

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SPECIAL OLYMPICS, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1133 19TH STREET NW
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
52-0889518

E Telephone number
(202) 628-3630

G Gross receipts \$ **172,630,906.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: **MARY DAVIS**
SAME AS C ABOVE

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.SPECIALOLYMPICS.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: **1968** **M** State of legal domicile: **DC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **PROVIDES YEAR-ROUND SPORTS TRAINING AND COMPETITION TO PERSONS WITH INTELLECTUAL DISABILITIES.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **40**

4 Number of independent voting members of the governing body (Part VI, line 1b) **38**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **177**

6 Total number of volunteers (estimate if necessary) **1576083**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	98,192,074.	103,974,742.
9 Program service revenue (Part VIII, line 2g)	4,443,440.	5,681,986.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,325,852.	-1,094,624.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,241,522.	1,462,473.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,202,888.	110,024,577.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,994,621.	32,540,946.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,501,206.	21,222,221.
16a Professional fundraising fees (Part IX, column (A), line 11e)	3,287,135.	2,557,212.
b Total fundraising expenses (Part IX, column (D), line 25) 15,527,398.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,916,584.	62,126,951.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	110,699,546.	118,447,330.
19 Revenue less expenses. Subtract line 18 from line 12	-2,496,658.	-8,422,753.
20 Total assets (Part X, line 16)	80,289,857.	71,759,731.
21 Total liabilities (Part X, line 26)	11,354,031.	11,405,590.
22 Net assets or fund balances. Subtract line 21 from line 20	68,935,826.	60,354,141.

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.

Sign Here Signature of officer **MARY DAVIS, CHIEF EXECUTIVE OFFICER**
 Date **06-21-2016.**

Paid Preparer Use Only Print/Type preparer's name **JAMES SWEENEY** Preparer's signature *[Signature]* Date **06/21/16** Check ☐ if self-employed PTIN **P01263012**
 Firm's name **RSM US LLP** Firm's EIN **42-0714325**
 Firm's address **1861 INTERNATIONAL DRIVE, SUITE 400** Phone no. **703-336-6400**
MCLEAN, VA 22102

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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? ☐ Yes ☒ No

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

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

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

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

4a (Code:) (Expenses \$ 76,301,551. including grants of \$ 26,013,847.) (Revenue \$ 3,519,155.)
PROGRAM ASSISTANCE:

AS OF 2015, SPECIAL OLYMPICS' GLOBAL REACH HAS EXPANDED TO 5 MILLION ATHLETES. THROUGH SPORTS, CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES (ID) ARE LEARNING VITAL SOCIAL, PHYSICAL AND ADAPTIVE SKILLS. THEY ARE REVEALING NEW STRENGTHS AND ABILITIES, GAINING CONFIDENCE, AND CHANGING ATTITUDES EVERY DAY, AROUND THE WORLD.

THIS YEAR, OUR ATHLETES WERE ABLE TO CHANGE ATTITUDES ON A SCALE NEVER BEFORE SEEN. THE 2015 WORLD SUMMER GAMES IN LOS ANGELES BROKE EVERY SPECIAL OLYMPICS RECORD FOR GLOBAL MEDIA COVERAGE AND SOCIAL MEDIA ENGAGEMENT - REACHING MILLIONS OF PEOPLE WORLDWIDE AND GENERATING OVER

4b (Code:) (Expenses \$ 18,828,889. including grants of \$ 5,940,667.) (Revenue \$ 0.)
PUBLIC EDUCATION AND COMMUNICATIONS:

OUR SPORTS EVENTS BRING TOGETHER LARGE AND INCLUSIVE COMMUNITIES OF ATHLETES, FAMILIES, FANS, COACHES, VOLUNTEERS AND MANY OTHERS. PEOPLE COME AWAY WITH THEIR PERCEPTIONS FOREVER CHANGED ABOUT THE SKILLS AND TALENTS OF ADULTS AND CHILDREN WITH INTELLECTUAL DISABILITIES. IN ONE EXAMPLE, A NIELSEN HOMESCAN OMNIBUS SURVEY GATHERED BEFORE AND AFTER THE 2015 WORLD GAMES IN LOS ANGELES REVEALED POSITIVE SHIFTS IN PERCEPTIONS ABOUT CAPABILITIES OF PEOPLE WITH INTELLECTUAL DISABILITIES IN NEARLY SIX MILLION U.S. HOUSEHOLDS.

IN 2015, OUR ATHLETES' IMAGES, WORDS AND ACHIEVEMENTS REACHED VAST NEW

4c (Code:) (Expenses \$ 2,919,663. including grants of \$ 586,432.) (Revenue \$ 2,162,831.)
SPORTS TRAINING AND COMPETITION:

SINCE 1968, WE HAVE SEEN HOW SPORTS CAN CHANGE EVERYTHING IN THE LIVES OF CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. IT SHIFTS THE FOCUS FROM DISABILITY TO ABILITY, FROM ISOLATION TO INVOLVEMENT. THIS YEAR, OUR 2015 WORLD SUMMER GAMES IN LOS ANGELES BROUGHT THAT FOCUS TO THE WIDEST AUDIENCE IN OUR HISTORY. MORE THAN 6,500 ATHLETES - ALONG WITH 2,000 COACHES AND 10,000 VOLUNTEERS - TOOK PART IN 25 OLYMPIC-STYLE SPORTS AT 27 VENUES - COMPRISING 290 SEPARATE EVENTS. MORE THAN 500,000 SPECTATORS WERE THERE TO CHEER. ALWAYS AIMING TO EXCEED PERSONAL BESTS, SPECIAL OLYMPICS ATHLETES SET BEST-ON-RECORD MARKS IN SEVERAL SPORTS, INCLUDING AQUATICS, ATHLETICS, POWERLIFTING,

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

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

4e Total program service expenses **98,050,103.**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2015)

