KIRSTEN SECKLER CHIEF MARKETING OFFICER	(i) 150,749. (ii) 0.	0.	313. 0.	12,465. 0.	25,710. 0.	189,237. 0.	0. 0.
(16) MS. JANET FROETSCHER FORMER CEO	(i) 0. (ii) 0.	0.	269,495. 0.	0. 0.	10,865. 0.	280,360. 0.	0. 0.

Schedule J (Form 990) 2016

Part III Supplemental Information

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.

PART I, LINE 4A:

DURING THE YEAR THERE WAS A SEVERANCE PAYMENT MADE TO THE FORMER CEO. ALL AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990, PART VII AND ON FORM 990, SCHEDULE J, PART II. DUE TO THE CONFIDENTIAL NATURE OF THE TERMS OF THE SEVERANCE AGREEMENT, THE DETAILS WILL BE PROVIDED TO THE IRS UPON REQUEST.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	22	5,539,009.	COST/SELLING PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER SUPPLIE)	X	35	4,518,903.	COST/SELLING PRICE
26 Other ▶ (SPORTING GOOD)	X	7	1,655,801.	COST/SELLING PRICE
27 Other ▶ (\)	X	0	0.	
28 Other ▶ ()				

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

29

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

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

Schedule M (Form 990) (2016)

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.

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 margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

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52-0889518

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

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

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

**GOLISANO FOUNDATION, PROVIDED HEALTH EXAMS AND SERVICES TO ATHLETES IN
66 COUNTRIES. HEALTH PARTNERS, VOLUNTEER DOCTORS, NURSES AND MEDICAL
STUDENTS ALSO TOOK PART IN MORE THAN 1,000 SPECIAL OLYMPICS HEALTH
EVENTS FOCUSING ON PEOPLE WITH ID AND THEIR UNIQUE NEEDS.**

WHAT IS 'INCLUSIVE HEALTH'?

**SPECIAL OLYMPICS IS WORKING TO BREAK DOWN BARRIERS THAT PREVENT PEOPLE
WITH ID FROM RECEIVING THE SAME HEALTH CARE AND ATTENTION AS EVERYONE
ELSE. THESE BARRIERS INCLUDE LACK OF TRAINING OF MEDICAL PROFESSIONALS
ON WAYS TO COMMUNICATE WITH PEOPLE WITH ID; SOMETIMES, IGNORANCE OR
FEAR CAN BE BARRIERS AS WELL.**

**IN 2016, SPECIAL OLYMPICS BEGAN A NEW FIVE-YEAR "INCLUSIVE HEALTH"
STRATEGY. THE VISION FOR SPECIAL OLYMPICS' HEALTH WORK IS TO CREATE A
WORLD WHERE PEOPLE WITH AND WITHOUT ID HAVE THE SAME OPPORTUNITIES TO
BE HEALTHY. IN THIS WAY, SPECIAL OLYMPICS ATHLETES CAN PERFORM AT THEIR**

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

SPECIAL OLYMPICS, INC.

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BEST ON THE PLAYING FIELD - AND IN LIFE.

HEALTHY COMMUNITIES

NOW IN ITS 5TH FULL YEAR, THE HEALTHY COMMUNITIES INITIATIVE CONTINUES TO IMPROVE HEALTH AND WELLNESS FOR PEOPLE WITH ID AROUND THE WORLD. TOM GOLISANO AND THE GOLISANO FOUNDATION HAVE COMMITTED \$37 MILLION TO SPECIAL OLYMPICS GLOBAL HEALTH PROGRAMMING SINCE 2012.

IN 2016, THE FIRST NINE SPECIAL OLYMPICS PROGRAMS ACHIEVED STATUS AS "HEALTHY COMMUNITIES." THIS RECOGNITION REPRESENTS THE HIGHEST LEVEL OF SPECIAL OLYMPICS HEALTH PROGRAMMING AND IS AWARDED FOR EXPANDING HEALTHY ATHLETES AND OFFERING HEALTH, WELLNESS, AND FITNESS OPPORTUNITIES ON A CONTINUAL BASIS.

