Form **990** 

**Return of Organization Exempt From Income Tax** 

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www irs gov/form990.

A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address SPECIAL OLYMPICS, INC. 52-0889518 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1133 19TH STREET, NW Termin-ated (202)628-3630 X Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 111,770,299. Applica-tion pending WASHINGTON, DC 20036-3604 H(a) Is this a group return F Name and address of principal officer: JANET FROETSCHER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) \_\_ 501(c) ( )◀ (insert no.) 527 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.SPECIALOLYMPICS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1968 M State of legal domicile: DC Part I | Summary Briefly describe the organization's mission or most significant activities: PROVIDES YEAR-ROUND SPORTS Activities & Governance TRAINING AND COMPETITION TO PERSONS WITH INTELLECTUAL DISABILITIES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 46 Number of independent voting members of the governing body (Part VI, line 1b) 44 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 184 5 Total number of volunteers (estimate if necessary) 1364144 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 89,902,122. 84,268,453. Program service revenue (Part VIII, line 2g) 3,537,104. 3,791,533. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,388,614. 5,568,859. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,371,055. 1,880,332. 98,198,895. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 95,509,177. 28,611,825. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,820,595. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ...... 18,976,137. 20,884,478. 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,222,651. 1,495,009. b Total fundraising expenses (Part IX, column (D), line 25) > 17,184,945. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 43,970,297. 37,465,136. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 86,548,107. 98,898,021. Revenue less expenses. Subtract line 18 from line 12 11,650,788. -3,388,844.or Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 85,368,016. 83,762,835. 21 Total liabilities (Part X, line 26) 9,514,987. 9,257,801. ĕĕ Net assets or fund balances. Subtract line 21 from line 20 ...... 75,853,029. 74,505,034. 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 Sign JANET FROETSCHER, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date Print/Type preparer's name PTIN Preparer's signature Paid FRANK H. SMITH 08/25/14 P00639053 self-employed Preparer Firm's name RAFFA, P.C. Firm's EIN 52-1511275 Use Only Firm's address 1899 L STREET, NW, SUITE 900

Form 990 (2013)

X Yes

No

Phone no. (202) 822-5000

WASHINGTON, DC 20036

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

Pa	t 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: 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
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	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	PROGRAM ASSISTANCE: 2013 CONTINUED TO BRING TO LIFE THE SPECIAL
	OLYMPICS STRATEGIC PLAN 2011-2015 WITH MUCH OF THE WORK ACCOMPLISHED BY
	PROVIDING ASSISTANCE TO OUR 220 ACCREDITED PROGRAMS.
	IN 2013, CHRISTMAS RECORD GRANTS WERE AT WORK IN 68 COUNTRIES,
	INCLUDING NEW PROGRAMS IN GHANA AND MONGOLIA. THE AVSC CAMPAIGN WAS
	ALSO HONORED WITH A 2013 CAUSE-MARKETING FORUM "GOLD HALO" AWARDTHE
	FIRST SUCH RECOGNITION FOR A RECORDED MUSIC ALBUM AND CAMPAIGN, EVER.
	ON THE GRASSROOTS LEVEL, THE LAW ENFORCEMENT TORCH RUN FOR SPECIAL
	OLYMPICS HAS CONTINUED TO BE A LIFELINE FOR OUR PROGRAMS AROUND THE
	WORLD. LETR NOW INVOLVES NEARLY 100,000 LAW ENFORCEMENT OFFICER
4b	(Code: ) (Expenses \$ 18,465,258 • including grants of \$ 5,642,290 • ) (Revenue \$
	PUBLIC EDUCATION AND COMMUNICATIONS: BUILDING COMMUNITIES
	FOR 45 YEARS, SPECIAL OLYMPICS HAS WORKED TO SPREAD COMPASSION AND
	ACCEPTANCE IN WAYS THAT CAN BRING TOGETHER PEOPLE IN THEIR COMMUNITY.
	WHETHER IT'S THROUGH SPORTS, HEALTH OR EDUCATION PROGRAMS - AT A LOCAL
	SCHOOL OR VILLAGE OR WITH HELP FROM PEACE CORPS, UNICEF, LIONS CLUBS
	INTERNATIONAL OR CORPORATE PARTNERS - WE ARE BUILDING COMMUNITIES OF
	HOPE AND INCLUSION FOR PEOPLE WITH AND WITHOUT INTELLECTUAL
	DISABILITIES.
	THIS YEAR, WE WERE JOINED BY NEW PARTNERS - INCLUDING THE INTERNATIONAL
	FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND CATHOLIC RELIEF
4c	(Code:) (Expenses \$ 4,293,710 • including grants of \$ 647,201 • ) (Revenue \$ 607,926 • )
	SPORTS TRAINING AND COMPETITION: IN 2013, SPECIAL OLYMPICS EXPANDED OUR
	REACH TO MORE THAN 4.4 MILLION SPECIAL OLYMPICS ATHLETES IN 170
	COUNTRIES, WHO EXPERIENCED THE TRANSFORMATIVE POWER OF SPORT THROUGH
	SPORTS TRAINING AND ATHLETIC COMPETITIONS. SPECIAL OLYMPICS IS
	COMMITTED TO PROMOTING OPPORTUNITIES THAT WILL REVOLUTIONIZE THE
	MANNER, FREQUENCY AND IMPACT OF OUR SPORTS TRAINING, COACHING AND
	COMPETITION. SPECIAL OLYMPICS ALSO EXPANDED SPORTS COMPETITIONS -
	HOLDING MORE THAN 81,000 COMPETITIONS AROUND THE WORLD IN 2013.
	THIS YEAR ALSO SAW OUR BIGGEST WORLD WINTER GAMES EVER: THE 2013 WORLD
	WINTER GAMES IN PYEONGCHANG, REPUBLIC OF KOREA. WITH 2,000 ATHLETES,
	200,000 SPECTATORS AND MEDIA COVERAGE IN 68 COUNTRIES, THE GAMES
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 77,434,233.
	Form <b>990</b> (2012)

332002 10-29-13

### Form 990 (2013) SPECIAL OLYM 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- '''	21	
ıza	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		3.7	
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
פו	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(2012)



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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23	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	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZSa		
D	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	25b		х
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 so,			
	complete Schedule L, Part II	26		Х
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	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	Α.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
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	33	Х	
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	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		_^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Hote: / Wit of the obotilions are required to complete of heddie of	_ 55		ı

## Form 990 (2013) SPECIAL OLYMPICS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				X
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 93			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-				
	(gambling) winnings to prize winners?		1c	X	
<b>2</b> a	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	2a 184	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A				37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b	$\vdash$	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				х
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	· ·	Gh.		
7			6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		15		
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	100	1		
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		(00.15
			Form	1 <b>990</b>	(2013)

2013.04020 SPECIAL OLYMPICS, INC. COPY



Form 990 (2013) SPECIAL OLYMPICS, INC. 52-0889518 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 44			
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		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
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:			
	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		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	х	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12D		
C	to Oake at the Oake at the control of the Control o	12c	Х	
13		13	X	
14	Did the organization have a written whistleblower policy?  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	14		
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100.		
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AK , AL , AR , AZ , CA , CO , CT , FL , GA	,IL	,IN	,KS
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) and 990-T (Section 501(c)(3)s only) are			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	ANGELA CICCOLO - 202-628-3630			
	1133 19TH STREET, NW, WASHINGTON, DC 20036-3604			
เรอกก	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	tle (B) (C) Position (do not check more t box, unless person is officer and a director		than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TIMOTHY P. SHRIVER	40.00	x		х				296,125.	0.	42 210
CHAIRMAN (2) STEPHEN CARTER	1.60	Δ		Λ				290,125.	0.	43,218.
LEAD DIRECTOR & VICE CHAIR	1.00	х		х				0.	0.	0.
(3) BART CONNER	1.60	Λ		Λ				0.	0.	•
VICE CHAIR	1.00	х		Х				0.	0.	0.
(4) RAYMOND LANE	1.60	23						•	•	
VICE CHAIR	1.00	х		х				0.	0.	0.
(5) WILLIAM ALFORD	1.60									
TREASURER		х		х				0.	0.	0.
(6) MOHAMMED M. AL HAEMLI	0.80									
DIRECTOR		Х						0.	0.	0.
(7) EDWARD BARBANELL	0.80									
DIRECTOR		Х						0.	0.	0.
(8) FOLASHADE BOLUMOLE	0.80									
DIRECTOR		Х						0.	0.	0.
(9) ENRIQUE BORJA	0.80							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) ERNEST BOWER	0.80								_	_
DIRECTOR		Х						0.	0.	0.
(11) DAVID BRADDOCK	0.80									
DIRECTOR		Х						0.	0.	0.
(12) NICHOLAS BURNS	0.80	,,								0
DIRECTOR	0 00	Х						0.	0.	0.
(13) HSH PRINCESS CHARLENE OF MONACO	0.80	,,							0	0
DIRECTOR (LA) LORETTA GLATROPAR	3.00	Х					-	0.	0.	0.
(14) LORETTA CLAIBORNE DIRECTOR	3.00	х						20,467.	0.	0.
(15) NADIA COMANECI	0.80	^						20,407.	0.	<u> </u>
DIRECTOR	0.00	Х						0.	0.	0.
(16) KIM BYEONG DEOK	0.80	25					$\vdash$	0.	0.	
DIRECTOR	3.00	х						0.	0.	0.
(17) DONNA DE VARONA	1.60	<del></del>								
DIRECTOR		х						0.	0.	0.

332007 10-29-13

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

**Section B. Independent Contractors** 

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.

the organization: rieport compensation for the calcindar year ending with or with	in the organization of tax year.	
<b>(A)</b> Name and business address	(B) Description of services	<b>(C)</b> Compensation
Name and business address	Description of services	Compensation
LW ROBBINS	FUNDRAISING/ MAILING	
201 SUMMER STREET, HOLLISTON, MA 01746	SERVICES	13,912,061.
THE HERITAGE GROUP, 2402 WILDWOOD AVENUE,		
SUITE 500, LITTLE ROCK, AR 72120	FUNDRAISING SERVICES	1,933,070.
BLACKBAUD	DATABASE MANAGEMENT	
P.O. BOX 930256, ATLANTA, GA 31193-0256	AND ANALYTICS	873,284.
AMERICAN LIST COUNSEL	MAILING LIST	
P.O. BOX 416023, BOSTON, MA 02241-6023	SERVICES	798,786.
STRATEGIC FUNDRAISING		
2625 MONUMENT PLACE, CHICAGO, IL 60689-5326	FUNDRAISING SERVICES	666,424.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 18		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

rendered to the organization? If "Yes," complete Schedule J for such person

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A)   (A)	Form 990 SPECIAL	OLYMPIC	<u>S,</u>	II.	1C					52-088	9518
Name and title											
Dough   Per   Week   (list arry   Per   Week   Week   Week   Week   (list arry   Per   Week	(A) (B) (C) (D) (E) (F)									(F)	
Por   Week (list any)   Por   Week (list any)   Por   Por   Week (list any)   Por   Por	Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
		hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
(iist arry   Form the form t		per							from	from related	other
C27) BEN HAACK NILS KASTBERG			L				эуее			_	•
C27) BEN HAACK NILS KASTBERG		1 '	rector				emple			(W-2/1099-MISC)	
C27) BEN HAACK NILS KASTBERG		1	ordi	e e			ated		(W-2/1099-MISC)		-
C27) BEN HAACK NILS KASTBERG		1	Ste	truste		gg.	suadi				
C27) BEN HAACK NILS KASTBERG		1 -	ual fr	ional		ploye	tcor	١.			organizations
C27) BEN HAACK NILS KASTBERG		I	divid	stitut	fficer	ey em	ghes	rmer			
DIRECTOR	(07)	,	드	드	0	×	エ	Œ.			
C28) MUSTAR KENT		0.80	Ψ,							0	0
DIRECTOR		0 00	Δ.						0.	0.	0.
1.60		0.80	,,							_	0
DIRECTOR		1 60	X						0.	0.	0.
SO DIRECTOR		1.60									
DIRECTOR		1 0 00	X						0.	0.	0.
STATE   STAT		0.80									
DIRECTOR   X			X						0.	0.	0.
(32) RONAK IGBAL LARHANI		0.80									•
DIRECTOR			Х						0.	0.	0.
O.   O.   O.   O.   O.   O.   O.   O.	, ,	0.80								_	_
Director   X	DIRECTOR		X						0.	0.	0.
Carry Luchino   Carry   Carr	(33) ANDREW LIVERIS	0.80									
Director   X	DIRECTOR		Х						0.	0.	0.
(35) GEORGIA MILTON-SHEATS	(34) LARRY LUCHINO	0.80									
Director   X	DIRECTOR		Х						0.	0.	0.
Carrel   C	(35) GEORGIA MILTON-SHEATS	0.80									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
(37) KATIE BURKE MITIC	(36) YAO MING	0.80									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
O. 80   X   O. 0. 0. 0.	(37) KATIE BURKE MITIC	0.80									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
Carrector   Carr	(38) ANGELO MORATTI	0.80									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
Color	(39) DIKEMBE MUTUMBO	0.80									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
O.   O.   O.   O.   O.   O.   O.   O.	(40) SAMUEL PERKINS	0.80									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
O	(41) GUYLA SAIDOVA	0.80									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
(43) HON. MARIA SHRIVER	(42) KIM SAMUEL	0.80									
(43) HON. MARIA SHRIVER	DIRECTOR		Х						0.	0.	0.
DIRECTOR   X	(43) HON. MARIA SHRIVER	0.80									
(44) MATTHEW WILLIAMS	DIRECTOR		X						0.	0.	0.
DIRECTOR   X   0. 0. 0.	(44) MATTHEW WILLIAMS	0.80									
(45) VANESSA WILLIAMS         0.80           DIRECTOR         X         0.0.0.0.           (46) JIA YONG         0.80         0.0.0.0.           DIRECTOR         X         0.0.0.0.	DIRECTOR		x						0.	0.	0.
DIRECTOR	(45) VANESSA WILLIAMS	0.80									
(46) JIA YONG DIRECTOR    0.80   X   0. 0.	DIRECTOR		х						0.	0.	0.
DIRECTOR X 0. 0.	(46) JIA YONG	0.80									
	DIRECTOR		х						0.	0.	0.
Total to Part VII. Section A line 1c		•						_			
	Total to Part VII. Section A. line 16										