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	58	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	177	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	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 1041?	12a	
b	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.		
a	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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	40			
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		38		
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?			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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **AK, AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. TIMOTHY P. SHRIVER CHAIRMAN	30.00	X		X				231,126.	0.	49,858.
(2) MR. STEPHEN M. CARTER LEAD DIRECTOR & VICE CHAIR	1.60	X		X				0.	0.	0.
(3) MR. BART CONNER VICE CHAIR	1.60	X		X				0.	0.	0.
(4) MR. RAYMOND J. LANE VICE CHAIR	1.60	X		X				0.	0.	0.
(5) MS. MICHELLE KWAN TREASURER	1.60	X		X				0.	0.	0.
(6) MR. MOHAMMED M. AL HAMELI DIRECTOR	0.80	X						0.	0.	0.
(7) MR. WILLIAM ALFORD DIRECTOR	0.80	X						0.	0.	0.
(8) MR. EDWARD BARBANELL DIRECTOR	0.80	X						0.	0.	0.
(9) MR. ERNEST Z. BOWER DIRECTOR	0.80	X						0.	0.	0.
(10) DR. DAVID BRADDOCK DIRECTOR	0.80	X						0.	0.	0.
(11) AMBASSADOR NICHOLAS BURNS DIRECTOR	0.80	X						0.	0.	0.
(12) MS. LORETTA CLAIBORNE DIRECTOR/CONSULTANT	3.00	X						25,000.	0.	0.
(13) MS. NADIA COMANECI DIRECTOR	0.80	X						0.	0.	0.
(14) MR. KIM BYEONG DEOK DIRECTOR	0.80	X						0.	0.	0.
(15) MS. DONNA DE VARONA DIRECTOR	0.80	X						0.	0.	0.
(16) DR. ELISABETH DYKENS DIRECTOR	0.80	X						0.	0.	0.
(17) MS. YOLANDA ELETA DE VARELA DIRECTOR	0.80	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. KEVIN M. FARR DIRECTOR	0.80	X						0.	0.	0.
(19) H.E. VIVIAN FERNANDEZ DE TORRIJ DIRECTOR	0.80	X						0.	0.	0.
(20) MS. ANNE FINUCANE DIRECTOR	0.80	X						0.	0.	0.
(21) AMBASSADOR LUIS GALLEGOS DIRECTOR	0.80	X						0.	0.	0.
(22) MS. KATHY GIBSON DIRECTOR	0.80	X						0.	0.	0.
(23) DR. FEDERICO GARCIA GODOY DIRECTOR	0.80	X						0.	0.	0.
(24) MR. BENJAMIN HAACK DIRECTOR	0.80	X						0.	0.	0.
(25) MR. SCOTT HAMILTON DIRECTOR	0.80	X						0.	0.	0.
(26) MR. NILS KASTBERG DIRECTOR	0.80	X						0.	0.	0.
1b Sub-total								256,126.	0.	49,858.
c Total from continuation sheets to Part VII, Section A								4,131,760.	0.	459,816.
d Total (add lines 1b and 1c)								4,387,886.	0.	509,674.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **50**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD SUITE 600, VIENNA, VA 22182	FUNDRAISING/MAILING SERVICES	14,420,645.
IGNITION HOLDINGS LLC 200 HUDSON STREET, NEW YORK, NY 10013	EVENT MANAGEMENT	2,108,309.
THE HERITAGE GROUP, 2402 WILDWOOD AVENUE SUITE 500, LITTLE ROCK, AR 72120	FUNDRAISING SERVICES	1,424,212.
BLACKBAUD PO BOX 930256, ATLANTA, GA 31193	DATABASE MANAGEMENT AND ANALYTICS	1,048,283.
AMERICAN LIST COUNSEL INC, 750 COLLEGE ROAD EAST SUITE #201, PRINCETON, NJ 08540	LIST BROKERAGE/MARKETING	797,244.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **31**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. MUHTAR KENT DIRECTOR	0.80	X						0.	0.	0.
(28) MR. LARRY LUCCHINO DIRECTOR	0.80	X						0.	0.	0.
(29) MR. GLENN LYON DIRECTOR	0.80	X						0.	0.	0.
(30) MR. PETER MAZUNDA DIRECTOR	0.80	X						0.	0.	0.
(31) MS. GEORGIA MILTON-SHEATS DIRECTOR	0.80	X						0.	0.	0.
(32) MS. KATIE BURKE MITIC DIRECTOR	0.80	X						0.	0.	0.
(33) MR. ANGELO MORATTI DIRECTOR	0.80	X						0.	0.	0.
(34) MR. DIKEMBE MUTOMBO DIRECTOR	0.80	X						0.	0.	0.
(35) HON. NA KYUNG WON DIRECTOR	0.80	X						0.	0.	0.
(36) MR. SAMUEL PERKINS DIRECTOR	0.80	X						0.	0.	0.
(37) MR. SATISH PALLAI DIRECTOR	0.80	X						0.	0.	0.
(38) MS. ELENI ROSSIDES DIRECTOR	0.80	X						0.	0.	0.
(39) MS. KIM SAMUEL DIRECTOR	0.80	X						0.	0.	0.
(40) HON. MARIA SHRIVER DIRECTOR	0.80	X						0.	0.	0.
(41) MR. MATTHEW WILLIAMS DIRECTOR	0.80	X						0.	0.	0.
(42) MS. VANESSA WILLIAMS DIRECTOR	0.80	X						0.	0.	0.
(43) MR. YAO MING DIRECTOR	0.80	X						0.	0.	0.
(44) DR. DICKEN YUNG DIRECTOR	0.80	X						0.	0.	0.
(45) ANGELA CICCOLO CHIEF LEGAL OFFICER & SECRETARY	40.00			X				234,321.	0.	22,540.
(46) MR. STEVEN KEENER STAFF ATTORNEY & ASST. SECRETARY	40.00			X				89,169.	0.	36,747.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MS. JOCELYN STARZAK ASSOC. GC & ASST. SECRETARY	40.00			X				50,944.	0.	3,966.
(48) JANET FROETSCHER CHIEF EXECUTIVE OFFICER	40.00			X				713,496.	0.	27,680.
(49) MARY DAVIS CHIEF EXECUTIVE OFFICER	40.00			X				210,734.	0.	0.
(50) MARC EDENZON REGIONAL PRES. & MANAGING DIR. NA	40.00				X			291,848.	0.	38,915.
(51) KELLI SELLY CHIEF DEVELOPMENT OFFICER	40.00				X			272,447.	0.	15,537.
(52) NOAH BROADWATER CHIEF TECHNOLOGY OFFICER	40.00				X			250,702.	0.	51,894.
(53) DR. JOHN DOW, JR. CHIEF OF REGIONAL & PROG. OPERATIONS	40.00				X			252,708.	0.	42,451.
(54) MICHAEL MEENAN SVP & CHIEF FINANCIAL OFFICER	40.00				X			198,394.	0.	37,491.
(55) PETER WHEELER CHIEF EXEC. PRODR OF SOI 50TH ANNIV.	40.00				X			201,457.	0.	39,744.
(56) CHARLES LEE TODD SR. ADVISOR 2017 WORLD WINTER GAMES	40.00				X			197,012.	0.	20,436.
(57) AYMAN WAHAB REGIONAL PRES. & MANAGING DIR. MENA	40.00				X			184,732.	0.	0.
(58) MARY GU REGIONAL PRES. & MANAGING DIR. EA	40.00				X			231,823.	0.	0.