THE NINE "HEALTHY COMMUNITIES" ARE IN KAZAKHSTAN, MEXICO, ROMANIA, SOUTH AFRICA AND THAILAND, ALONGSIDE FOUR U.S.-PROGRAMS: ARIZONA, FLORIDA, NEW JERSEY AND WISCONSIN.

THANKS TO CONTINUING SUPPORT FROM THE GOLISANO FOUNDATION, WE ARE WORKING TOWARD OUR GOAL OF ACHIEVING 100 HEALTHY COMMUNITIES BY 2020.

BEGINNING IN 2016 AND CONTINUING THROUGH 2020, SPECIAL OLYMPICS PROGRAMS ARE ALSO ACTIVATING 1-YEAR AND 3-YEAR HEALTHY COMMUNITY GRANTS TO WORK TOWARD ACHIEVING THIS VISION. SO FAR, PROGRAMS IN ALL SEVEN REGIONS HAVE BEEN AWARDED HEALTHY COMMUNITY GRANTS AND FITNESS GRANTS - FROM BOLIVIA TO BANGLADESH, MACEDONIA TO MACAU.

HEALTH LEADERSHIP AWARDS

Name of the organization

SPECIAL OLYMPICS, INC.

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THERE'S ALREADY BEEN MUCH PROGRESS IN ERASING HEALTH-CARE DISPARITIES FOR PEOPLE WITH ID. THIS YEAR, THE GOLISANO HEALTH LEADERSHIP AWARDS WERE ESTABLISHED TO RECOGNIZE THIS PROGRESS AND THE OUTSTANDING INDIVIDUALS AND PARTNERS WHO HELP SPECIAL OLYMPICS HEALTH PROGRAMS EXPAND AND IMPROVE LIVES WORLDWIDE. ABOUT 20 HONOREES FROM SPECIAL OLYMPICS PROGRAMS AROUND THE WORLD RECEIVED THE AWARD IN 2016.

FITNESS AND WELLNESS

PHYSICAL FITNESS IS AN ESSENTIAL PART OF OUR MISSION. IN 2016, SPECIAL OLYMPICS CREATED NEW AND EXPANDED RESOURCES AIMED AT HELPING PROGRAMS EXPAND THEIR FITNESS OFFERINGS TO ATHLETES INTERESTED IN PURSUING YEAR-ROUND, LIFELONG FITNESS.

TWENTY-TWO SPECIAL OLYMPICS PROGRAMS WERE SELECTED FOR A FITNESS IMPLEMENTATION GRANTS FUNDED BY FINISH LINE. THROUGH THIS GRANT, MORE THAN 1,500 ATHLETES, PARTNERS, COACHES AND FAMILY MEMBERS GOT TO EXPERIENCE THE IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH ADEQUATE PHYSICAL ACTIVITY, NUTRITION AND HYDRATION AS PROGRAMS REPLICATED ONE OF THREE FIELD-DEVELOPED, SOI-ENDORSED FITNESS PROGRAM MODELS.

IN ASIA PACIFIC, SPECIAL OLYMPICS CREATED THE FIRST HOME-BASED FITNESS PROGRAM. THIS IS AIMED AT A PARTICULARLY VULNERABLE GROUP: OUT-OF-SCHOOL YOUTH WITH INTELLECTUAL DISABILITIES AND THEIR CAREGIVERS. IN SINGAPORE, FOR EXAMPLE, PARTICIPANTS LEARNED SPECIFIC EXERCISES TO STRENGTHEN THEIR UPPER BODY, LOWER BODY AND CORE THAT THEY CAN PRACTICE IN THE COMFORT OF HOME. IT'S AN ONGOING INITIATIVE AIMED AT PEOPLE WITH ID, WHO OFTEN COMBAT OBESITY AND NEGLECT.