Form 990 SPECIAL C	DLYMPICS	<u>s,</u>	11	<u> 1C .</u>	,				52-088	9518
Part VII   Section A. Officers, Directors, Tru	stees, Key Er	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	ordirector				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	Itrus		ee/	mpen				organizations
	below	ndividual trustee	Institutional trustee	<u>.</u>	Key employee	Highest compensated employee	ъ			organizations
	line)	Indivi	Instit	Officer	Key e	High	Former			
(47) DICKEN YUNG	0.80			П						
DIRECTOR		Х						0.	0.	0.
(48) J. BRADY LUM	40.00									
PRESIDENT & COO		1		x				0.	0.	0.
(49) ANGELA CICCOLO	40.00									
SECRETARY		1		x				231,038.	0.	18,964.
(50) LEE GILLESPIE-WHITE	40.00							,		•
ASSISTANT SECRETARY		1		x				137,493.	0.	11,150.
(51) RICHARD ALLEN	40.00									-
SVP & CHIEF FINANCIAL OFFICER		1		x				130,846.	0.	7,297.
(52) I. ANDRE ALEXANDER	40.00									
CFO (UNTIL 01/2013)		1		X				11,587.	0.	664.
(53) JANET FROETSCHER	40.00									
CHIEF EXEC. OFFICER (AS OF 10/2013)				Х				177,738.	0.	3,870.
(54) DR. JOHN DOW, JR.	40.00									
CHIEF REGIONAL GROWTH					Х			251,927.	0.	37,130.
(55) DR. STEPHEN CORBIN	40.00									
SR. VP CONSTITUENT SERVICES					Х			177,389.	0.	17,182.
(56) CHARLES LEE TODD	40.00								_	
CHIEF WORLD GAMES & COMP.					Х			207,186.	0.	33,700.
(57) PETER WHEELER	40.00								_	
CHIEF STRATEGIC PROPERTIES					Х			205,798.	0.	39,089.
(58) CYNTHIA COURT	40.00								_	
CHIEF MARKETING & DEVELOPMENT					Х			262,500.	0.	27,480.
(59) JOAN WHEATLEY	40.00							1.50 0.50	_	
VP, DONOR DEVELOPMENT	4.0.00				X			168,060.	0.	27,336.
(60) NOAH BROADWATER	40.00							000 050	•	0 500
VP, DIGITAL PRODUCTS & TECHNOLOGY	40.00				Х			222,250.	0.	9,522.
(61) STEPHEN NEILL	40.00	l			77			107 075	0	22 22
SVP & GLOBAL DEV. & GOV'T RELATIONS	40 00		-	Ш	Х			187,975.	0.	22,930.
(62) DENIS DOOLAN	40.00	ļ			37			170 541	0	0
VP MOVEMENT LEADERSHIP & INTEGRATION	40 00		_	Ш	Х			172,541.	0.	0.
(63) ROBERT GOBRECHT	40.00	ļ				٦,		170 701	0	02 120
REGIONAL PRESIDENT & MD SONA	40 00					Х		179,791.	0.	23,132.
(64) MARY GU	40.00	ł				- T		244 506	^	^
REGIONAL PRESIDENT & MD SOEA	40 00	-	-	Н		Х		244,506.	0.	0.
(65) AYMAN WAHAB	40.00	ł				₩		102 200	0.	0.
REGIONAL PRESIDENT & MD SOMENA (66) MARY DAVIS	40.00			Н		Х	$\vdash$	183,389.	0.	0.
ACTING REGIONAL PRES. & MD SOEE	40.00	ł				х		222,026.	0.	0.
ACTING REGIONAL TRES. & MD SOEE				Ш		<u> </u>		222,020.	0.	0.
Total to Bort VIII Section A line 10										
Total to Part VII, Section A, line 1c										

	OLYMPIC						52-0889518			
Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) ition that	ı app	ıly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) DENNIS BRUEGGEMANN REGIONAL PRESIDENT & MD SOLA	40.00	ł				х		161,643.	0.	25,406
REGIONAL INDIDENT & NO SOLA						Λ		101,043.	0.	23,400
		_								
		_								
		_								
Total to Part VII, Section A, line 1c								3,535,683.		304,852

Ра	rt V	<u> </u>			or note to any li	no in this Dout VIII			
			Check if Schedule O conta	ains a response	or note to any ii	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t t	1	a	Federated campaigns	1a	183,495.		, , , , , , , , , , , , , , , , , , , ,		012 011
ran			Membership dues		•	-			
λ, Ti			Fundraising events						
ar /			Related organizations			1			
s, G			Government grants (contributi	1	1004795.	-			
Si			All other contributions, gifts, grant	,		-			
out		•	similar amounts not included abov	1 1 _	3080163.				
ΞĒ		a	Noncash contributions included in lines		204,893.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			84268453.			
		<u></u>	Totali / tod iii tod Tu Ti		Business Code				
Ð	2	a	ACCREDITATION F			3,183,607.	3.183.607		
vic.		b	CONFERENCES & M		900099	607.926.	607,926.		
Program Service Revenue		C	-		300033	00775200	007,75201		
E Š		d							
Regre		e							
Pro			All other program service reve	nue					
			Total. Add lines 2a-2f			3,791,533.			
	3	9	Investment income (including			, , , , , , , , , , , , ,			
	Ŭ		other similar amounts)			3,860,071.			3860071.
	4		Income from investment of tax						00000121
	5		Royalties		•	629,815.			629,815.
	J		Tioyanies	(i) Real	(ii) Personal	022,020			020,020
	6	a	Gross rents	(i) Fical	(ii) i cisoriai	-			
			Less: rental expenses			-			
			Rental income or (loss)			-			
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	а	assets other than inventory	17969910		-			
		h	Less: cost or other basis			-			
		J		16261122					
		_	Gain or (loss)	1708788		-			
		4	Net gain or (loss)			1,708,788.			1708788.
-			Gross income from fundraising						27007000
υne	Ü	u	including \$						
) Ve			contributions reported on line						
Other Revenue			Part IV, line 18						
the		h	Less: direct expenses	b		-			
Ò			Net income or (loss) from fund		<b>&gt;</b>				
			Gross income from gaming ac	-					
	-	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam		<b>&gt;</b>				
			Gross sales of inventory, less	•					
		_	and allowances						
		b	Less: cost of goods sold			-			
			Net income or (loss) from sales						
		_	Miscellaneous Revenue		Business Code				
	11	а	LIST RENTAL	<u>-</u>	900099	950,834.			950,834.
			OTHER INCOME		900099	309,969.			309,969.
		c	FOREIGN CURRENC	Y GAIN	900099	-10,286.			-10,286.
		d	All other revenue			, = 33			, =====
			<b>Total.</b> Add lines 11a-11d		<b></b>	1,250,517.			
	12	-	Total revenue. See instructions.				3,791,533.	0.	7449191.
33200 10-29						•			Form <b>990</b> (2013)

## Form 990 (2013) SPECIAL OLYMP 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).										
secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo			тріете соштп (А).							
	not include amounts reported on lines 6b, 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 governments and organizations in the United States. See Part IV, line 21	25,744,268.	25,744,268.	· · · · · · · · · · · · · · · · · · ·							
2	Grants and other assistance to individuals in										
_	the United States. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16	5,076,327.	5,076,327.								
4	Benefits paid to or for members	, ,	, ,								
5	Compensation of current officers, directors,										
	trustees, and key employees	3,160,452.	1,584,619.	1,090,457.	485,376.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	14,151,978.	11,475,593.	439,754.	2,236,631.						
7 8	Other salaries and wages Pension plan accruals and contributions (include	14,131,970.	11,473,3930	433,734.	2,230,031.						
0	section 401(k) and 403(b) employer contributions)	565,690.	357,107.	54,248.	154,335.						
9	Other employee benefits	1,626,153.		318,766.	310,728.						
10	Payroll taxes	1,380,205.	1,037,432.	120,451.	222,322.						
11	Fees for services (non-employees):										
а	Management										
b	Legal	126,271.	60,997.	49,742.	15,532.						
	Accounting	1,147,781.	460,631.	687,150.							
	Lobbying	91,200.	91,200.		2 222 651						
	Professional fundraising services. See Part IV, line 17	3,222,651.	100 110	16 060	3,222,651.						
f	Investment management fees	196,972.	180,110.	16,862.							
g	column (A) amount, list line 11g expenses on Sch O.)	5,379,818.	4,450,257.	377,284.	552,277.						
12	Advertising and promotion	126,096.	75,541.	7,310.	43,245.						
13	Office expenses	1,443,936.	1,170,326.	128,827.	144,783.						
14	Information technology	718,042.	596,106.	118,426.	3,510.						
15	Royalties										
16	Occupancy	1,807,509.	1,345,785.	239,310.	222,414.						
17	Travel	5,207,870.	4,540,856.	314,288.	352,726.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	1 024 755	998,033.	23,559.	12 162						
19	Conferences, conventions, and meetings	1,034,755. 1,694.	990,033.	1,694.	13,163.						
20 21	Payments to affiliates	1,094.		1,094.							
22	Depreciation, depletion, and amortization	232,648.	203,129.	29,519.							
23	Insurance	384,578.	231,612.	152,966.							
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 0.)										
а	SUPPLIES	11,700,181.	9,702,801.	68,972.	1,928,408.						
b	POSTAGE & SHIPPING	8,749,677.	4,313,433.	25,323.	4,410,921.						
С	PRINTING PRODUCTIONS	5,044,163.	2,186,067.	1,394.	2,856,702.						
d	OTHER EXPENSES	466,209.	456,988.	0.	9,221.						
е	All other expenses	110,897.	98,356.	12,541.	10 10 10 1						
25	Total functional expenses. Add lines 1 through 24e	98,898,021.	77,434,233.	4,278,843.	17,184,945.						
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   If following SOP 98-2 (ASC 958-720)	19,166,981.	8,050,132.	0.	11,116,849.						
	11 Ioliowing SUP 98-2 (ASC 958-720)		0,000,1020	0.	Form <b>990</b> (2012)						

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,426,553.	1	2,177,811.		
	2	Savings and temporary cash investments			8,226,738.	2	11,655,915.
	3	Pledges and grants receivable, net			12,104,993.	3	9,582,271.
	4	Accounts receivable, net			6,166,991.	4	3,799,329.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali		T			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec		-			
ध		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use			287,355.	8	232,880.
	9	B ''			2,345,027.	9	1,043,217.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,378,924.			
	b		10b	4,668,441.	647,815.	10c	710,483.
	11	Investments - publicly traded securities			50,861,155.	11	54,214,722.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			301,389.	15	346,207.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			85,368,016.	16	83,762,835.
	17	Accounts payable and accrued expenses	6,306,996.	17	6,242,671.		
	18	Grants payable		T T	2,716,227.	18	2,377,854.
	19	Deferred revenue			422,840.	19	548,381.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	). Complete Part X of			
		Schedule D			68,924.	25	88,895.
	26	Total liabilities. Add lines 17 through 25			9,514,987.	26	9,257,801.
		Organizations that follow SFAS 117 (ASC 958		k here $ ightharpoonup ig  oxed{X}$ and $ig $			
es		complete lines 27 through 29, and lines 33 an			50 050 005		F0 (F0 000
anc	27	Unrestricted net assets			59,050,035.	27	58,652,008.
Bal	28	Temporarily restricted net assets			16,604,410.	28	15,654,442.
pu	29				198,584.	29	198,584.
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶└─┘			
, o		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds		T.		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed		T		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			DE 052 002	32	<b>74 505 00 4</b>
~	33	Total net assets or fund balances			75,853,029.	33	74,505,034.
	34	Total liabilities and net assets/fund balances			85,368,016.	34	83,762,835.



Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,89		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,85		
5	Net unrealized gains (losses) on investments	5	2,04	0,8	49.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	74,50	5,0	34.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS TNC **Employer identification number** 

		SPECIAL	OLYMPICS, I	NC.					5	2-0889	9518	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
Part I  The organ  1	A church, coo A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and u See section An organizati An organizati activities rela income and u See section An organizati Morganizati An organizati activities rela income and u See section An organizati for ganizati more publich describes the a Type I By checking foundation m If the organiz supporting of Since Augus (i) A perso the gove (ii) A family	for Public Char a private foundation nvention of churche cribed in section 17 a cooperative hospi search organization e: ion operated for the (b)(1)(A)(iv). (Complet ite, or local governm ion that normally rec b)(1)(A)(vi). (Complet ite to its exempt ful unrelated business t 509(a)(2). (Complet ion organized and op ion organized organize in this box, I certify the inanagers and other t ination received a write granization, check the t 17, 2006, has the of ion who directly or ind ion organized organize in this box, I certify the inanagers and other t ination received a write in this box, I certify the inanagers and other t in this box, I certify the inanagers and other t in this box, I certify the inanagers and other t in this box, I certify the in this box, I certify the in this box, I certify the in this box of the service of the service of the interval of the service of the service of the interval of the service of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the ion of the service of the service of the ion of the service of the ion of the service of the service of the ion of the service of the ion of the service of the service of the ion of the service of the service of the ion of the service of the service of the i	because it is: (For lines as, or association of churro(b)(1)(A)(ii). (Attach Sotal service organization operated in conjunction benefit of a college or uneter Part II.)  section 170(b)(1)(A)(vi). (Section 170(b)(1)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A)(c)(A	ations must a through a ches described with a hos niversity or a check and a c	11, check ribed in section pital descrived or open description and part II.) a support from a part II.) a support from a part II.) a support from but ic safety. Sof, to perform the conditionally a directly on a dorganizati it is a Tymontribution ether with	only one bection 170  170(b)(1)(ribed in section 170(b)(1)(ribed in section 170(b)(1)(ribed in 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	(A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(v). (A	mental union from the membershi 1/3% of its y the organication 509(in Typer more discection 509 e III mowing persion (ii) and (in (ii) and (ii) and (in (ii) and (in (ii) and (ii) and (ii) and (ii) and (ii) and (iii) and (iiii) and (iiii) and (iiii) and (iiii) and (iiii) and (iiiii) and (iiii) and (iiiii) and (i	p fees, as support anization  y out the a)(3). Che III - No qualified 9(a)(1) or sons?	public des and gross re t from gross after June e purposes eck the box n-functiona persons of section 50	cribed i eceipts s invest 30, 197  of one x that ally integ ther tha 19(a)(2).  Yes	from tment 75. or
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
. ,	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis governing	document?	organizat (i) of your	ion in col. support?	(vi) Is organizatio (i) organiz U.S	on in col. ed in the .?	(vii) Amour su	nt of moi pport	netary
			, , , , ,	Yes	No	Yes	No	Yes	No			
Fotal												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	78158175.	84895713.	78828597.	89902122.	84268453.	416053060
2	Tax revenues levied for the organ-						
	ization'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	78158175.	84895713.	78828597.	89902122.	84268453.	416053060
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)						4816079.
6	Public support. Subtract line 5 from line 4.						411236981
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	78158175.	84895713.	78828597.	89902122.	84268453.	416053060
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1754876.	2230791.	3054748.	4215087.	5440720.	16696222.
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 IV.)	17,768.	86,533.	36,712.	95,481.	309,969.	546,463.
11	Total support. Add lines 7 through 10						433295745
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 18	,275,104.
13	First five years. If the Form 990 is fo	r the organization's				n 501(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b> □
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	94.91 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14			15	94.67 %
16a	33 1/3% support test - 2013. If the	-					
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2012. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - <b>2013.</b> If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	his box and <b>stop h</b>	nere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2012.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part IV how the	e
	organization meets the "facts-and-cir-	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ıs ▶□
					•	/F 000	000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2013



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

(Complete only if you checked the box on line 9 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	iow, picase com	oloto i art II.)				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, ,	, ,	` '	,	.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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>b</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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2013 (lin					15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2012.</b> If the o	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec			•		•	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	▶□

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

SPECIAL OLYMPICS, INC.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OMB No. 1545-0047

Name of the organization

Employer identification number

52-0889518

Organization type (check one):								
Filers of: Section:								
Form 990 or 990-l	$\mathbf{X}$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
, ,	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one cor. Complete Parts I and II.							
Special Rules								
509(a)(1)	ection 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contribu If this bo purpose	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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								

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) (2013)

Name of organization

Employer identification number

SPECIAL OLYMPICS, INC.

52-0889518

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,958,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,556,327.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,200,183.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 2,154,733.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,785,175</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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 it	f additional space is needed.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
222452 10 24			390 990-F7 or 990-PF\/2013		

Name of organization Employer identification number SPECIAL OLYMPICS INC. 52-0889518 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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

Name of orga	01(c)(4), (5), or (6) organiza	tions: Complete Part III.		Emn	loyer identification number
Maine of orga		OLYMPICS, INC.		Linp	52-0889518
Part I-A	Complete if the org	ganization is exempt un	der section 501(c	or is a section 527 c	organization.
2 Political	a description of the organiz	zation's direct and indirect polit	ical campaign activities	s in Part IV.	S
Part I-B	Complete if the org	ganization is exempt un	der section 501(c	e)(3).	
1 Enter the	amount of any excise tax	incurred by the organization ur	nder section 4955	<b>▶</b> \$	S
2 Enter the	amount of any excise tax	incurred by organization mana-	gers under section 495	55 <b>&gt;</b> \$	
3 If the org	anization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a co	orrection made?				Yes No
	describe in Part IV.		1 1: 504/		( ) (0)
Part I-C		ganization is exempt un		••	. , . ,
	• •	d by the filing organization for s			S
		ization's funds contributed to o	-	_	
					·
		s. Add lines 1 and 2. Enter here			
line 17b		1120-POL for this year?		<b>&gt;</b> \$	Yes No
made pa contribut	yments. For each organizations received that were pr	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organ	nization's funds. Also enter t ganization, such as a separa	he amount of political
	(a) Name	( <b>b)</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) 2013

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Schedule C (Form 990 or 990-EZ) 2013	DI DCIME (	DIMITOD, INC.		52 0	OOJJIO Page Z
		exempt under section	on 501(c)(3) and fil	led Form 5768	
(election under sec		<b>f</b> fili-kl	- D-+ N/	l	ddu FINI
A Check ► ☐ if the filing organization expenses, and sha	-	n affiliated group (and list i	n Part IV each affiliated	i group member's nam	e, address, EIN,
		x A and "limited control" pr	ovisions apply		
			очного арргу.	(a) Filing	(b) Affiliated group
	its on Lobbying E	:xpenditures imounts paid or incurred	1	organization's	totals
(me term expen	ultures illeans a	imounts paid or incurred	•)	totals	
1a Total lobbying expenditures to infl	luence public opir	ion (grass roots lobbying)		0.	
<b>b</b> Total lobbying expenditures to infl	luence a legislativ	e body (direct lobbying)		91,200.	
c Total lobbying expenditures (add l	lines 1a and 1b) .			91,200.	
d Other exempt purpose expenditur				96,854,133.	
e Total exempt purpose expenditure				96,945,333.	
f Lobbying nontaxable amount. Ent		m the following table in bo	th columns.	1,000,000.	
If the amount on line 1e, column (a)	or (b) is: The	e lobbying nontaxable am	nount is:		
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,00		00,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5		75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17		25,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		000,000.			
Craceroate pentavable amount (a)	ntor OEO/ of line 1	n		250,000.	
<ul><li>g Grassroots nontaxable amount (er</li><li>h Subtract line 1g from line 1a. If zer</li></ul>				0.	
i Subtract line 1f from line 1c. If zer	,			0.	
j If there is an amount other than ze	•				
reporting section 4911 tax for this	•			Г	Yes No
Toporting section 40 FF tax for this	•	r Averaging Period Under			<u> </u>
(Some organia		e a section 501(h) electio		plete all of the five	
co	olumns below. Se	ee the instructions for lin	es 2a through 2f on pa	age 4.)	
	Lobbying E	xpenditures During 4-Ye	ar Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
	1 000 00	1 000 000	1 000 000	1 000 000	4 000 000
2a Lobbying nontaxable amount	1,000,00	1,000,000	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount					6,000,000.
(150% of line 2a, column(e))					0,000,000.
• Total labbuing avacaditures	165,12	109,909.	186,455.	91,200.	552,689.
c Total lobbying expenditures	100,12	100,000	100,400	51,200.	332,003.
d Grassroots nontaxable amount	250,00	250,000	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					,,,
(150% of line 2d, column (e))					1,500,000.

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2013 SPECIAL OLYMPICS, INC. 52-088951 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
b	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:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
	Media advertisements?  Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total. Add lines 1c through 1i				
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				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 expenditures from the prior year?		3	L	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
	Total		_		
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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?				
5 Pai	Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information		5		
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group complete this part for any additional information.	o list); Part II	I-A, line 2; a	and Part II-B	, line 1.

Schedule C (Form 990 or 990-EZ) 2013

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to 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 Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS TNC Employer identification number 52-0889518

Pai	t I Organizations Maintaining Donor Advised		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor adv	ised funds
•	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
•	for charitable purposes and not for the benefit of the donor or o		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (e.g., recreation or edi		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, release		
	year▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the perio	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	TO(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	pition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under SFAS 116	· ·	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013



SPECTAL.	OLYMPICS.	INC.
DEDCTOR	OHIME TOO.	T TA C •

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	No No
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  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  1 Id  Did the organization include an amount on Form 990, Part X, line 21?  Yes  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
b Scholarly research e Other c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f  2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance  1c	No
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?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  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  10  21  22 Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
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?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  1c  1d  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  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  10  Test III  Test I	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?  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  1c  1d  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
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?  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  1c  1d  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance  Ic  d Additions during the year  Ending balance  Ightharpoonup 190, Part X, line 21?  Ighthar	
on Form 990, Part X?  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  1c  1d  1e  1 b  1 f  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
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  Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	
C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
d Additions during the year e Distributions during the year f Ending balance f Ending balance 1f  2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	No
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	No
2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	」 <b>No</b> ]
LEGISLA LEGISLANDISCONDE COMPLETE COMPL	
	hack
3 3 7	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs  f Administrative expenses	
100 504 100 504 100 504 100 504 100	584.
g End of year balance [ 190,304.] 190,304.] 190,304.] 190,504.] 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ► • 0 0 %	
b Permanent endowment ► 100.00 %	
c Temporarily restricted endowment ▶ .00 %	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
<b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	No
(i) unrelated organizations 3a(i)	X
(ii) related organizations 3a(ii)	X
b If "Yes" to 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" to 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	9
1a Land	
<b>b</b> Buildings	
c Leasehold improvements 330,979. 283,971. 47,00	
d Equipment 2,009,882. 1,857,074. 152,80	
e Other 3,038,063. 2,527,396. 510,66	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	<u>83.</u>

Schedule D (Form 990) 2013



Part VII Investments	- Other Securities
----------------------	--------------------

Part VII	Investments - Other Securities.			
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	to Form 990, Part IV, li <b>(b)</b> Book value		e 12. Cost or end-of-year market value
<del>- ` '</del>	al derivatives	(b) Book value	(c) Method of Valuation.	out of cha of year market value
	held equity interests			
(3) Other	ried equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
	Investments - Program Related.		•	
	Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: 0	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X, line	
	(a) i	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	mn (b) must equal Form 990, Part X, col. (B) line	- 15 )		
Part X	Other Liabilities.	, 10.)		
	Complete if the organization answered "Yes"	to Form 990. Part IV. li	ne 11e or 11f. See Form 990. Part	X. line 25.
1.	(a) Description of liability		(b) Book value	, <u>,</u>
	leral income taxes		• •	
	FERRED RENT		88,895.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 25.) <b>&gt;</b>	88,895.	
<u> </u>	former at the term of the post VIII and the	Al 4 4 - 6 41 6 - 4 4		

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 X

Schedule D (Form 990) 2013



	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per F	Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	•		
1	Takal association and allow association and the differential statements		1	108,867,336
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a   2,040,849.		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d   1,266,198.		
е	Add lines 2a through 2d		2e	13,358,159
3	Subtract line 2e from line 1		3	95,509,177
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4	
b	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b		4c	U 05 500 177
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		Dot:	95,509,177
Pai	rt XII Reconciliation of Expenses per Audited Financial State		neu	arii.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			110,112,117
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	110,112,117
2 a		<sub>2a</sub>   10,051,112.		
a b	Prior year adjustments		1	
C	Other losses		1	
			-	
	Add lines 2a through 2d		2e	11,214,096
3	Subtract line <b>2e</b> from line <b>1</b>		3	98,898,021
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		_	
а		4a		
b				
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	98,898,021
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P		4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
ם אם	om ve tine A.			
FAI	RT V, LINE 4:			
EXI	PLANATION: THE SPECIAL OLYMPICS ENDOWMENT	FUND WAS ESTABLE	SHE	OT O
		1 01/2 1112 = 1112=		
GE1	NERATE INCOME TO FINANCE SPECIAL PROJECTS	OR UNUSUAL EXPEN	TIDI	URES THAT
WII	LL ENHANCE THE MISSION OF SPECIAL OLYMPIC	CS.		
	_			
PAI	RT X, LINE 2:			
EXI	PLANATION: MANAGEMENT HAS ANALYZED THE TA	AX POSITIONS TAKEN	I BY	SPECIAL
<b>ΩΤ 3</b>	WANTED AND HAS CONCLUDED BUILD AS OF DESER	4DED 21 2012 MILE	ם מו	ADE NO
ΩГ.	YMPICS AND HAS CONCLUDED THAT AS OF DECEN	IDEK 31, ZUIS, THE	'KE	AKE NU
TINT	CERTAIN POSITIONS TAKEN OR EXPECTED TO BE	י ייזערא יים אר ארטיייר	, PE	OUTRE
011/	CHAIMIN TODITIONS TAKEN OK EXPECTED TO BE	TAKEN THAT MOOHE	, 11.6	SOTKE
REC	COGINITION OF A LIABILITY (OR ASSET) OR I	DISCLOSURE IN THE	FIN	ANCIAL
				· ·

STATEMENTS.