(59) KIRSTEN SECKLER CHIEF MARKETING OFFICER	40.00					X		147,273.	0.	37,538.
(60) DENIS DOOLAN CHIEF OF ORGANIZATIONAL EXCELLENCE	40.00					X		143,692.	0.	0.
(61) MARTHA JO BRAYCICH SR. DIRECTOR, COMMUNITY IMPACT	40.00					X		148,209.	0.	0.
(62) PETER HOGARTH VP, FINANCE & CONTROLLER	40.00					X		165,583.	0.	39,845.
(63) LONNIE SNYDER VP, INFORMATION TECHNOLOGY	40.00					X		147,216.	0.	45,032.
Total to Part VII, Section A, line 1c								4,131,760.		459,816.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	124,745.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	10,489,628.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	93,360,369.					
	g Noncash contributions included in lines 1a-1f: \$		24,094,180.					
	h Total. Add lines 1a-1f		103,974,742.					
	Program Service Revenue	2 a ACCREDITATION FEES	Business Code 900099		3,519,155.	3,519,155.		
b CONFERENCES & MEETINGS		900099		1,112,855.	1,112,855.			
c WORLD GAMES SANCT FEE		900099		1,049,976.	1,049,976.			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				5,681,986.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			3,518,841.			3,518,841.
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			503,492.			503,492.	
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		57,986,864.	6,000.					
		b Less: cost or other basis and sales expenses	62,546,831.					59,498.
		c Gain or (loss)	-4,559,967.					-53,498.
	d Net gain or (loss)			-4,613,465.			-4,613,465.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses	b					
		c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a						
		b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
11 a LIST RENTAL	900099		874,285.			874,285.		
b OTHER INCOME	900099		84,696.			84,696.		
c								
d All other revenue								
e Total. Add lines 11a-11d			958,981.					
12 Total revenue. See instructions.			110,024,577.	5,681,986.	0.	367,849.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,103,754.	27,103,754.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,437,192.	5,437,192.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,944,680.	2,964,838.	532,339.	447,503.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,723,338.	10,217,517.	1,942,975.	1,562,846.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	518,186.	405,661.	41,753.	70,772.
9 Other employee benefits	1,547,085.	1,119,498.	225,494.	202,093.
10 Payroll taxes	1,488,932.	1,228,415.	129,106.	131,411.
11 Fees for services (non-employees):				
a Management				
b Legal	122,274.	78,083.	44,191.	
c Accounting	252,023.	125,740.	126,283.	
d Lobbying	91,200.	91,200.		
e Professional fundraising services. See Part IV, line 17	2,557,212.			2,557,212.
f Investment management fees	193,419.	178,785.	14,634.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,557,074.	5,108,198.	162,945.	285,931.
12 Advertising and promotion	130,741.	129,299.	119.	1,323.
13 Office expenses	385,290.	307,160.	42,763.	35,367.
14 Information technology	889,706.	766,559.	121,789.	1,358.
15 Royalties				
16 Occupancy	1,671,774.	1,338,881.	175,694.	157,199.
17 Travel	5,241,331.	4,669,590.	195,761.	375,980.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,106,439.	1,041,747.	40,441.	24,251.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	488,697.	415,840.	72,857.	
23 Insurance	315,331.	182,638.	132,693.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED GOODS & SUPPLIES	23,841,824.	23,841,824.		
b POSTAGE & SHIPPING	10,871,442.	5,085,083.	22,552.	5,763,807.
c PRINTING	5,516,859.	2,642,396.	5,507.	2,868,956.
d DATA PROCESSING	1,620,941.	715,198.	57,492.	848,251.
e All other expenses	3,830,586.	2,855,007.	782,441.	193,138.
25 Total functional expenses. Add lines 1 through 24e	118,447,330.	98,050,103.	4,869,829.	15,527,398.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	21,348,161.	9,606,673.	0.	11,741,488.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,343,052.	1	3,206,968.
	2 Savings and temporary cash investments	6,697,380.	2	6,276,678.
	3 Pledges and grants receivable, net	9,543,687.	3	3,081,383.
	4 Accounts receivable, net	3,432,611.	4	4,067,459.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	407,162.	8	383,778.
	9 Prepaid expenses and deferred charges	998,390.	9	1,296,876.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,121,420.		
	b Less: accumulated depreciation	10b 4,824,211.	10c	1,297,209.
	11 Investments - publicly traded securities	56,564,274.	11	51,628,096.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	521,284.	15	521,284.
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,289,857.	16	71,759,731.	
Liabilities	17 Accounts payable and accrued expenses	5,796,360.	17	7,381,290.
	18 Grants payable	4,649,697.	18	2,832,096.
	19 Deferred revenue	409,011.	19	468,994.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	498,963.	25	723,210.
	26 Total liabilities. Add lines 17 through 25	11,354,031.	26	11,405,590.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	53,584,222.	27	48,633,799.
	28 Temporarily restricted net assets	15,153,020.	28	11,521,758.
	29 Permanently restricted net assets	198,584.	29	198,584.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	68,935,826.	33	60,354,141.
	34 Total liabilities and net assets/fund balances	80,289,857.	34	71,759,731.