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HEALTH PARTNERSHIPS THAT HEAL

THE SPECIAL OLYMPICS HEALTH PROGRAM IS LIFE-CHANGING AND EVEN
LIFE-SAVING. THIS IS ESPECIALLY TRUE IN THE MANY DEVELOPING COUNTRIES
IN WHICH WE WORK. ONE GOAL IS TO INSPIRE PARTNERS TO MODIFY MAINSTREAM
PROGRAMMING TO BE MORE INCLUSIVE. OUR HEALTH PARTNERSHIPS ARE ALSO
HELPING US MAKE A REAL DIFFERENCE:

-AS THE EXCLUSIVE GLOBAL PARTNER OF THE SPECIAL OLYMPICS-LIONS CLUBS
INTERNATIONAL OPENING EYES PROGRAM, LIONS CLUBS HAVE BECOME WORLD
LEADERS IN ADVOCATING FOR IMPROVED VISION AND HEALTH SERVICES FOR
PEOPLE WITH ID.

-SPECIAL OLYMPICS AND CATHOLIC RELIEF SERVICES ARE WORKING TOGETHER
AROUND THE WORLD TO BRING A WIDE RANGE OF HEALTH SERVICES TO SPECIAL
OLYMPICS ATHLETES. THIS IS PART OF A LARGER GOAL AS WE WORK TO IMPROVE
HEALTH SYSTEMS THAT AFFECT ALL PEOPLE WITH INTELLECTUAL DISABILITIES.
IN KENYA, FOR EXAMPLE, WE WERE ABLE TO BRING EARLY CHILDHOOD
DEVELOPMENT PROGRAMMING TO CHILDREN WITH ID (YOUNG ATHLETES), WHILE
ALSO STRENGTHEN THE DELIVERY OF HEALTHY ATHLETES AND FAMILY HEALTH
FORUMS.

-SPECIAL OLYMPICS THAILAND SIGNED AN AGREEMENT WITH UNICEF FOR MORE
THAN \$150,000 TO CONTINUE ADVANCING THEIR YEAR-ROUND INCLUSIVE HEALTH
WORK. THIS PARTNERSHIP REPRESENTS AN INNOVATIVE WAY TO BRING TOGETHER
MULTIPLE GOVERNMENT MINISTRIES ON THE PLATFORM OF INCLUSIVE HEALTH -
INCLUDING THE EDUCATION, PUBLIC HEALTH, AND SOCIAL DEVELOPMENT DEPTS.

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

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ALREADY FAMILIAR WITH UNIFIED SPORTS.

STUDIES SHOW THAT SPECIAL OLYMPICS' UNIFIED STRATEGY (FORMERLY PROJECT UNIFY) CREATES COMMUNITIES WHERE STUDENTS WITH DISABILITIES FEEL WELCOME AND ARE INCLUDED IN ALL SCHOOL ACTIVITIES. FOUR OUT OF FIVE STUDENTS SAY THE UNIFIED STRATEGY IS CHANGING THEIR SCHOOL FOR THE BETTER. NEARLY ALL STUDENTS ALSO SAY THEY WANT TO CONTINUE THE SPECIAL OLYMPICS UNIFIED STRATEGY.

HERE'S A QUICK LOOK AT WHAT "PLAYING UNIFIED" LOOKED LIKE IN 2016:

-THE FIFTH ANNUAL NBA CARES SPECIAL OLYMPICS UNIFIED BASKETBALL GAME WAS HELD DURING ALL STAR WEEKEND, FEATURING 11 SPECIAL OLYMPICS ATHLETES FROM AROUND THE WORLD PLAYING ALONGSIDE NBA AND WNBA LEGENDS. PLAYED FOR THE FIRST TIME IN TORONTO, CANADA, THE GAME BROUGHT THE UNIFYING POWER OF SPORTS TO A WIDE NEW AUDIENCE.

-AT THE X GAMES IN ASPEN, COLO., 10 SPECIAL OLYMPICS ATHLETES FROM AROUND THE GLOBE TEAMED UP WITH OLYMPIC SNOWBOARD GOLD MEDALIST HANNAH TETER AND NINE OTHER PROFESSIONAL ATHLETES. THIS ANNUAL UNIFIED SNOWBOARD MEDAL EVENT BROUGHT TOGETHER ATHLETES WITH AND WITHOUT ID ON THE DUAL SLALOM COURSE.