#### SCHEDULE F (Form 990)

#### 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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 

SPECIA	L OLYMPICS,	INC.		52-0889518	
Part I	General Informa	tion on A	activities Outside the United States. Complete if the organ	nization answered "Yes" or	n

52-0889518

	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gr		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
	United States.					
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	( ) 0	offices	employees	(by type) (e.g., fundraising, program	is a program service,	expenditures
		in the region	agents, and independent	services, investments, grants to	describe specific type	for and investments
			contractors in region	recipients located in the region)	of service(s) in region	in region
					SPORTS TRAINING, PUBLIC	
					EDUCATION, AND	
SUB-	-SAHARAN AFRICA	1	8	PROGRAM SERVICES	COMMUNICATION.	426,465.
						<u> </u>
					SPORTS TRAINING, PUBLIC	
					EDUCATION, AND	
SOU	TH ASIA	0	0	PROGRAM SERVICES	COMMUNICATION.	44,337.
					-	, ,
					SPORTS TRAINING, PUBLIC	
EAS:	r Asia and the				EDUCATION, AND	
	IFIC	1	29	PROGRAM SERVICES	COMMUNICATION.	2,716,160.
		_				2,720,200.
					SPORTS TRAINING, PUBLIC	
CEN	TRAL AMERICA AND				EDUCATION, AND	
	CARIBBEAN	1	11	PROGRAM SERVICES	COMMUNICATION.	363,410.
	CINCIDDDIN	_		I THE SERVICES	Committee in the commit	303,110.
					SPORTS TRAINING, PUBLIC	
EIIR	OPE (INCLUDING				EDUCATION, AND	
	LAND & GREENLAND)	1	20	PROGRAM SERVICES	COMMUNICATION.	1,858,134.
	and a organization			I ROSIGNI BERVIOLE	Common control	1,000,101.
					SPORTS TRAINING, PUBLIC	
мты	DLE EAST AND				EDUCATION, AND	
	TH AFRICA	1	15	PROGRAM SERVICES	COMMUNICATION.	544,520.
	III MIKICH			I ROCKEM BERVICES	COMPONIENTION:	344,320.
				GRANTS TO RECIPIENTS		
CIID	-SAHARAN AFRICA	0	0	LOCATED IN REGION.		1 073 810
505	-SANAKAN AFRICA	0	0	LOCATED IN REGION.		1,073,810.
				GRANTS TO RECIPIENTS		
פטזיי	חט אפדא	0	0	LOCATED IN REGION.		530 000
	TH ASIA	5	83	LOCATED IN REGION.		538,980.
	Sub-total	5	6.5			7,565,816.
b	Total from continuation	0	_			2 462 527
	sheets to Part I	0	0			3,463,537.
С	Totals (add lines 3a	_	0.2			11 000 353
	and 3b)	5	83			11,029,353.

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

Schedule F (Form 990) 2013



Schedule F (Form 990)  Part I Continuation	SPECIAL	OLYMPICS	<b>n.</b> (Schedule F (Form 990), Part I, line 3	52-08	89518 <sub>Page</sub>
					(O.T.)
(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
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	0	0	LOCATED IN REGION.		1,241,413
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.		1,031,056
THE CARIBBEAN		0	DOCATED IN REGION.		1,031,030
EUROPE (INCLUDING			GRANTS TO RECIPIENTS		
ICELAND & GREENLAND)	0	0	LOCATED IN REGION.		960,179
MIDDLE EAST AND			GRANTS TO RECIPIENTS		
NORTH AFRICA	0	0	LOCATED IN REGION.		230,889
					1
Totals					3,463,537

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>(b)</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	304,154.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	148,747.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	142,596.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	83,587.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	68,025.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	54,573.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	45,050.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM ASSISTANCE	42,597.	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

**▶** 93 0

Schedule F (Form 990) 2013

Scriedule	e F (Form 990)	<u> </u>	AD ODIMITOS,	T11C •		<u> </u>	07310		Page 2
Part II									
1 (a) Nar	ne of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	40,037.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	31,648.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	25,325.	WIRE	0.		
					,				
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	22,907.	WIRE	0.		
					,				
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	17,625.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	17,367.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	14,355.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	7,717.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	7,500.	WIRE	0.		

	F (FORM 990)	<u> </u>	AL OHIMITOD,	1110.		<u> </u>	00010		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	<b>(b)</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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			L						
			EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	433,530.	WIDE	0.		
			PACIFIC	PROGRAM ASSISTANCE	433,530.	WIRE	0.		+
			EAST ASIA AND THE						
			PACIFIC	PROGRAM ASSISTANCE	116,830.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	PROGRAM ASSISTANCE	114,765.	WIRE	0.		
							<u> </u>		+
			EAST ASIA AND THE						
			PACIFIC	PROGRAM ASSISTANCE	102,600.	WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	PROGRAM ASSISTANCE	65,279.	WIRE	0.		
					,				
			EAST ASIA AND THE				_		
			PACIFIC	PROGRAM ASSISTANCE	38,240.	WIRE	0.		<del>                                     </del>
			EAST ASIA AND THE						
			PACIFIC	PROGRAM ASSISTANCE	32,000.	WIRE	0.		
			EAST ASIA AND THE	DDOGDAM AGGTGWANGE	27 720	WIDE			
			PACIFIC	PROGRAM ASSISTANCE	27,732.	MIKE	0.		+
			EAST ASIA AND THE						
			PACIFIC	PROGRAM ASSISTANCE	24,058.	WIRE	0.		

	edule F (Form 990) SPECIAL OLIMPICS, INC. 52-0009510 Page 2									
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)		
1 (a) Nar	no of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			EAST ASIA AND THE							
				PROGRAM ASSISTANCE	18,500.	WIRE	0.			
			EAST ASIA AND THE							
				PROGRAM ASSISTANCE	16,571.	WIRE	0.			
			EAST ASIA AND THE							
			PACIFIC	PROGRAM ASSISTANCE	10,080.	WIRE	0.			
			EAST ASIA AND THE							
			PACIFIC	PROGRAM ASSISTANCE	9,839.	WIRE	0.			
			EAST ASIA AND THE							
			PACIFIC	PROGRAM ASSISTANCE	9,730.	WIRE	0.		<u> </u>	
			EAST ASIA AND THE							
			PACIFIC	PROGRAM ASSISTANCE	8,552.	WIRE	0.		<u> </u>	
			EAST ASIA AND THE							
			PACIFIC	PROGRAM ASSISTANCE	8,500.	WIRE	0.		+	
			EAST ASIA AND THE		6 000					
			PACIFIC	PROGRAM ASSISTANCE	6,900.	WIKE	0.		+	
			EAST ASIA AND THE	DDOGDAM AGGTGTANGE	110 704	WIDE				
			PACIFIC	PROGRAM ASSISTANCE	118,794.	MIKE	0.		1	

Schedule F (Form 990)	SPECI	AL OLYMPICS,	INC.		52-08	89518		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</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	PROGRAM ASSISTANCE	202,591.	WIRE	0.		
		EAST ASIA AND THE	PROGRAM ASSISTANCE	152,120.	WIRE	0.		
		EAST ASIA AND THE	PROGRAM ASSISTANCE	131,995.	WIRE	0.		
		EAST ASIA AND THE	PROGRAM ASSISTANCE	80,319.	WIRE	0.		
		EAST ASIA AND THE	PROGRAM ASSISTANCE	23,909.		0.		
		EAST ASIA AND THE	PROGRAM ASSISTANCE	21,358.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	132,956.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	132,301.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	116,836.		0.		

**COPY** 

Schedule	F (Form 990)	SPECI	AL OLYMPICS,	INC.		52-08	89518		Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Nam	ne of organization	<b>(b)</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	76,883.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	75,845.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	56,162.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	37,959.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	32,833.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	32,757.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	27,214.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	27,177.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	26,250.	WIRE	0.		

	lie F (Form 990) SPECIAL OLIMPICS, INC. 52-0009310 Page 2									
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)		
1 (a) Na	mo of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Pagion	(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	23,057.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	19,746.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	17,945.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	14,263.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,055.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,186.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,000.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	8,943.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,513.	WIRE	0.			

	dule F (Form 990) SPECIAL OLIMPICS, INC. 52-0609516 Page 2									
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)		
1 (a) Na	me of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	6,921.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	6,524.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	20,000.	WIRE	0.			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	9,469.	WIRE	0.			
			SOUTH AMERICA	PROGRAM ASSISTANCE	226,024.	WIRE	0.			
			SOUTH AMERICA	PROGRAM ASSISTANCE	174,069.	WIRE	0.			
			SOUTH AMERICA	PROGRAM ASSISTANCE	81,815.	WIRE	0.			
			SOUTH AMERICA	PROGRAM ASSISTANCE	77,095.	WIRE	0.			
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	62,175.	WIRE	0.			

41

Schedule F (Form 990)	D1 11C1	AL CLIMFICS,	INC	32-0009310					
Part II Continuation	n of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)		
1 (a) Name of organization	n (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	53,310.	WIDE	0.			
		NORTH AFRICA	FROGRAM ASSISTANCE	33,310.	WIKE	0.			
		MIDDLE EAST AND							
		NORTH AFRICA	PROGRAM ASSISTANCE	50,000.	WIRE	0.			
		MIDDLE EAST AND							
		NORTH AFRICA	PROGRAM ASSISTANCE	39,596.	WIRE	0.			
				, , , , , ,					
		MIDDLE EAST AND							
		NORTH AFRICA	PROGRAM ASSISTANCE	38,265.	WIRE	0.			
		MIDDLE EAST AND							
		NORTH AFRICA	PROGRAM ASSISTANCE	30,000.	WIRE	0.			
		MIDDLE EAST AND		0.5.00.5	l				
		NORTH AFRICA	PROGRAM ASSISTANCE	26,836.	WIRE	0.			
		NORTH AMERICA	PROGRAM ASSISTANCE	20,000.	WIRE	0.			
		NORTH AMERICA	PROGRAM ASSISTANCE	10,000.	WIRE	0.			
		NORTH AMERICA	T WORKEN WOOLDINGE	10,000.	MIKE	0.		+	
		NORTH AMERICA	PROGRAM ASSISTANCE	10,000.	WIRE	0.			

Scriedule	medule F (Form 990) STECIAL OBTAILES, INC. 52 0009510								Page 2			
Part II	Continuation of	ation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)										
1 (a) Nam	ne of organization	<b>(b)</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	7,500.	WIRE	0.					
			MIDDLE EAST AND									
			NORTH AFRICA	PROGRAM ASSISTANCE	71,429.	WIRE	0.					
			MIDDLE EAST AND									
			NORTH AFRICA	PROGRAM ASSISTANCE	69,948.	WIRE	0.					
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	33,333.	WIRE	0.					
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	24,187.	WIRE	0.					
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	15,000.		0.					
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	9,993.	WIRE	0.					
			MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	7,000.	WIRE	0.					
			NORTH AMERICA	PROGRAM ASSISTANCE	38,478.	WIRE	0.					

Schedule	F (Form 990)	SPECI	AL OLYMPICS,	INC.			Page 2		
Part II		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Nam	ne of organization	<b>(b)</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	56,000.	WIDE	0.		
			NORTH AMERICA	FROGRAM ASSISTANCE	30,000.	WIRE	0.		
			NORTH AMERICA	PROGRAM ASSISTANCE	24,092.	WIRE	0.		
			NORTH AMERICA	PROGRAM ASSISTANCE	10,880.	WIRE	0.		
			NORTH AMERICA	PROGRAM ASSISTANCE	15,038,	WIRE	0.		

**COPY** 

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (f) Amount of (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Part	IV Fo	reign Forms		
1	organizat	organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the tion may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ion (see Instructions for Form 926)	Yes	X No
2	may be re Receipt o	organization have an interest in a foreign trust during the tax year? If "Yes," the organization equired to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With wner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the organ	organization have an ownership interest in a foreign corporation during the tax year? If "Yes," nization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qualified Informati	organization a direct or indirect shareholder of a passive foreign investment company or a electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, on Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. ructions for Form 8621)	Yes	X No
5	the orgar	organization have an ownership interest in a foreign partnership during the tax year? If "Yes," nization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Partnerships. (see Instructions for Form 8865)	Yes	X No
6		organization have any operations in or related to any boycotting countries during the tax year? If e organization may be required to file Form 5713, International Boycott Report. (see Instructions		

Yes X No

#### Part V **Supplemental Information**

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

PART	Т	LINE	٠ ٠
TAILT	,	T1 T T1 T	

EXPLANATION: SPECIAL OLYMPICS GRANT MANAGERS ROUTINELY REVIEW AND MONITOR EXPENSE-TO-BUDGET REPORTS FROM GRANTEES DURING A GRANT PERIOD. SPECIAL OLYMPICS REQUIRES THAT ALL GRANTEES SUBMIT MONTHLY OR QUARTERLY FINANCIAL AND PROGRAMMATIC REPORTS SHOWING IN DETAIL THE GRANTEES' GRANT ACTIVITY. SPECIAL OLYMPICS MAY REQUIRE GRANTEES 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, GRANTEES THAT ARE NOT SUBJECTED TO FINANCIAL AUDITS (FEDERAL GOVERNMENT OMB CIRCULAR A-133) ARE PROVIDE SUPPORTING DOCUMENTATION IN THE FORM OF REQUIRED TO MAINTAIN AND ORIGINAL RECEIPTS. COPIES OF ANY TIMESHEETS AND PAYROLL RECORDS, OR COMPILATIONS AND ANY OTHER VITAL FORM OF DOCUMENTATION AS DETERMINED BY GRANT GUIDELINES.