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,024,577.
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,447,330.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,422,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,935,826.
5	Net unrealized gains (losses) on investments	5	-73,540.
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	-85,392.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,354,141.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,828,597.	89,902,122.	84,268,453.	98,192,074.	103,974,742.	455,165,988.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	78,828,597.	89,902,122.	84,268,453.	98,192,074.	103,974,742.	455,165,988.
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)						7,797,962.
6 Public support. Subtract line 5 from line 4.						447,368,026.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	78,828,597.	89,902,122.	84,268,453.	98,192,074.	103,974,742.	455,165,988.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,054,748.	4,215,087.	5,440,720.	5,232,254.	4,896,618.	22,839,427.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	36,712.	95,481.	309,969.	105,653.	84,696.	632,511.
11 Total support. Add lines 7 through 10						478,637,926.
12 Gross receipts from related activities, etc. (see instructions)					12	22,013,720.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	93.47 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	94.79 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

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

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

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

2011 AMOUNT: \$ 36,712.

2012 AMOUNT: \$ 95,481.

2013 AMOUNT: \$ 309,969.

2014 AMOUNT: \$ 105,653.

2015 AMOUNT: \$ 84,696.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2015**Name of the organization**

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Organization type(check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution.** An organization that 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,467,664.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>7,847,847.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>5,927,638.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>7,618,336.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,780,107.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,219,947.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,400,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPECIAL OLYMPICS, INC.

52-0889518

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PROMO MATERIAL	\$ 5,997,679.	12/31/15
3	PROMO MATERIAL	\$ 4,442,638.	12/31/15
6	DRUGS & MEDICAL SUPPLIES	\$ 2,219,947.	12/31/15
7	PROMO MATERIAL	\$ 2,400,000.	12/21/15
		\$	

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

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

2 Political expenditures ▶ \$

3 Volunteer hours ▶

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		183,200.													
c Total lobbying expenditures (add lines 1a and 1b)		183,200.													
d Other exempt purpose expenditures		124,611,162.													
e Total exempt purpose expenditures (add lines 1c and 1d)		124,794,362.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	186,455.	91,200.	91,200.	183,200.	552,055.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

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

- a Board designated or quasi-endowment ☐ _____ %
- b Permanent endowment ☒ 100.00 %
- c Temporarily restricted endowment ☐ _____ %

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

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

- (i) unrelated organizations ☐
- (ii) related organizations ☐

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		458,089.	364,479.	93,610.
d Equipment		5,088,266.	4,002,180.	1,086,086.
e Other		575,065.	457,552.	117,513.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,297,209.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	723,210.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	723,210.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	116,624,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-73,540.
b	Donated services and use of facilities	2b	6,616,996.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	56,387.
e	Add lines 2a through 2d	2e	6,599,843.
3	Subtract line 2e from line 1	3	110,024,577.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	110,024,577.

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

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

1	Total expenses and losses per audited financial statements	1	125,208,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,616,996.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	413,711.
e	Add lines 2a through 2d	2e	7,030,707.
3	Subtract line 2e from line 1	3	118,177,366.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	269,964.
c	Add lines 4a and 4b	4c	269,964.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	118,447,330.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE SPECIAL OLYMPICS ENDOWMENT FUND WAS ESTABLISHED TO GENERATE INCOME TO FINANCE SPECIAL PROJECTS OR UNUSUAL EXPENDITURES THAT WILL ENHANCE THE MISSION OF SPECIAL OLYMPICS.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

TAX UNDER THE LAWS OF THE COUNTRY OF SINGAPORE, BUT DID NOT INCUR ANY TAX.

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY SOI AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF SOI HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY SOI AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. GENERALLY, SOI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SO EUROPE EURASIA FOUNDATION REVENUE INCLUDED IN CONSOL.

FIN. STATEMENTS	411,743.
UNREALIZED LOSS ON FOREIGN CURRENCY	-85,392.
REALIZED LOSS ON FOREIGN CURRENCY	-269,964.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	56,387.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SO EUROPE EURASIA FOUNDATION EXPENSES INCLUDED IN CONSOL.

FIN. STATEMENTS	413,711.
-----------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REALIZED LOSS ON FOREIGN CURRENCY	269,964.
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**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	10	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION, AND COMMUNICATION.	435,125.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		200,415.
EAST ASIA AND THE PACIFIC	1	29	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION, AND COMMUNICATION.	571,157.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,188,883.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	17	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION, AND COMMUNICATION.	1,175,462.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,270,970.
MIDDLE EAST AND NORTH AFRICA	1	17	PROGRAM SERVICES	SPORTS TRAINING, PUBLIC EDUCATION, AND COMMUNICATION.	495,913.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		179,121.
3 a Sub-total	4	73			5,517,046.
b Total from continuation sheets to Part I	1	8			3,034,988.
c Totals (add lines 3a and 3b)	5	81			8,552,034.