-THE SPECIAL OLYMPICS LATIN AMERICA REGION HELD THE SOUTH AMERICAN UNIFIED FOOTBALL TOURNAMENT IN URUGUAY. THE INTERNATIONAL COMPETITION DREW ATHLETES FROM NEARLY A DOZEN COUNTRIES: ARGENTINA, BRAZIL, BOLIVIA, CHILE, CUBA, ECUADOR, MEXICO, VENEZUELA, URUGUAY, PARAGUAY AND PERU.

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-THE ASIA-PACIFIC REGIONAL UNIFIED FOOTBALL TOURNAMENT SHOWCASED THE SKILLS AND ABILITIES OF HUNDREDS OF ATHLETES FROM THAILAND, KOREA, INDIA AND BANGLADESH.

-THE SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA REGION HELD A UNIFIED TRIATHLON IN SHARM EL SHEIKH, EGYPT. ATHLETES FROM EIGHT NATIONS TOOK PART.

-SPECIAL OLYMPICS CHINA HELD ITS LARGEST-EVER UNIFIED FOOTBALL COMPETITION. MORE THAN 1,500 ATHLETES AND UNIFIED PARTNERS FROM 128 SCHOOLS TOOK PART.

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

PRESENTING SPONSOR OF UNIFIED SPORTS, WE HAVE RECRUITED MORE THAN 1.2 MILLION UNIFIED TEAMMATES AROUND THE GLOBE. TOGETHER, THEY ARE BREAKING DOWN STEREOTYPES AND TEARING DOWN THE WALLS OF ISOLATION AROUND PEOPLE WITH ID.

IN 2016, WE WORKED CREATIVELY TO UNITE NEW AND DIVERSE GROUPS OF BEHIND OUR VISION OF INCLUSION, INCLUDING YOUNG PEOPLE EXCITED TO BE PART OF THE FIRST "UNIFIED GENERATION." IN THE USA ALONE, OUR UNIFIED SPORTS CAMPAIGN SPREAD TO MORE THAN 4,450 SCHOOLS AND ENGAGED NEARLY 87,000 NEW YOUTH LEADERS. YOUNG PEOPLE OF ALL ABILITIES TRAINED AND PLAYED TOGETHER IN THOUSANDS OF UNIFIED SPORTS EVENTS THROUGH THE YEAR. THAT'S A LOT OF UNITY.

UNIFIED SPORTS STARTED IN THE UNITED STATES, BUT - AS WITH ALL GREAT

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IDEAS - IT'S CATCHING ON FAST. UNIFIED SPORTS IS HAPPENING IN MORE THAN 130 COUNTRIES. THESE INCLUDE PARTS OF THE WORLD WHERE PEOPLE WITH ID HAVE BEEN SUBJECT TO STIGMA AND OFTEN KEPT OUT OF MAINSTREAM ACTIVITIES. UNIFIED SPORTS BRINGS PEOPLE TOGETHER AND HEALS THOSE PAINFUL BREACHES. IN AFRICA, FOR EXAMPLE, UNIFIED SPORTS HIT AN IMPRESSIVE MILESTONE. THIS YEAR, WE CAN CELEBRATE THAT EVERY SINGLE SPECIAL OLYMPICS PROGRAM IN AFRICA IS OFFERING UNIFIED SPORTS -- FROM SOUTH AFRICA TO SENEGAL TO THE SEYCHELLES.

COMPETITIONS AROUND THE WORLD

EVERY YEAR, SPECIAL OLYMPICS HOLDS MORE THAN 100,000 COMPETITIONS AND EVENTS AROUND THE WORLD, PLUS WORLD SUMMER OR WINTER GAMES EVERY TWO YEARS. THERE WERE NO WORLD GAMES IN 2016 - BUT OUR ATHLETES WERE TOO BUSY TO NOTICE.