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

**Open To Public** Inspection

Internal Revenue Service

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

Name of the organization	issue contidue a (Form coo of coo E2)	ana no	, moa a	otiono io at www ns g	007710	Employer ide	ntification number
SPECIAL	OLYMPICS, INC.					52-0889	518
Part I Fundraising Activities required to complete this part	Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f X Solicita g Special  or oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) pure	tion of tion of fundra I (includer profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
WILDE/LWRA - 201 SUMMER	WILDE/LWRA PLANS, MANAGES	Yes	No				
STREET, HOLLISTON, MA 01746	AND CONDUCTS DIRECT MAIL		Х	35,709,526.		597,020.	35,112,506.
THE HERITAGE COMPANY - 2402							
WILDWOOD AVNEUE, SUITE 500,	TELEMARKETING		Х	3,862,979.	<u> </u>	1,895,693.	1,967,286.
STRATEGIC FUNDRAISING - 7800							
3RD STREET, SUITE 990, ST.	TELEMARKETING		Х	450,878.	<u> </u>	662,488.	-211,610.
INFOCISION MANAGEMENT CORPORATION - 325 SPRINGSIDE							
	TELEMARKETING		Х	100,197.		67,450.	32,747.
Total			. ▶	40,123,580.		3,222,651.	36,900,929.
3 List all states in which the organization or licensing. AL, AK, AR, AZ, CA, CO, CT, OH, OK, OR, PA, RI, SC, TN,	FL,GA,IL,IN,KS,KY,					-	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

	Ir t I	of fundraising event contributions and gro	~					-	
			(a) Event #1		<b>(b)</b> Event #2		<b>(c)</b> Other e	events	(d) Total events (add col. (a) through col. (c))
ē			(event type)		(event type)		(total nun	nber)	Coi. (C))
Revenue		Cross receipts							
Be	1	Gross receipts							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	5	Gross moorne (inte 1 minus line 2)							
	4	Cash prizes		_					
	5	Noncash prizes							
es	٦	Noncash phizes		+					
bens	6	Rent/facility costs							
Direct Expenses	_								
)irec	7	Food and beverages		+					
	8	Entertainment							
	9	Other direct expenses							
	10	, ,							
Da	<u>11</u> 		ne 3, column (d)	n	) Port IV line 10 d		orted more	than	
ГС		\$15,000 on Form 990-EZ, line 6a.	answered res to ro	1111 990	), Fait IV, iiile 19, 0	перс	rteu more	шап	
		\$13,000 of 1 of 11 990-L2, life oa.			<b>b)</b> Pull tabs/instant	1			(d) Total gaming (add
nue			(a) Bingo		go/progressive bing	0	<b>(c)</b> Other g	aming	col. (a) through col. (c)
Revenue									
<u> </u>	1	Gross revenue							
ses	2	Cash prizes		-					
Direct Expenses	3	Noncash prizes							
Direct F	4	Rent/facility costs							
_	5	Other direct expenses							
	3	Other direct expenses	Yes	% L	Yes 9	6 L	Yes	%	
	6	Volunteer labor	No No		No		□ No  ̄		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					▶	
								_	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (c	d)				<u> </u>	
9	Fn	ter the state(s) in which the organization opera	tes gaming activities:						
		the organization licensed to operate gaming ac			es?				Yes No
		No," explain:							
	_								
		ere any of the organization's gaming licenses re				ıx yea	r?		. L Yes  No
b	IT "	Yes," explain:							
	_								
0000	_	0.12.13					0-11		rm 990 or 990-F7) 201

	, and the state of	18895	) T &	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	es l	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?	, L _ Y	es l	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		<u>%</u>
	n outside facility	13b		<u>%</u>
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?	<b>Y</b>	es [	No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
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:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	Y	es [	□ No
h	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 ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	ines 9, 9	b, 10k	, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
a.c	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	og.		
50	HEDOLE G, FART I, DINE 2B, DIST OF TEN HIGHEST FAID FONDRAISE	10.		
<u>(I</u>	) NAME OF FUNDRAISER: WILDE/LWRA			
<u>(I</u>	) ADDRESS OF FUNDRAISER: 201 SUMMER STREET, HOLLISTON, MA 01	746		
<u>(I</u>	I) ACTIVITY: WILDE/LWRA PLANS, MANAGES AND CONDUCTS DIRECT MA	[L C	MPA	IGNS
(I	) NAME OF FUNDRAISER: THE HERITAGE COMPANY			
· (I	•			
<u> </u>	02 WILDWOOD AVNEUE, SUITE 500, SHERWOOD, AR 72210			
	83 09-12-13 Schedule G (Form	n 990 or	990-1	EZ) 2013
	50 0825 786783 SO 2013.04020 SPECIAL OLYMPICS, INC.	OP's	<b>y</b> .	1

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to 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

Open to Public Inspection

Employer identification number

SPECIAL O	LYMPICS,	INC.					52-0889518
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments an	d Organizations in th	ne United States. C	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than			1		(f) Method of		T
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS DC							
900 2ND STREET, NE, SUITE 200							
WASHINGTON, DC 20002	52-0967608	501(C)(3)	1,724,654.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTHERN	02 030,000	552(5)(5)	2,722,001.				
CALIFORNIA - 5875 GREEN VALLEY							
CIRCLE, SUITE 200 - CULVER CITY,							
CA 90230	95-4538450	501(C)(3)	1,648,987.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW JERSEY 3 PRINCESS DRIVE LAWRENCEVILLE, NJ 08648	23-7448729	501(C)(3)	1,051,717.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	E01/G1/21	1,050,813.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTHERN	23-7001382	501(C)(3)	1,030,813.	0.			FROGRAM ASSISTANCE
CALIFORNIA - 3480 BUSKIRK AVENUE, SUITE 340 - PLEASANT HILL, CA							
94523	68-0363121	501(C)(3)	997,532.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WASHINGTON 2150 NORTH 107TH AVENUE, SUITE 220 SEATTLE, WA 98133	91-0962383	501(C)(3)	944,918.	0.			PROGRAM ASSISTANCE
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in t	he line 1 table			•	<b>▶</b> 54.
3 Enter total number of other organization							

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

Schedule I (Form 990) (2013)



Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art 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	<b>(h)</b> Purpose of grant or assistance
SPECIAL OLYMPICS TEXAS							
7715 CHEVY CHASE DRIVE, SUITE 120							
AUSTIN, TX 78752	74-1998367	501(C)(3)	931,579.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ILLINOIS							
505 EAST WILLOW STREET							
NORMAL, IL 61761	36-2922811	501(C)(3)	929,642.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WISCONSIN							
5900 MONONA DRIVE, SUITE 301							
MADISON, WI 53716	39-1176591	501(C)(3)	878,541.	0.			PROGRAM ASSISTANCE
,			,				
SPECIAL OLYMPICS FLORIDA							
1105 CITRUS TOWER BOULEVARD							
CLERMONT, FL 34711	23-7181560	501(C)(3)	783,925.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PENNSYLVANIA							
124 WASHINGTON							
NORRISTOWN, PA 19403	23-2078543	501(C)(3)	781,265.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VIRGINIA							
3212 SKIPWITH ROAD, SUITE 100							
RICHMOND, VA 23294	54-1013637	501(C)(3)	758,414.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MICHIGAN							
EAST CAMPUS DRIVE							
MT. PLEASANT, MI 48859	38-1964643	501(C)(3)	757,049.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARIZONA							
1850 NORTH CENTRAL AVE., SUITE 900	06 000=56	504 (5) (3)	500 55-				
PHOENIX, AZ 85004	86-0307564	DU1(C)(3)	692,637.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CONNECTICUT							
2666 STATE STREET, SUITE 1							
HAMDEN, CT 06517	23-7099756	501(C)(3)	653,224.	0.			PROGRAM ASSISTANCE



Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</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 NORTH CAROLINA 2000 GATEWAY CENTRE BOULEVARD, SUIT	1						
MORRISVILLE, NC 27560	56-1149607	501(C)(3)	652,451.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS COLORADO 410 17TH STREET, SUITE 200							
DENVER, CO 80202	84-0713739	501(C)(3)	595,121.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MARYLAND 513 PROGRESS DRIVE, SUITE P LINTHICUM, MD 21090	23-7089144	501(C)(3)	563,499.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS INDIANA 6100 W. 96TH STREET, SUITE 270			,				
INDIANAPOLIS, IN 46278	35-1262574	501(C)(3)	532,297.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MASSACHUSETTS 450 OLD MAPLE STREET, BLDG. ONE							
DANVERS, MA 01923	23-7242294	501(C)(3)	499,884.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	51-0183468	501(C)(3)	484,961.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OREGON 5901 SW MCADAM, SUITE 100							
PORTLAND, OR 97239	93-0752969	501(C)(3)	481,332.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS LOUISIANA 1000 E MORRIS AVENUE							
HAMMOND, LA 70403	72-0706608	501(C)(3)	466,975.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH CAROLINA 810 DUTCH SQUARE BOULEVARD, SUITE 2							
COLUMBIA, SC 29210	57-0680248	501(C)(3)	457,782.	0.			PROGRAM ASSISTANCE



Part II Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	- cccc-c rage
(a) Name and address of organization or government	<b>(b)</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 GEORGIA							
4000 DEKALB TECHNOLOGY PARKWAY,							
SUITE 400, BUILDING 400 - ATLANTA,				_			
GA 30340	23-7201676	501(C)(3)	455,249.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KANSAS							
5280 FOXRIDGE DRIVE							
MISSION, KS 66202	48-0890981	501(C)(3)	409,039.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MINNESOTA							
100 WASHINGTON AVENUE SOUTH, SUITE				_			
MINNEAPOLIS, MN 55401	41-1228157	501(C)(3)	381,520.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW HAMPSHIRE							
650 ELM STREET, SUITE 101							
MANCHESTER, NH 03101	23-7207522	501(C)(3)	363,985.	0.			PROGRAM ASSISTANCE
minonia in the state of the sta	23 7207322	501(6)(3)	303,303.	• •			INGGIUM INDITITATE
SPECIAL OLYMPICS HAWAII							
1500 SOUTH BERETANIA STREET, SUITE							
HONOLULU, HI 96826	23-7173957	501(C)(3)	361,711.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSOURI							
520 DIX ROAD, SUITE C							
JEFFERSON CITY, MO 65109	23-7328374	501(C)(3)	323,509.	0.			PROGRAM ASSISTANCE
apparat orangera puope tarang							
SPECIAL OLYMPICS RHODE ISLAND							
33 COLLEGE HILL ROAD, SUITE 31	05-0377867	E01/C)/2)	274 142	0.			DDOGDAM ACCICMANCE
WARWICK, RI 02886	05-03//66/	501(C)(3)	274,143.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IOWA							
551 DOVETAIL ROAD							
GRIMES, IA 50111	51-0176029	501(C)(3)	253,836.	0.			PROGRAM ASSISTANCE
			, , , , , , , , , , , , , , , , , , ,				
SPECIAL OLYMPICS IDAHO							
8426 FAIRVIEW AVENUE							
BOISE, ID 83704	23-7185185	501(C)(3)	251,829.	0.			PROGRAM ASSISTANCE



Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	- COCC - C
(a) Name and address of organization or government	<b>(b)</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 OKLAHOMA							
6835 SOUTH CANTON AVENUE							
TULSA, OK 74136	23-7174120	501(C)(3)	234,242.	0.			PROGRAM ASSISTANCE
HEALTH ONE GLOBAL							
1544 MCDANIEL DRIVE							
WEST CHESTER, PA 19380	APPLIED FOR	N/A	209,500.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DELAWARE							
619 SOUTH COLLEGE AVENUE							
NEWARK, DE 19716	23-7162877	501(C)(3)	204,494.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MONTANA							
3117 5TH AVENUE NORTH	04 0067064	504 (5) (2)	105 001				
GREAT FALLS, MT 59403	81-0367064	501(C)(3)	196,201.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MAINE							
125 JOHN ROBERTS ROAD, SUITE 19							
SOUTH PORTLAND, ME 04106	01-0355822	501(C)(3)	192,562.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSISSIPPI							
15 OLYMPIC WAY MADISON, MS 39110	51-0185594	501(C)(3)	190,799.	0.			PROGRAM ASSISTANCE
MADIBON, MB 33110	31 0103374	501(0)(3)	130,733.	· ·			I ROGRAM ADDIDIANCE
SPECIAL OLYMPICS KENTUCKY							
105 LAKEVIEW COURT							
FRANKFORT, KY 40601	61-0954571	501(C)(3)	187,012.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEVADA							
5670 WYNN ROAD, SUITE H	60 0363131	E01/a)/2)	106 002	0			DDOGDAM AGGIGMANGE
LAS VEGAS, NV 89118	68-0363121	DOT(G)(3)	186,803.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARKANSAS							
2115 MAIN STREET							
NORTH LITTLE ROCK, AR 72114	71-0666671	501(C)(3)	179,515.	0.			PROGRAM ASSISTANCE



Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	- cosses rag
(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
47-0546346	501(C)(3)	172,795.	0.			PROGRAM ASSISTANCE
23-7348136	501(C)(3)	167,261.	0.			PROGRAM ASSISTANCE
87-0367185	501(C)(3)	147,192.	0.			PROGRAM ASSISTANCE
			_			
23-7231535	501(C)(3)	145,047.	0.			PROGRAM ASSISTANCE
23-7418345	501(C)(3)	133,749.	0.			PROGRAM ASSISTANCE
85-0268084	501(C)(3)	129,593.	0.			PROGRAM ASSISTANCE
45-0355704	501(C)(3)	87,561.	0.			PROGRAM ASSISTANCE
		,				
92-0057197	501(C)(3)	80,904.	0.			PROGRAM ASSISTANCE
46-0359776	501(C)(3)	65,297.	0.			PROGRAM ASSISTANCE
	(b) EIN  47-0546346  23-7348136  87-0367185  23-7231535  23-7418345  85-0268084  45-0355704	(b) EIN (c) IRC section if applicable (c) IRC section if applicabl	Assistance to Governments and Organizations in the U           (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant           47-0546346         501(C)(3)         172,795.           23-7348136         501(C)(3)         167,261.           87-0367185         501(C)(3)         147,192.           23-7231535         501(C)(3)         145,047.           23-7418345         501(C)(3)         133,749.           85-0268084         501(C)(3)         129,593.           45-0355704         501(C)(3)         87,561.           92-0057197         501(C)(3)         80,904.	Assistance to Governments and Organizations in the United States (Scholb In Inches In Inches In Inches In	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part (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)           47-0546346         501(C)(3)         172,795.         0.           23-7348136         501(C)(3)         167,261.         0.           87-0367185         501(C)(3)         147,192.         0.           23-7231535         501(C)(3)         145,047.         0.           23-7418345         501(C)(3)         133,749.         0.           85-0268084         501(C)(3)         129,593.         0.           45-0355704         501(C)(3)         87,561.         0.           92-0057197         501(C)(3)         80,904.         0.	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)   (b) EIN   (c) IRC section if applicable   (d) Amount of cash grant   (e) Amount of non-cash assistance   (f) Method of valuation of valuation of cash grant   (e) Amount of non-cash assistance   (e) Amount of cash grant   (f) Method of valuation of valua



Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nızations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	Τ
(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
PECIAL OLYMPICS WEST VIRGINIA							
206 VIRGINIA STREET EAST, SUITE 10	þ						
HARLESTON, WV 25301	55-0596975	501(C)(3)	59,601.	0.			PROGRAM ASSISTANCE
NIVERSITY OF MASSACHUSETTS							
00 MORRISSEY BOULEVARD							
OSTON, MA 02125	52-0889518	501(C)(3)	35,457.	0.			PROGRAM ASSISTANCE
PECIAL OLYMPICS ALABAMA							
880 SOUTH COURT STREET							
MONTGOMERY, AL 36104	23-7070336	501(C)(3)	21,173.	0.			PROGRAM ASSISTANCE
,							
HEALTHY COMM 5TH AMD-HEALTH ONE							
GLOBAL LTD - 1544 MCDANIEL DRIVE -							
WEST CHESTER, PA 19380	APPLIED FOR	N/A	20,000.	0.			PROGRAM ASSISTANCE
·			·				
SPECIAL OLYMPICS VIRGIN ISLAND							
P.O. BOX 3712							
KINGSHILL, VI 00851	66-0531607	501(C)(3)	9,483.	0.			PROGRAM ASSISTANCE



(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: MONTHLY AND/OR QUART	ERLY DETA	ILED EXPEN	NDITURE REP	ORTS AND	
SUPPORTING DOCUMENTATION OF FUNDS	USED ARE	PROVIDED	TO SPECIAL	OLYMPICS,	
INC. BY THE ACCREDITED PROGRAMS (	"PROGRAMS	"). SPECIA	AL OLYMPICS	PROCEDURES	
FOR MONITORING GRANTS INCLUDE: (1	) EACH GR	ANT RECIPI	ENT'S KEY	PERSONNEL ARE	
SCREENED AGAINST THE OFAC AND EU	WATCH LIS	TS; (2) A	GRANT AWAR	D IS	
GENERALLY FOR A 12 MONTH PERIOD A					
REPORT AS WELL AS A FINAL REPORT;					
THE TOTAL METERS A PINAL METONI,	(3) DIEC	TITE OUTER	CO KIDDIKVE	2 IIII KIGIIID	

Part IV   Supplemental Information
COMPLETE A BUDGET TEMPLATE INDICATING HOW GRANT FUNDS ARE SPENT; (5) EACH
REPORT MUST BE REVIEWED AND ENDORSED BY THE REGIONAL MANAGING DIRECTOR
BEFORE IT IS SENT TO SPECIAL OLYMPICS FOR REVIEW AND SUPPORT.

## **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. ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS, INC. **Employer identification number** 52-0889518

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  **Mousing allowance or residence for personal use**			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
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 in line 1a?	2	Х	
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 Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
	The organization?	6a		X
b	Any related organization?	6b		Λ
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		х
ρ	not described in lines 5 and 6? If "Yes," describe in Part III	1		-21
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
a	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0		-21
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	0		
	Regulations section 53.4958-6(c)?	9	1	I

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



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 in 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 are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) TIMOTHY P. SHRIVER	(i)	296,125.	0.	0.	20,000.	23,218.	339,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELA CICCOLO	(i)	231,038.	0.	0.	17,595.	1,369.	250,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANET FROETSCHER	(i)	177,738.	0.	0.	0.	3,870.	181,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DR. JOHN DOW, JR.	(i)	251,927.	0.	0.	19,855.	17,275.	289,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. STEPHEN CORBIN	(i)	177,389.	0.	0.	16,047.	1,135.	194,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES LEE TODD	(i)	207,186.	0.	0.	16,212.	17,488.	240,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PETER WHEELER	(i)	205,798.	0.	0.	16,086.	23,003.	244,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CYNTHIA COURT	(i)	262,500.	0.	0.	4,261.	23,219.	289,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOAN WHEATLEY	(i)	168,060.	0.	0.	13,033.	14,303.	195,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NOAH BROADWATER	(i)	222,250.	0.	0.	0.	9,522.	231,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STEPHEN NEILL	(i)	187,975.	0.	0.	0.	22,930.	210,905.	0.
SVP & GLOBAL DEV. & GOV'T RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DENIS DOOLAN	(i)	172,541.	0.	0.	0.	0.	172,541.	0.
VP MOVEMENT LEADERSHIP & INTEGRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ROBERT GOBRECHT	(i)	179,791.	0.	0.	13,985.	9,147.	202,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARY GU	(i)	244,506.	0.	0.	0.	0.	244,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) AYMAN WAHAB	(i)	183,389.	0.	0.	0.	0.	183,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	222,026.	0.	0.	0.	0.	222,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

COPY

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 in 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 are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred	
(A) Name and Title		compensation incentive report		(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in prior Form 990	
(17) DENNIS BRUEGGEMANN (i)		161,643.	0.	0.	12,239.	13,167.	187,049.	0.	
REGIONAL PRESIDENT & MD SOLA	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

332112 09-13-13

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

PART I, LINE 1A:

EXPLANATION: NOAH BROADWATER, VP, DIGITAL PRODUCTS & TECHNOLOGY, RECEIVED

\$19,500 THAT WAS PAID ON HIS BEHALF FOR TEMPORARY HOUSING FOR A PERIOD OF 1

YEAR.

RICHARD ALLEN, SVP & CHIEF FINANCIAL OFFICER, RECEIVED \$19,500 TO DEFRAY

THE COST OF HOUSING FOR A PERIOD OF 1 YEAR.

DENNIS BRUEGGMANN, REGIONAL PRESIDENT & MD SOLA, RECEIVED \$6,000 TO DEFRAY

THE COST OF HOUSING.

COMPENSATION RECEIVED OR ACCRUED FROM ANY UNRELATED ORGANIZATION

EXPLANATION: BRADY LUM, PRESIDENT & COO, WAS COMPENSATED BY THE

COCA-COLA COMPANY. MR. LUM IS A VICE PRESIDENT OF THE COCA-COLA

COMPANY AND DID NOT RECEIVE SALARY OR BENEFITS FROM SPECIAL OLYMPICS.



## **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number 52-0889518

Pai	rt I Types of Property								
	·	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of do noncash contrib	etermini		:s
1	Art - Works of art		Items continuated	T GITT CCC, T GIT VIII	, iiiic ig				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	8	46,2	27.	COST			
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 $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory		0.0	7 200 5	11 4	00 0m / 0m t T T			_
20	Drugs and medical supplies	Х	23	7,389,7	14.	COST/SELLIN	IG P	RIC	<u>E</u>
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts Other ► ( EQUIP. /SUPP. )	X	2	528,7	130	COST/SELLIN	IC DI	ртс	_
25	` <del></del>	X	119			COST/SELLIN			
26	Other  (HILTON POINTS) Other  (PROMO MAT.)	X	2			COST/SELLIN			
27 28	Other (INOMO MAI:			33,2	125.		10 11	KIC	<del></del>
29	Number of Forms 8283 received by the organi	zation durin	a the tay year for a	contributions					
23	for which the organization completed Form 82				29				
	which the organization completed form of	00,1 4111,	Dones / tolanowica,	goment L				Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I. lines	s 1 - 28. t	that it must hold for			
	at least three years from the date of the initial	-							
	the entire holding period?			· · · · ·			30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	·						31	Х	
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which columr	n (a) is ch	necked,			
	describe in Part II.					Cabadula M			(0040)

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332142 09-03-13

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

VOLUNTEERS IN 46 COUNTRIES.

SPECIAL OLYMPICS, INC.

**Employer identification number** 52-0889518

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

THANKS TO THE PETER AND CAROLYN LYNCH FOUNDATION AND TO KIM GLOBALLY, SAMUEL AND THE SAMUEL FAMILY FOUNDATION, SPECIAL OLYMPICS HAS BEEN REACHING OUT TO MORE YOUNG CHILDREN AND EMPOWERING THEIR FAMILIES IN THE US AND THE DEVELOPING COUNTRIES. WE CONTINUE TO GROW OUR YOUNG ATHLETES PROGRAM THAT IS AN INCLUSIVE SPORTS DEVELOPMENT ACTIVITY FOR CHILDREN AGES 2 TO 7 YEARS OLD. NOT ONLY DID WE INCREASE PARTICIPATION NUMBERS TO MORE THAN 111,000 ATHLETES, BUT WE HAVE BEEN INTEGRATING AND INFUSING ASPECTS OF HEALTH, NUTRITION AND SPORTS INTO OUR YOUNG ATHLETES AND FAMILIES PROGRAMS - WITH HELP AND TOOLS FROM SESAME STREET/SESAME WORKSHOP AND THE MICHAEL FOUNDATION, AMONG OTHERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES - AND EXPANDED PARTNERSHIPS, MOST NOTABLY WITH LIONS CLUBS INTERNATIONAL FOR "MISSION: INCLUSION." THIS FAR-REACHING PROJECT WILL EXPAND OUR LIONS TEAMWORK INTO EARLY CHILDHOOD DEVELOPMENT, SELF-ADVOCACY, FAMILY SUPPORT, UNIFIED SPORTS AND MUCH MORE.

WE HAVE ALSO BEEN PUSHING FOR GREATER COMMUNITY INVOLVEMENT FOR OUR

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Schedule O (Form 990 or 990-EZ) (2013)



YOUNG PEOPLE AND ADULTS WITH INTELLECTUAL DISABILITIES AND ARE LEADING
THE WAY BY MAKING SURE THAT ATHLETES ARE IN LEADERSHIP POSITIONS
THROUGHOUT OUR MOVEMENT INCLUDING SERVING ON BOARDS OF DIRECTORS,
PUBLIC SPEAKING AND ADVOCACY, COACHING AND OFFICIATING TO NAME A FEW
ROLES. THIS YEAR WE TRAINED MORE THAN 5,700 ATHLETE LEADERS WITH A GOAL
TO BUILD ON OUR SUCCESS IN THE COMING YEARS.

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

BROUGHT THE TALENTS OF ADULTS AND CHILDREN WITH INTELLECTUAL

DISABILITIES TO A NEW AUDIENCE ON A GRAND SCALE.

IN 2013, SPECIAL OLYMPICS UNIFIED SPORTS PROGRAMS - TEAMING UP ATHLETES
WITH AND WITHOUT INTELLECTUAL DISABILITIES - EXPANDED TO THE HIGHEST

LEVELS YET: MORE THAN 185 PROGRAMS IN 127 COUNTRIES. THIS GROWTH IS
THANKS TO SUPPORT FROM THE WALT DISNEY COMPANY AND ESPN, THE NEW GLOBAL
PRESENTING SPONSOR OF SPECIAL OLYMPICS UNIFIED SPORTS; KIM SAMUEL AND
THE SAMUEL FAMILY FOUNDATION; AND THE U.S. DEPARTMENT OF EDUCATION.