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

Schedule F (Form 990) 2015

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		121,579.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		531,915.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		674,821.
SUB-SAHARAN AFRICA	1	8	PROGRAM SERVICES		437,185.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,269,488.
Totals	1	8			3,034,988.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	32,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	33,524.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	32,502.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	189,705.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	117,353.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	14,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	30,518.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	15,000.	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

110

3 Enter total number of other organizations or entities

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	268,550.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	57,160.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	26,287.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	9,501.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	210,691.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	12,720.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	62,124.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	42,885.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	17,317.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	73,415.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM ASSISTANCE	21,066.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	21,182.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	64,996.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	78,623.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	12,223.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	17,432.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	20,231.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	16,000.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	17,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	11,040.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	7,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	5,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	7,721.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	229,950.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	39,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	107,057.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	99,063.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	52,405.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	98,190.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	52,128.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	39,150.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM ASSISTANCE	192,993.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	19,040.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	6,443.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	5,175.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	103,222.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	41,755.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	15,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	20,889.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	57,947.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	247,784.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	42,057.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	6,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	74,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	27,478.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	61,710.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	14,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,050.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	15,913.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	12,140.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	24,928.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	35,190.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	55,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	65,674.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	27,443.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	28,895.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	18,472.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	30,017.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	49,198.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	92,741.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM ASSISTANCE	10,155.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	57,985.	WIRE	0.		
		NORTH AMERICA	PROGRAM ASSISTANCE	63,594.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	13,874.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	15,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	207,434.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM ASSISTANCE	40,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	27,719.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	59,573.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	73,580.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	21,544.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	34,300.	WIRE	0.		
		SOUTH AMERICA	PROGRAM ASSISTANCE	38,892.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	15,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	25,000.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	7,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	28,284.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	50,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM ASSISTANCE	28,228.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	7,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	23,480.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	25,621.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	11,314.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	85,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM ASSISTANCE	10,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	63,027.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	62,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	452,840.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	16,918.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	12,000.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAM ASSISTANCE	17,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	41,035.	WIRE	0.		
		SOUTH ASIA	PROGRAM ASSISTANCE	10,000.	WIRE	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2015

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 I, LINE 2:

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

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

SCHEDULE F, PART IV, LINE 6:

THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.
THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, 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.**
▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING - 1666 MASSACHUSETTS AVE, SUITE 14, THE HERITAGE COMPANY - 2402 WILDWOOD AVENUE, SUITE 500, STRATEGIC FUNDRAISING - 7800 3RD STREET, SUITE 990, ST TELEFUND - PO BOX 120557, BOSTON, MA 02112	SEE PART IV		X	37,133,539.	660,000.	36,473,539.
MDS - 545 W. JUANITA AVENUE, MESA, AZ 85210	SEE PART IV		X	2,679,528.	1,365,073.	1,314,455.
INFOCISION - 286 N. CLEVELAND-MASSILLON ROAD, SD&A - 5757 WEST CENTURY BLVD, SUITE 300, LOS ANGELES, COMNET - 1214 STOWE AVENUE, MEDFORD, OR 97501	SEE PART IV		X	569,002.	332,762.	236,240.
			X	71,031.	37,336.	33,695.
			X	56,813.	86,941.	-30,128.
			X	26,987.	17,129.	9,858.
			X	22,777.	24,444.	-1,667.
			X	18,365.	33,527.	-15,162.
Total				40,578,042.	2,557,212.	38,020,830.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER: 1666 MASSACHUSETTS AVE, SUITE 14, LEXINGTON,
MA 02420

(II) ACTIVITY: NNE PLANS, MANAGES AND CONDUCTS DIRECT MAIL CAMPAIGNS IN
ALL 50 STATES FOR SPECIAL OLYMPICS.

(I) NAME OF FUNDRAISER: THE HERITAGE COMPANY

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

Part IV Supplemental Information (continued)

AR 72120

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: STRATEGIC FUNDRAISING

(I) ADDRESS OF FUNDRAISER: 7800 3RD STREET, SUITE 990, ST PAUL, MN
55128

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: TELEFUND

(I) ADDRESS OF FUNDRAISER: PO BOX 120557, BOSTON, MA 02112

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: MDS

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

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: INFOCISION

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

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: SD&A

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

(II) ACTIVITY: TELEMARKETING

(I) NAME OF FUNDRAISER: COMNET

(I) ADDRESS OF FUNDRAISER: 1214 STOWE AVENUE, MEDFORD, OR 97501

Part IV Supplemental Information *(continued)*

(II) ACTIVITY: TELEMARKETING

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I General Information on Grants and Assistance

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

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 ALABAMA 880 SOUTH COURT STREET MONTGOMERY, AL 36104	23-7070336	501(C)(3)	76,513.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ALASKA 3200 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99501	92-0057197	501(C)(3)	41,841.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARIZONA 1850 NORTH CENTRAL AVE. SUITE 900 PHOENIX, AZ 85004	86-0307564	501(C)(3)	561,783.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ARKANSAS 2115 MAIN STREET NORTH LITTLE ROCK, AR 72114	71-0666671	501(C)(3)	258,953.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CALIFORNIA (NORTHERN) - 3480 BUSKIRK AVENUE, SUITE 340 - PLEASANT HILL, CA 94523	68-0363121	501(C)(3)	653,742.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CALIFORNIA (SOUTHERN) - 1600 FORBES WAY #200 - LONG BEACH, CA 90810	95-4538450	501(C)(3)	1,879,814.	0.			PROGRAM ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**