THOUSANDS OF THEM WERE IN TRAINING FOR THE 2017 WORLD WINTER GAMES, HELD MARCH 2017 IN AUSTRIA. TRAINING AND PLANNING HAD ALSO BEGUN FOR THE 2017 SPECIAL OLYMPICS LATIN AMERICAN GAMES IN PANAMA, AND THE 2018 USA NATIONAL GAMES, IN SEATTLE, WASH., AMONG MANY OTHER HIGH-PROFILE EVENTS. THIS YEAR ALSO SAW THE ANNOUNCEMENT OF THE NEXT WORLD SUMMER GAMES, WHICH WILL HAPPEN IN ABU DHABI, UNITED ARAB EMIRATES IN 2019. THESE WILL BE THE FIRST SPECIAL OLYMPICS WORLD GAMES HELD IN THE MIDDLE EAST.

MILLIONS OF ATHLETES HAVE BEEN TRAINING AND COMPETING IN OUR 32+ SPECIAL OLYMPICS SUMMER AND WINTER SPORTS - ALL AROUND THE WORLD. (DETAILS FROM 2016 CENSUS NUMBERS STILL TO COME.)

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

BELGIUM, POLAND, EGYPT, UNITED ARAB EMIRATES,

SINGAPORE, IRELAND, PANAMA, IRELAND,

CHINA

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

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

CHAIRMAN, TIMOTHY SHRIVER AND DIRECTORS, AND ANGELO MORATTI INDIVIDUALLY
OWN INTERESTS THAT TOGETHER CONTROL LOVIN SCOOPFUL, LLC, WHOSE PURPOSES ARE
(1) TO MERCHANDISE ICE CREAM AND (2) TO USE ITS PROFITS TO SUPPORT
CHARITIES (PARTICULARLY SPECIAL OLYMPICS).

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

THE SPECIAL OLYMPICS FEDERAL FORM 990 IS PREPARED BY AN EXTERNAL FIRM, RSM,
AND REVIEWED INTERNALLY BY SENIOR MANAGEMENT. AFTER WHICH, IT IS SUBMITTED
BY THE CHIEF FINANCIAL OFFICER AND CHIEF LEGAL OFFICER TO THE BOARD OF
DIRECTORS' AUDIT AND FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE FINAL
FEDERAL FORM 990 IS SENT TO EACH BOARD MEMBER BY EMAIL PRIOR TO FILING WITH
THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

SPECIAL OLYMPICS' CONFLICT OF INTEREST POLICY APPLIES TO ALL SPECIAL
OLYMPICS DIRECTORS, OFFICERS, AND EMPLOYEES AND REQUIRES THE AVOIDANCE OF
THE APPEARANCE OF A CONFLICT AS WELL AS ACTUAL CONFLICTS. SPECIAL OLYMPICS'
CHIEF LEGAL OFFICER IS CHARGED WITH ENFORCING THE CONFLICT OF INTEREST
POLICY. POTENTIAL OR ACTUAL CONFLICTS ARE DEALT WITH ACCORDING TO WHETHER

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THE CONFLICT INVOLVES A DIRECTOR, CEO, OR PRESIDENT (IN WHICH CASE THE MATTER IS SUBMITTED TO THE BOARD OF DIRECTORS) OR INVOLVES ANOTHER OFFICER OR EMPLOYEE (IN WHICH CASE THE MATTER IS SUBMITTED TO THE PRESIDENT OR CEO). VIOLATIONS MAY RESULT IN SANCTIONS UP TO TERMINATION. EACH SPRING, SPECIAL OLYMPICS ASKS EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE TO COMPLETE AND SIGN A 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

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

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

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

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

AK,AL,AR,CA,CO,CT,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

SPECIAL OLYMPICS MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, GENERAL RULES, AND CONFLICT OF INTEREST POLICY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.SPECIALOLYMPICS.ORG AND UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

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

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SPECIAL OLYMPICS, INC.	52-0889518

UNREALIZED GAIN ON FOREIGN CURRENCY 198,611.

ASSETS FOR SOI ENDOWMENT FUND, INC -198,584.