OUR ONGOING PURSUIT OF COACHING EXCELLENCE - ALONG WITH THE TRAININGS

AND EXPERTISE TO ACHIEVE THIS -- HAS MADE A HUGE DIFFERENCE IN THE

LIVES AND ACCOMPLISHMENTS OF OUR ATHLETES AND COACHES. THROUGH

CONTINUED SUPPORT FROM THE ANNENBERG FOUNDATION, THIS YEAR MARKED

COMPLETION OF NEW COACHING AND VIDEO GUIDES FOR ALL 32 OF OUR SPORTS 
ALONG WITH AN ONLINE COMPONENT THAT MAKES THIS EXPERT GUIDANCE EASILY

AVAILABLE, PORTABLE, EASY.

THROUGHOUT 2013, SPECIAL OLYMPICS WORKED FOR NEW SPORTS INNOVATIONS,

WHILE AT THE SAME TIME BUILDING ON OUR STRENGTHS. MOST VISIBLY, WE'VE

Employer identification number 52-0889518

REVISITED AND PERFECTED FOUNDER EUNICE KENNEDY SHRIVER'S VERY FIRST

SUCCESSFUL MODEL: CAMP SHRIVER. THIS SMALL-SCALE INCLUSIONARY MODEL IS

NOW BEING EXPORTED AROUND THE WORLD. IT'S A WINNING STRATEGY - AND PART

OF OUR WINNING YEAR. THE PURSUIT OF COACHING EXCELLENCE WAS A 2013

THEME ALL AROUND THE WORLD.

WORLDWIDE, NONE OF THIS GROWTH IN SPORTS PROGRAMMING COULD HAPPEN
WITHOUT THE BEST COACHES AND VOLUNTEERS ANYWHERE. OUR ONGOING PURSUIT
OF COACHING EXCELLENCE - ALONG WITH THE TRAININGS AND EXPERTISE TO
ACHIEVE THIS - HAS MADE A HUGE DIFFERENCE IN THE LIVES AND
ACCOMPLISHMENTS OF OUR ATHLETES AND COACHES. THROUGH CONTINUED SUPPORT
FROM THE ANNENBERG FOUNDATION, THIS YEAR MARKED COMPLETION OF NEW
COACHING AND VIDEO GUIDES FOR ALL OF OUR SPORTS - ALONG WITH ONLINE
VERSIONS THAT MAKE THIS EXPERT GUIDANCE EASY AND PORTABLE.

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

BELGIUM, POLAND, EGYPT, UNITED ARAB EMIRATES,

SINGAPORE, INDIA, SOUTH AFRICA, PANAMA,

IRELAND, CHINA

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

EXPLANATION: TIMOTHY P. SHRIVER, CHAIRMAN, AND MARIA SHRIVER, DIRECTOR HAVE
A FAMILY RELATIONSHIP.

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

EXPLANATION: CHAIRMAN, TIMOTHY SHRIVER AND DIRECTORS, ANGELO MORATTI AND
MARIA SHRIVER INDIVIDUALLY OWN INTERESTS THAT TOGETHER CONTROL LOVIN

SCOOPFUL, LLC, WHOSE PURPOSES ARE (1) TO MERCHANDISE ICE CREAM AND (2) TO

332212
09-04-13
Schedule O (Form 990 or 990-EZ) (2013)

USE ITS PROFITS TO SUPPORT CHARITIES (PARTICULARLY SPECIAL OLYMPICS).

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

EXPLANATION: THE SPECIAL OLYMPICS FEDERAL FORM 990 IS PREPARED AND REVIEWED INTERNALLY BY SENIOR MANAGEMENT AND IS REVIEWED EXTERNALLY BY AN INDEPENDENT TAX SERVICES FIRM, RAFFA, P.C., 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:

EXPLANATION: SPECIAL OLYMPICS' CONFLICT OF INTEREST POLICY APPLIES TO ALL SPECIAL OLYMPICS DIRECTORS, OFFICERS, AND EMPLOYEES AND REQUIRES THE AVOIDANCE OF THE APPEARANCE OF A CONFLICT AS WELL AS ACTUAL CONFLICTS.

SPECIAL OLYMPICS' CHIEF LEGAL OFFICER IS CHARGED WITH ENFORCING THE CONFLICT OF INTEREST POLICY. POTENTIAL OR ACTUAL CONFLICTS ARE DEALT WITH ACCORDING TO WHETHER THE CONFLICT INVOLVES A DIRECTOR, 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

332212 09-04-13

Employer identification number 52-0889518

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:

EXPLANATION: 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), THE PRESIDENT (IF COMPENSATED), AND THE CHIEF

EXECUTIVE OFFICER AND REVIEW, APPROVE, AND DOCUMENT THE TOTAL COMPENSATION

(INCLUDING BENEFITS AND DEFERRED COMPENSATION) FOR THE SENIOR EXECUTIVES

WHO REPORT DIRECTLY TO THE CHIEF EXECUTIVE OFFICER. AT LEAST ONCE EVERY TWO

YEARS, THE COMPENSATION COMMITTEE PRESENTS TO THE BOARD OF DIRECTORS A

WRITTEN EVALUATION OF THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE. NO MEMBER

OF THE BOARD OF DIRECTORS WHO RECEIVES COMPENSATION FROM SPECIAL OLYMPICS

SHALL SERVE ON THE COMPENSATION COMMITTEE.

THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE WAS CONDUCTED IN 2011 AND

APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD AT ITS JUNE 24, 2011

MEETING. THE EVALUTION IS CONDUCTED BIENNIALLY.

THE COMPENSATION COMMITTEE CONDUCTED AN EVALUATION OF THE CHIEF EXECUTIVE

OFFICER'S COMPENSATION AND PRESENTED IT TO THE EXECUTIVE COMMITTEE OF THE

BOARD OF DIRECTORS AT ITS JUNE 24, 2011 MEETING. THE EVALUATION IS CONDUCTED

332212

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

BIENNIALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, IN, 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:

EXPLANATION: 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.

PART I, LINE 6

EXPLANATION: FORM 990, PART I, LINE 6: ACCORDING TO THE 2013 SPECIAL OLYMPICS REACH REPORT, IN 2013 THE SPECIAL OLYMPICS MOVEMENT HAD 656,828 ADULT VOLUNTEERS, 234,120 YOUTH VOLUNTEERS BETWEEN THE AGES OF 12 AND 15, 96,000 LAW ENFORCEMENT VOLUNTEERS, 16,804 HEALTH VOLUNTEERS, AND 360,392 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.

PART III, LINE 4B, PUBLIC EDUCATION AND COMMUNICATIONS CONTINUED: EXPLANATION: -20 PERCENT INCREASE IN THE NUMBER OF ATHLETES INVOLVED AS SPOKESPEOPLE, VOLUNTEERS AND LEADERS IN SPECIAL OLYMPICS AND IN THEIR COMMUNITIES

-EXPANDED PARTNERSHIP WITH LIONS CLUBS INTERNATIONAL, ENCOMPASSING THE OPENING EYES PROGRAM, PLUS FAMILY HEALTH FORUMS, YOUNG ATHLETES AND

UNIFIED SPORTS EVENTS

Name of the organization **Employer identification number** SPECIAL OLYMPICS, INC. 52-0889518 -CHRISTMAS RECORD TRUST GRANTS TOTAL \$1.7 MILLION IN 2013 HELPING PROGRAMS IN 68 COUNTRIES, INCLUDING NEW PROGRAMS IN GHANA AND MONGOLIA -LAW ENFORCEMENT TORCH RUN FOR SPECIAL OLYMPICS HELD HUNDREDS OF POLAR PLUNGE EVENTS. -ADDITIONAL LETR CAMPAIGNS - INCLUDING RED ROBIN TIP-A-COP, WORLD'S LARGEST TRUCK CONVOY AND KRISPY KREME COPS ON DOUGHNUT SHOPS -EXPANDED PARTNERSHIP WITH UNICEF TO SUPPORT OF CHILDREN WITH INTELLECTUAL DISABILITIES AZERBAIJAN, BOSNIA & HERZEGOVINA, MALAWI, ROMANIA, TAJIKISTAN, THAILAND, UKRAINE, UZBEKISTAN & ELSEWHERE PEACE CORPS PARTNERSHIPS NOW ACTIVE IN 10 COUNTRIES, INCLUDING SOUTH AFRICA AND PERU -YOUNG ATHLETES/FAMILIES PROGRAMS HAVE EXPANDED TO FIVE NEW LOCATIONS -CHINA, INDONESIA, MALTA, MEXICO AND UGANDA - AND ARE NOW OFFERED BY 120 PROGRAMS WORLDWIDE -DEPARTMENT OF DEFENSE GRANTS WORKED TO CREATE COMMUNITIES OF ACCEPTANCE AND INCLUSION ON U.S. MILITARY BASES IN 17 STATES, KOREA AND JAPAN. THROUGH THESE, SPECIAL OLYMPICS PROGRAMS ENGAGED OVER 20,000 NEW MILITARY VOLUNTEERS, RECRUITED 2,449 YOUNG ATHLETES AND HOSTED 80 COMPETITIONS. SUSTAINING ATHLETE HEALTH THIS WAS A MILESTONE YEAR FOR SPECIAL OLYMPICS HEALTH PROGRAMS. THE HEALTHY ATHLETES PROGRAM IS COMPRISED OF SEVEN DIFFERENT HEALTH DISCIPLINES IN WHICH ATHLETES ARE EXAMINED BY MEDICAL PROFESSIONALS, AS WELL AS EDUCATED ON HOW TO LIVE A HEALTHY LIFESTYLE. THIS PAST YEAR,

SPECIALLY TRAINED VOLUNTEERS WHO IMPLEMENT THE EXAMS HIT THE 1.4

MILLION MARK - THE TOTAL NUMBER OF FREE HEALTH EXAMS GIVEN TO SPECIAL

**Employer identification number** 52-0889518

OLYMPICS ATHLETES SINCE THE PROGRAM BEGAN. RECORDS WERE ALSO SET AT THE 2013 WORLD WINTER GAMES IN PYEONGCHANG, WHERE MORE ATHLETES RECEIVED FREE HEALTH EXAMS IN A SINGLE DAY THAN AT ANY TIME IN THE HISTORY OF THE PROGRAM: 2,569 EXAMS WERE PROVIDED ON 1 FEBRUARY ALONE.

2013 ALSO MARKED THE FIRST FULL YEAR OF THE SPECIAL OLYMPICS HEALTHY COMMUNITIES INITIATIVE, MADE POSSIBLE BY A GENEROUS GIFT FROM B. THOMAS GOLISANO. THE GOAL OF HEALTHY COMMUNITIES IS TO REDUCE HEALTH DISPARITIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES SO THEY CAN ATTAIN THE SAME LEVEL OF HEALTH AND WELL BEING AS OTHERS IN THE COMMUNITY. TEAMING UP WITH INTERNATIONAL PARTNERS AND HEALTH ADVOCACY GROUPS - INCLUDING CATHOLIC RELIEF SERVICES, UNICEF, PEACE CORPS, THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, AND STOMP OUT MALARIA -- WE HAVE BEEN MAPPING OUT STRATEGIES TO ADDRESS HIV, MALARIA, TUBERCULOSIS AND WATERBORNE DISEASES. THIS WORK IS ALREADY TRANSFORMING THE WAY GOVERNMENTS, COMMUNITIES AND MEDICAL PROFESSIONALS ADDRESS HEALTH ISSUES FOR PEOPLE WITH INTELLECTUAL DISABILITIES. IN ONE EXAMPLE, A SPECIAL OLYMPICS PARTNERSHIP WITH TWO DIFFERENT DENTAL SCHOOLS IN PERU WILL MEAN FREE DENTAL SERVICES AND FOLLOW-UP CARE FOR PEOPLE WITH INTELLECTUAL DISABILITIES YEAR-ROUND.

BUILDING ON EARLY MOMENTUM, HEALTHY COMMUNITIES LAUNCHED PROGRAMS IN EIGHT COUNTRIES - KAZAKHSTAN, MALAWI, MALAYSIA, MEXICO, PERU, ROMANIA, SOUTH AFRICA AND THAILAND -- AND SIX U.S. STATES - ARIZONA, FLORIDA, KANSAS, NEW JERSEY, NEW YORK AND WISCONSIN. IN ITS FIRST YEAR, THE INITIATIVE HAS GENERATED PARTNERSHIPS WITH 146 ORGANIZATIONS, UNIVERSITIES AND HEALTHCARE PROVIDERS, RESULTING IN NEW OPPORTUNITIES FOR EDUCATION, TREATMENT FOR ATHLETES AND FINANCIAL SUPPORT.

SPECIAL OLYMPICS, INC.

**Employer identification number** 52-0889518

WITH THE LARGEST HEALTH DATABASE FOCUSED ON PEOPLE WITH INTELLECTUAL DISABILITIES, SPECIAL OLYMPICS USES DATA TO INFORM POLICY MAKERS, UNIVERSITIES, HEALTHCARE PROVIDERS, RESEARCHERS, MEDIA, AND OTHERS OF THE HEALTH NEEDS OF THIS POPULATION. AS PART OF ITS ONGOING EVALUATION WORK, SPECIAL OLYMPICS ALSO USES DATA TO INFORM PROGRAMMATIC IMPROVEMENTS AND IDENTIFY EXISTING GAPS AND REPLICABLE SOLUTIONS TO ENHANCE THE IMPACT AND EFFICIENCIES OF SPECIAL OLYMPICS HEALTH PROGRAMMING.