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

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS COLORADO 384 INVERNESS PARKWAY, SUITE 100 ENGLEWOOD, CO 80112	84-0713739	501(C)(3)	512,776.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS CONNECTICUT 2666 STATE STREET, SUITE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	722,571.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DELAWARE 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	23-7162877	501(C)(3)	213,518.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS DISTRICT OF COLUMBIA - 900 2ND STREET NE, SUITE 200 - WASHINGTON, DC 20002	52-0967608	501(C)(3)	183,699.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS FLORIDA 110 5 CI TR US TOWER BOULEVARD CLERMONT, FL 34711	23-7181560	501(C)(3)	1,084,061.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS GEORGIA (USA) 4000 DEKALB TECHNOLOGY PARKWAY, SUITE 100 ATLANTA, GA 30304	23-7210676	501(C)(3)	426,410.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS HAWAII 1500 S. BERETANIA ST. , SUITE 208 HONOLULU, HI 96826	23-7173957	501(C)(3)	372,306.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IDAHO 199 E 52ND STREET GARDEN CITY, ID 83704	23-7185185	501(C)(3)	170,540.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS ILLINOIS 605 EAST WILLOW STREET NORMAL, IL 61761	36-2922811	501(C)(3)	1,248,072.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS INDIANA 6100 W. 96TH STREET, SUITE 270 INDIANAPOLIS, IN 46278	35-1262574	501(C)(3)	642,861.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS IOWA 5 51 DOVETAIL ROAD GRIMES, IA 50111	51-0176029	501(C)(3)	345,356.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	294,688.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS KENTUCKY 10 5 LAKEVIEW COURT FRANKFORT, KY 40601	61-0954571	501(C)(3)	231,226.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS LOUISIANA 1000 E MORRIS AVENUE HAMMOND, LA 70403	72-0706608	501(C)(3)	377,086.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MAINE 125 JOHN ROBERTS ROAD , SUITE 19 SOUTH PORTLAND, ME 04016	01-0355822	501(C)(3)	235,592.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MARYLAND 3701 COMMERCE DRIVE, SUITE 103 BALTIMORE, MD 21227	23-7089144	501(C)(3)	408,119.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST STREET MARLBOROUGH, MA 01752	23-7242294	501(C)(3)	1,056,471.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MICHIGAN EAST CAMPUS DRIVE MT. PLEASANT, MI 48859	38-1964643	501(C)(3)	894,862.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS MINNESOTA 100 WASHINGTON AVE. SOUTH, NO. 550 MINNEAPOLIS, MN 55401	41-1228157	501(C)(3)	535,823.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSISSIPPI 15 OLYMPIC WAY MADISON, MS 39110	51-0185594	501(C)(3)	135,258.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MISSOURI 520 DIX ROAD, SUITE C JEFFERSON CITY, MO 65109	23-7328374	501(C)(3)	390,844.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS MONTANA 3117 5TH AVENUE NORTH GREAT FALLS, MT 59403	81-0367064	501(C)(3)	213,145.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEBRASKA 8801 F STREET OMAHA, NE 68127	47-0546346	501(C)(3)	291,978.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEVADA 5670 WYNN ROAD, SUITE H LAS VEGAS, NV 89118	68-0363121	501(C)(3)	145,990.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW HAMPSHIRE 650 ELM STREET, SUITE 101 MANCHESTER, NH 03101	23-7207522	501(C)(3)	322,131.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW JERSEY 3 PRINCESS DRIVE LAWRENCEVILLE, NJ 08648	23-7448729	501(C)(3)	1,045,150.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS NE., SUITE 207 ALBUQUERQUE, NM 87109	85-0268084	501(C)(3)	150,362.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	1,379,099.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH CAROLINA 2200 GATEWAY CENTRE BLVD, NO. 201 MORRISVILLE, NC 27560	56-1149607	501(C)(3)	668,902.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS NORTH DAKOTA 2616 SOUTH 26TH STREET GRAND FORKS, ND 58201	45-0355704	501(C)(3)	129,154.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232	51-0183468	501(C)(3)	513,755.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OKLAHOMA 6835 SOUTH CANTON AVENUE TULSA, OK 74136	23-7174120	501(C)(3)	254,990.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS OREGON 5901 SW MCADAM, SUITE 100 PORTLAND, OR 97239	93-0752969	501(C)(3)	345,194.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS PENNSYLVANIA 12 4 WASHINGTON NORRISTOWN, PA 19403	23-2078543	501(C)(3)	914,251.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HWY, NO. 1 SMITHFIELD, RI 02917	05-0377867	501(C)(3)	239,174.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS SOUTH CAROLINA 810 DUTCH SQUARE BLVD, SUITE 204 COLUMBIA, SC 29210	57-0680248	501(C)(3)	520,312.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS SOUTH DAKOTA 305 WEST 39TH STREET SIOUX FALLS, SD 57105	46-0359776	501(C)(3)	93,981.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TENNESSEE 1900 12TH AVENUE SOUTH, SUITE B NASHVILLE, TN 37203	23-7348136	501(C)(3)	177,001.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS TEXAS 7715 CHEVY CHASE DRIVE, SUITE 120 AUSTIN, TX 78752	74-1998367	501(C)(3)	963,638.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS UTAH 5 TRIAD CENTER, SUITE 315 SALT LAKE CITY, UT 84180	87-0367185	501(C)(3)	136,444.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VERMONT 16 GREGORY DR, SUITE 2 SOUTH BURLINGTON, VT 05495	23-7231535	501(C)(3)	176,895.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS VIRGINIA 3212 SKIPWITH ROAD, SUITE 100 RICHMOND, VA 23294	54-1013637	501(C)(3)	782,874.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WASHINGTON 2150 NORTH L07TH AVENUE, SUITE 220 SEATTLE, WA 98133	91-0962383	501(C)(3)	803,436.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WEST VIRGINIA 1206 VIRGINIA ST, EAST, SUITE 100 CHARLESTON, WV 25301	55-0596975	501(C)(3)	57,269.	0.			PROGRAM ASSISTANCE
SPECIAL OLYMPICS WISCONSIN 5900 MONONA DRIVE, SUITE 301 MADISON, WI 53718	39-1176591	501(C)(3)	777,518.	0.			PROGRAM ASSISTANCE