TOTAL TO FORM 990, PART XI, LINE 9 27.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 6:

ACCORDING TO THE 2016 SPECIAL OLYMPICS REACH REPORT, IN 2016 THE
SPECIAL OLYMPICS MOVEMENT HAD 1,086,192 ADULT VOLUNTEERS, 339,394 YOUTH
VOLUNTEERS BETWEEN THE AGES OF 12 AND 15, MORE THAN 100,000 LAW
ENFORCEMENT VOLUNTEERS, MORE THAN 20,000 HEALTH VOLUNTEERS, AND 432,286
COACHES. THE SPECIAL OLYMPICS REACH REPORT IS AN ANNUAL SUMMARY OF KEY
PROGRAMMATIC RESULTS ACHIEVED BY THE SPECIAL OLYMPICS MOVEMENT EACH
YEAR AND INCLUDES DATA FROM ALL SPECIAL OLYMPICS PROGRAMS ACROSS THE
GLOBE. ALSO INCLUDED ARE THE UNCOMPENSATED DIRECTORS.

FORM 990, PART VII AND SCHEDULE J

FROM MARCH 30 - JUNE 30, 2016, MARY DAVIS, THE FIRST NON-AMERICAN
GLOBAL CEO OF SOI, WAS EMPLOYED FULL TIME AND WORKED AND WAS
COMPENSATED BY SOI'S IRELAND FIELD OFFICE FOR ACTIVITIES CONDUCTED
FULLY IN IRELAND. THESE AMOUNTS PAID, WERE NOT REPORTABLE ON FORM W-2
BUT ARE REPORTED IN PART VII AND SCHEDULE J, PART II. FROM THE PERIOD
JULY 1 - DECEMBER 31, 2016, MS. DAVIS WAS FULLY EMPLOYED IN THE U.S. AS
CEO AND A W-2 WAS ISSUED TO HER IN THE FOR SERVICES IN THIS CAPACITY

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AND PERFORMED IN THE UNITED STATES AND IS ALSO REPORTED IN PART VII AND
SCHEDULE J, PART II. SPECIFICS RELATED TO THIS UNIQUE REPORTING
ARRANGEMENT FOR THIS PERSON IN THIS BIFURCATED PERIOD IS AVAILABLE ONLY
TO THE IRS UPON REQUEST. AS SUCH, THE TOTAL AMOUNT REPORTED IN PART
VII AND SCHEDULE J, PART II FOR MS. DAVIS WILL NOT EQUAL AMOUNTS
REQUIRED TO BE REPORTED ON FORM W-2 FOR CALENDAR TAX YEAR 2016.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHRISTMAS RECORDS TRUST 1133 19TH STREET NW WASHINGTON, DC 20036	INVESTMENTS OF ROYALTY INCOME TO BENEFIT SPECIAL OLYMPICS MOVEMENT	DISTRICT OF COLUMBIA	3,886,707	49,598,086	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA (MENA) P2 LLC, OFFICE 320 BUILDING 8, MEDIA CITY, DUBAI, UNITED ARAB EMIRATES	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS MENA	UNITED ARAB EMIRATES			SPECIAL OLYMPICS, INC.
OLIMPIADAS ESPECIAIS - AMERICA LATINA AVENIDA RIO BRANCO, NO. 100, 10TH FLOOR RIO DE JANEIRO, BRAZIL CEP 20040	FUNDRAISING VEHICLE FOR ACTIVITIES IN BRAZIL	BRAZIL			SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS ASIA PACIFIC (LTD) 354 TANGLIN RD, TANGLIN INT'L CENTRE, #01-11 TANGLIN BLOCK, SINGAPORE 247672	FUNDRAISING VEHICLE AND REGIONAL OFFICE FOR SPECIAL OLYMPICS ASIA PACIFIC	SINGAPORE	4,501,086	2,612,470	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
SPECIAL OLYMPICS ENDOWMENT FUND INC. 52-1585896, 1133 19TH STREET NW, WASHINGTON, DC 20036	FINANCE SPECIAL PROJECTS THAT WILL ENHANCE THE MISSION OF SOI.	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	SPECIAL OLYMPICS, INC.		X
SO EUROPE EURASIA (SOEE) FOUNDATION MORRISON CHAMBERS 32 3RD FL DUBLIN, IRELAND	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS EUROPE/EURASIA	IRELAND	NGO		SPECIAL OLYMPICS, INC.		X

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

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SO EUROPE EURASIA (SOEE) FOUNDATION	0	94,938.GAAP	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

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