- -1.4 MILLION HEALTH EXAMINATIONS SINCE THE PROGRAM BEGAN
- -MORE THAN 125 COUNTRIES SERVED
- -837 HEALTHY ATHLETES CLINICS HELD IN 2013
- -123,342 FREE HEALTH EXAMINATIONS PROVIDED TO ATHLETES IN 7 HEALTH

SPECIALTIES IN 2013

- -SIX COUNTRIES HELD HEALTHY ATHLETES CLINICS FOR THE FIRST TIME:
- BHUTAN, CROATIA, GEORGIA, NEPAL, PAPUA NEW GUINEA AND ZAMBIA
- -HEALTHY COMMUNITIES INITIATIVE LAUNCHED IN 14 SPECIAL OLYMPICS

**PROGRAMS** 

- -NEARLY 2,600 SPECIAL OLYMPICS ATHLETES RECEIVED FREE HEALTH
- EXAMINATIONS IN A SINGLE DAY DURING THE 2013 SPECIAL OLYMPICS WORLD

GAMES.

- -OVER THE COURSE OF THE WORLD GAMES, VOLUNTEER HEALTH CARE WORKERS
- PROVIDED A TOTAL OF 6,848 EXAMINATIONS.
- -10,248 FREE PAIRS OF PRESCRIPTION EYEWEAR GIVEN
- -17,464 TOTAL HEALTH CARE PROFESSIONALS TRAINED ON THE SPECIFIC HEALTH
- CARE CONCERNS OF PEOPLE WITH INTELLECTUAL DISABILITIES

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

## TRANSFORMATIVE EDUCATION

2013 MARKED FIVE FULL YEARS OF SPECIAL OLYMPICS PROJECT UNIFY - OUR GROUND-BREAKING YOUTH ACTIVATION STRATEGY PROMOTING SOCIAL INCLUSION IN THE UNITED STATES. FIVE YEARS IN, WE'VE LEARNED THAT PROJECT UNIFY IS NOT ONLY FUN FOR EVERYONE INVOLVED -- IT'S A GAME-CHANGER.

YOUNG PEOPLE DESCRIBE PROJECT UNIFY AS A POSITIVE TURNING POINT IN THEIR LIVES. IN FACT, AN OVERWHELMING NUMBER -- 84 PERCENT -- OF YOUNG PEOPLE SAY THIS. IN THE WORDS OF A HIGH-SCHOOL STUDENT WITH INTELLECTUAL DISABILITIES, "BEFORE, KIDS WOULD IGNORE ME. I FELT INVISIBLE. I ALSO HAVE BEEN HURT BY TEACHERS, NOT JUST STUDENTS. ONCE I STARTED [PROJECT UNIFY], I WAS NO LONGER INVISIBLE. I WAS A PEER. I WAS JUST LIKE EVERYBODY ELSE BECAUSE OF MY INVOLVEMENT."

PROJECT UNIFY ALSO TRANSFORMS YOUNG PEOPLE WITHOUT INTELLECTUAL DISABILITIES: "I'VE LEARNED HOW PEOPLE COULD CHANGE, INCLUDING MYSELF," SAYS ONE TEEN. "IT ACTUALLY MAKES YOU FEEL LIKE YOU'RE DOING SOMETHING THAT HELPS THE SCHOOL, AND THAT WILL MAKE A UNIVERSAL IMPACT."

FUNDED LARGELY BY THE U.S. DEPARTMENT OF EDUCATION, SPECIAL OLYMPICS PROJECT UNIFY IS ACTIVE IN 45 U.S. STATES AND IN OVER 3,000 ELEMENTARY, MIDDLE AND HIGH SCHOOLS. PROJECT UNIFY USES INCLUSIVE SPORTS, YOUTH LEADERSHIP AND WHOLE-SCHOOL ENGAGEMENT TO ACTIVATE YOUNG PEOPLE. THE GOAL IS TO DEVELOP SCHOOL COMMUNITIES WHERE ALL YOUNG PEOPLE ARE AGENTS OF CHANGE - ENCOURAGING RESPECT, DIGNITY AND ADVOCACY FOR PEOPLE WITH INTELLECTUAL DISABILITIES. STUDENT ACTIVATION HAPPENS ALL YEAR ROUND -INCLUDING ON THE ANNUAL SPREAD THE WORD TO END THE WORD DAY.

332212 09-04-13

IN 2013, PROJECT UNIFY EXPANDED AND STRENGTHENED ITS PARTNERSHIPS WITH MAJOR EDUCATION ORGANIZATIONS, AS WELL AS NATIONAL AND STATE-LEVEL INTERSCHOLASTIC SPORTS FEDERATIONS.

WITH THE GENEROUS SUPPORT OF STEPHANIE AND RAY LANE, SPECIAL OLYMPICS HAS BEEN TAKING PROJECT UNIFY'S YOUTHFUL ENERGY AND BOLD MISSION TO THE REST OF THE WORLD. THROUGH THESE FIVE PILOT PROGRAMS - IN AUSTRIA, INDIA, ITALY, ROMANIA AND SERBIA - SMALL MIRACLES ARE HAPPENING EVERY DAY, EVEN IN PLACES WITH SEGREGATED SCHOOL SYSTEMS. ALL FIVE PILOT PROJECTS EXCEEDED THEIR TRAINING AND OUTREACH TARGETS, WHILE ALSO GENERATING HIGH LEVELS OF ENTHUSIASM FOR SOCIAL INCLUSION AND PROJECT UNIFY.

THANKS TO THE FAST-TRACK GROWTH OF UNIFIED SPORTS, THE NUMBER OF YOUNG PEOPLE GETTING INVOLVED IN SPECIAL OLYMPICS EDUCATION PROGRAMS IS GROWING EXPONENTIALLY. IN 2013 ALONE, WE SAW AN 88 PERCENT INCREASE IN YOUTH VOLUNTEERS!

GLOBAL DEVELOPMENT SUMMIT: COMMITMENT TO ACTION

FOR PEOPLE WITH INTELLECTUAL DISABILITIES."

THE FIRST SPECIAL OLYMPICS GLOBAL DEVELOPMENT SUMMIT, HELD ALONGSIDE THE 2013 WORLD WINTER GAMES IN KOREA, WAS AN INTERNATIONAL CALL TO ACTION: CHALLENGING THE WORLD COMMUNITY TO PUSH HARDER - AND BETTER -AT WORKING WITH AND FOR PEOPLE WITH INTELLECTUAL DISABILITIES. ADVOCATES, EXPERTS AND GOVERNMENT LEADERS FROM AROUND THE WORLD CAME TOGETHER TO EXPLORE WAYS OF "ENDING THE CYCLE OF POVERTY AND EXCLUSION

332212 09-04-13

-TEAMED UP WITH MAJOR LEAGUE SOCCER ON HIGH-PROFILE UNIFIED SPORTS AND

COMMUNITY EVENTS ACROSS THE U.S., AIMED AT BRINGING THE WORLD'S MOST

Name of the organization **Employer identification number** SPECIAL OLYMPICS, INC. 52-0889518 POPULAR SPORT TO MORE ATHLETES WITH INTELLECTUAL DISABILITIES -EXPANDED UNIFIED SPORTS TO INCLUDE MORE THAN 704,000 ATHLETES AND PARTNERS AROUND THE WORLD -SPECIAL OLYMPICS ATHLETES PLAYED ALONGSIDE LEGENDS FROM EUROLOEAGUE AND THE UNION OF EUROPEAN FOOTBALL ASSOCIATIONS AS PART OF EUROLEAGUE'S FINAL FOUR WEEKEND IN LONDON -CONTINUED PARTNERSHIP WITH THE MICHAEL PHELPS FOUNDATION LED TO EXPERT TRAINING FOR HUNDREDS OF SPECIAL OLYMPICS SWIMMERS, WITH EVENTS INCLUDING A SEMINAR IN URUGUAY THAT DREW PARTICIPANTS FROM 16 NATIONS -PARTNERED WITH TOP COACHING EDUCATION PROVIDERS -- AMERICAN SPORT EDUCATION PROGRAM AND THE NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS -- TO DEVELOP AND DELIVER CUSTOMIZED ONLINE COURSES FOR CONTINUING EDUCATION CERTIFICATION REQUIREMENTS FOR SPECIAL OLYMPICS COACHES -MAJOR REGIONAL UNIFIED CUP QUALIFIERS HELD IN POLAND, COSTA RICA, THAILAND AND QATAR -EXPANDED ONLINE TRAINING AND EDUCATION THAT REACHED MORE THAN 2,100 COACHES IN NORTH AMERICA ALONE -SPORTS COACHING GUIDES AVAILABLE IN DIGITAL MOBILE FORMAT FOR 28 SPORTS

Name of the organization SPECIAL OLYMPICS, INC.	Employer identification number 52-0889518
-INNOVATIVE ONLINE COACHING RESOURCES HITTING NEW LEVELS	OF POPULARITY:
30,000 UNIQUE VISITORS TO OUR ONLINE SPORTS RESOURCES AND	OVER 1.2
MILLION PAGE VIEWS	
-HEAD COACHES REGIONAL TRAINING SEMINARS HELD IN SAUDI AR	ABIA FOR FIVE
SPORTS VOLLEYBALL, BOCCE, HANDBALL, CYCLING AND BADMIN	TON PLUS A
GAMES MANAGEMENT SOFTWARE COURSE	
-CAMP SHRIVER PROGRAMS EXPANDED TO ALL 7 SPECIAL OLYMPICS	REGIONS,
INCLUDING 15 PROGRAMS THAT LAUNCHED THEIR FIRST-EVER UNIF	TIED SPORTS
EVENTS IN FOOTBALL, BOCCE AND BASKETBALL	
-FIRST-EVER UNIFIED SPORTS TRAIN THE TRAINER SESSIONS HEL	D IN SINGAPORE
FOR PROGRAMS FROM ASIA PACIFIC AND EAST ASIA REGIONS, OFF	'ERING
STRUCTURED APPROACHES TO COACHING AND COMPETITION	
FORM 990, PAGE 1, BOX B, AMENDED RETURN	
EXPLANATION: SPECIAL OLYMPICS HAS AMENDED THE 2013 FORM 9	90 TO CORRECT
SCHEDULE G, PART I AMOUNTS. FORM 990, PART IX, LINE 11E	HAS BEEN
UPDATED ACCORDINGLY.	

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

**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.

➤ See separate instructions.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

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

**Employer identification number** 52-0889518

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CHRISTMAS RECORDS TRUST	INVESTMENTS OF ROYALITY				
1133 19TH STREET, NW	INCOME TO BENEFIT SPECIAL				
WASHINGTON, DC 20036	OLYMPICS MOVEMENT.	DISTRICT OF COLUMBIA	4,598,317.	55,740,560.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA					
(MENA) FZ LLC, OFFICE 320, BUILDING 8, MEDIA	FUNDRAISING VEHICLE FOR				
CITY, DUBAI, UNITED ARAB EMIRATES	SPECIAL OLYMPICS MENA.	UNITED ARAB EMIRATES	0.	0.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS BRASIL PROMO GAO DE	TO CREATE BRAZILIAN				
ESPORTES LTDA, RUA SILVA CORREIA 88, #213, ,	FOUNDATION THAT IS NOW				
VILA OLIMPIA, BRAZIL	SPECIAL OLYMPICS BRASIL.	BRAZIL	0.	0.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS ASIA PACIFIC (LTD)	FUNDRAISING VEHICLE AND				
80 RAFFLES PLACE U O B PLAZA 1 #25-01	REGIONAL OFFICE FOR SPECIAL				
SINGAPORE	OLYMPICS ASIA PACIFIC.	SINGAPORE	535,542.	521,798.	SPECIAL OLYMPICS, INC.

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
SPECIAL OLYMPICS ENDOWMENT FUND, INC.							
1133 19TH STREET, NW					SPECIAL OLYMPICS,		
WASHINGTON, DC 20036	SUPPORTING ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11A, I	INC.	Х	
SO EUROPE EURASIA (SOEE) FOUNDATION	FUNDRAISING VEHICLE FOR						
MORRISON CHAMBERS 32, 3RD FL.	SPECIAL OLYMPICS				SPECIAL OLYMPICS,		
DUBLIN, IRELAND	EUROPE/EURASIA.	IRELAND	N/A	N/A	INC.	X	<u> </u>
	_						

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

Schedule R (Form 990) 2013



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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	partn	l or Percenta ing ownersh
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes	lo
	_										
	_										
										Ш	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion (b)(13) (rolled tity?
								res	No

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

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions v	with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•	, , , , , , , , , , , , , , , , , , , ,				-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organizations	ization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related organiz				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
	3 1 1 7 3 (7						
g	Reimbursement paid to related organization(s) for expenses				1p		Х
a a	Reimbursement paid by related organization(s) for expenses				1a		Х
•	1 7 3 (7 1				•		
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)					
1) S	O EUROPE EURASIA FOUNDATION	D	0.	FMV			
2) S	O EUROPE EURASIA FOUNDATION	0	0.	FMV			
3)							
4)							
5)							
6)							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners se 501(c)(3 orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotions allocati	ppor- ate ions?	Gener mana partn Yes	al or P ging er?	(k) Percentage ownership

Schedule R (Form 990) 2013