Schedule I (Form 990)

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

MONTHLY AND/OR QUARTERLY DETAILED EXPENDITURE REPORTS AND SUPPORTING DOCUMENTATION OF FUNDS USED ARE PROVIDED TO SPECIAL OLYMPICS, INC BY THE ACCREDITED PROGRAMS ("PROGRAMS"). SPECIAL OLYMPICS PROCEDURES FOR MONITORING GRANTS INCLUDE (1) EACH GRANT RECIPIENT AND ITS KEY PERSONNEL ARE SCREENED AGAINST THE OFAC AND EU WATCH LISTS, (2) A GRANT AWARD IS GENERALLY FOR A 12 MONTH PERIOD AND REQUIRES A MINIMUM OF A 6-MONTH INTERIM REPORT AS WELL AS A FINAL REPORT, (3) SPECIAL OLYMPICS RESERVES THE RIGHTS TO AUDIT FINANCIAL REPORTS AT ANY TIME, (4) THE PROGRAMS ARE REQUIRED TO

Part IV Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

Part I Questions Regarding Compensation

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

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

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?

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

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

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

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. TIMOTHY P. SHRIVER CHAIRMAN	(i)	229,836.	0.	1,290.	19,005.	30,853.	280,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELA CICCOLO CHIEF LEGAL OFFICER & SECRETARY	(i)	233,631.	0.	690.	18,843.	3,697.	256,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANET FROETSCHER CHIEF EXECUTIVE OFFICER	(i)	485,563.	87,150.	140,783.	0.	27,680.	741,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY DAVIS CHIEF EXECUTIVE OFFICER	(i)	210,734.	0.	0.	0.	0.	210,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARC EDENZON REGIONAL PRES. & MANAGING DIR. NA	(i)	278,240.	0.	13,608.	5,699.	33,216.	330,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KELLI SELLY CHIEF DEVELOPMENT OFFICER	(i)	247,357.	24,400.	690.	11,560.	3,977.	287,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NOAH BROADWATER CHIEF TECHNOLOGY OFFICER	(i)	250,402.	0.	300.	20,517.	31,377.	302,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. JOHN DOW, JR. CHIEF OF REGIONAL & PROG. OPERATIONS	(i)	246,528.	0.	6,180.	19,603.	22,848.	295,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL MEENAN SVP & CHIEF FINANCIAL OFFICER	(i)	197,104.	0.	1,290.	4,096.	33,395.	235,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETER WHEELER CHIEF EXEC. PRODR OF SOI 50TH ANNIV.	(i)	199,477.	0.	1,980.	16,215.	23,529.	241,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHARLES LEE TODD SR. ADVISOR 2017 WORLD WINTER GAMES	(i)	193,297.	0.	3,715.	15,531.	4,905.	217,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AYMAN WAHAB REGIONAL PRES. & MANAGING DIR. MENA	(i)	184,732.	0.	0.	0.	0.	184,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARY GU REGIONAL PRES. & MANAGING DIR. EA	(i)	231,823.	0.	0.	0.	0.	231,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KIRSTEN SECKLER CHIEF MARKETING OFFICER	(i)	146,973.	0.	300.	12,465.	25,073.	184,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PETER HOGARTH VP, FINANCE & CONTROLLER	(i)	165,283.	0.	300.	8,045.	31,800.	205,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LONNIE SNYDER VP, INFORMATION TECHNOLOGY	(i)	146,946.	0.	270.	12,395.	32,637.	192,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 4A:

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

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

Name of the organization

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	41,954.	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	22	6,092,373.	COST/SELLING PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PROMO MAT</u>)	X	28	16,236,791.	COST/SELLING PRICE
26 Other ▶ (<u>EQUIP/SUPPLIE</u>)	X	13	1,546,589.	COST/SELLING PRICE
27 Other ▶ (<u>UNITED MILES</u>)	X	223	176,473.	COST/SELLING PRICE
28 Other ▶ ()				

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

29

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

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS INCLUDING DONATED STOCK, DRUGS AND MEDICAL
SUPPLIES, EQUIPMENT AND SUPPLIES, AND PROMOTIONAL MATERIALS REPRESENT
THE NUMBER OF INDIVIDUAL DONATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

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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:

20 BILLION IMPRESSIONS THROUGH MULTIPLE MEDIA.

BUT SPECIAL OLYMPICS COMPETITIONS HAPPEN EVERY DAY - NOT JUST OVER A
NINE-DAY WORLD GAMES. IN 2015, OUR ATHLETES IN 170 COUNTRIES TOOK PART
IN MORE THAN 100,000 GAMES AND COMPETITIONS. AND THIS YEAR, OUR MOST
REVOLUTIONARY SPORTS INITIATIVE - SPECIAL OLYMPICS UNIFIED SPORTS -
MARKED A NEW GLOBAL MILESTONE. AS OF 2015, UNIFIED SPORTS HAVE BROUGHT
TOGETHER MORE THAN 1.2 MILLION ATHLETES - WITH AND WITHOUT INTELLECTUAL
DISABILITIES - TO PLAY TOGETHER AND LEARN FROM EACH OTHER.

EVERY DAY, WE ARE WORKING TOWARD AN INCLUSIVE WORLD THAT CELEBRATES
PEOPLE OF ALL ABILITIES. AND EVERY DAY, A TOP PRIORITY IS EMPOWERING
YOUNG PEOPLE - WITH AND WITHOUT ID - TO CARRY THIS MISSION INTO THE
FUTURE. IN THE WORDS OF ONE SCHOOL OFFICIAL: "OPPORTUNITIES THROUGH
SPECIAL OLYMPICS ALLOW OUR STUDENTS TO BECOME YOUNG LEADERS 'WHO KNOW
THE WAY, GO THE WAY, AND SHOW THE WAY'." THIS YEAR, WE SHOWED THE WAY
BY ENGAGING 3.15 MILLION YOUNG PEOPLE AROUND THE WORLD. WE WILL
CONTINUE TO WIDEN OUR IMPACT AND REACH -WITH YOUR HELP.

LA2015 GAMES: THE LARGEST GLOBAL HUMANITARIAN EVENT OF THE YEAR

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IN 2015, SPECIAL OLYMPICS ISSUED A GLOBAL CALL INVITING EVERYONE TO EXPERIENCE OUR WORLD: WHERE ABILITIES ARE CELEBRATED, WHERE PEOPLE OF ALL AGES AND CULTURES PLAY AND LIVE UNIFIED, WHERE THE SPIRIT OF JOY AND UNITY PREVAIL!

MANY, MANY THOUSANDS TOOK UP THIS OFFER TO JOIN OUR 2015 WORLD SUMMER GAMES IN LOS ANGELES, CALIF., USA. FROM 25 JULY TO 2 AUGUST 2015, WE WELCOMED GOVERNMENT, BUSINESS AND SPORTS LEADERS, CELEBRITIES AND INFLUENCERS, PLUS FANS, FAMILIES AND ACTIVISTS FROM ALL AROUND THE WORLD. MILLIONS MORE TUNED IN REMOTELY, FOLLOWING OUR GAMES ONLINE, ON TV, OR VIA COVERAGE BY NEARLY 2,000 INTERNATIONAL MEDIA OUTLETS.

WHY? TO SEE MORE THAN 6,000 SPECIAL OLYMPICS ATHLETES FROM 164 COUNTRIES PROVE HOW SPORTS CONNECTS, UNITES AND INVITES US ALL, EMPOWERING EACH ONE OF US - WITH OR WITHOUT INTELLECTUAL DISABILITIES - TO BECOME THE BEST WE CAN BE. SPECIAL OLYMPICS ATHLETES SET RECORDS OF ACHIEVEMENT AND EXCEEDED PERSONAL BESTS IN 25 SPORTS, INCLUDING THE FIRST-EVER SPECIAL OLYMPICS TRIATHLON. WITH NEARLY 2,000 COACHES, 10,000 VOLUNTEERS AND AN ESTIMATED 500,000 SPECTATORS, THE 2015 WORLD GAMES ALSO SET RECORDS FOR PARTICIPATION AND ENTHUSIASTIC FANS IN THE STANDS.

THESE WORLD GAMES HAPPENED AT AN IMPORTANT TIME FOR ADULTS AND CHILDREN WITH INTELLECTUAL DISABILITIES (ID). THE FIRST DAY OF COMPETITION CAME ON THE 25TH ANNIVERSARY OF THE AMERICANS WITH DISABILITIES ACT, THE FIRST MAJOR U.S. DISABILITY-RIGHTS LAW. IN ADDITION, AHEAD OF THE GAMES, SHRIVER MEDIA AND SPECIAL OLYMPICS, SUPPORTED BY THE RICHARD AND CECILIA ATTIAS FOUNDATION, RELEASED THE "SHRIVER REPORT SNAPSHOT:

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INSIGHT INTO INTELLECTUAL DISABILITIES IN THE 21ST CENTURY." THE FINDINGS REVEALED HOW THE PUBLIC'S CONNECTIONS TO PEOPLE WITH ID INCREASES ACCEPTANCE AND POSITIVE ATTITUDES - AND CONFIRMED THAT LACK OF EXPOSURE DRIVES FEAR AND MISUNDERSTANDING BETWEEN PEOPLE WITHOUT ID AND THOSE WITH ID.

THE 2015 WORLD GAMES OFFERED A HISTORIC OPPORTUNITY TO BRING GLOBAL EXPOSURE TO THE TALENTS AND ACHIEVEMENTS OF PEOPLE WITH INTELLECTUAL DISABILITIES. IN THE CITY OF LOS ANGELES, A CENTER OF GREAT STORYTELLING AND DRAMA, SPECIAL OLYMPICS ATHLETES SHOWED THE WORLD A NEW STORYLINE: WITH PERSONAL AND POIGNANT STORIES OF SUCCESS AND INCLUSION, NOT EXCLUSION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AUDIENCES ALL AROUND THE WORLD, ESPECIALLY THROUGH OUR MEDIA AND CORPORATE PARTNERSHIPS. THROUGH INSPIRING AND HEARTFELT STORIES, OUR ATHLETES BECAME FAMOUS AND ADMIRERD - SOME RECOGNIZABLE BY ONLY THEIR FIRST NAMES: CHEVY, DAVAA, ALYSSA, KENNY.

THIS MARKED THE FIRST FULL YEAR OF OUR MICROSOFT PARTNERSHIP AIMED AT MODERNIZING OUR SOFTWARE AND GAMES MANAGEMENT SYSTEM, PLUS RELATED TECHNOLOGY GOALS. AHEAD OF THE 2015 WORLD GAMES, OUR MICROSOFT PARTNERS CREATED MEMORABLE ADS AND VIDEO PROFILES FEATURING ATHLETE HOSTS SAM AND MATTIE.

BANK OF AMERICA ALSO PRODUCED VIDEOS FEATURING BANK OF AMERICA EMPLOYEE KENNY JONES, WHO ALSO HAPPENS TO BE A LONGTIME SPECIAL OLYMPICS ATHLETE. BANK OF AMERICA ALSO SPEARHEADED THE TRAINING OF OUR MOST

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VISIBLE ATHLETE LEADERS, THE 2015-2019 CLASS OF SARGENT SHRIVER
INTERNATIONAL GLOBAL MESSENGERS FROM AROUND THE WORLD.

THE COCA-COLA COMPANY, OUR FOUNDING PARTNER, CONTINUED TO INNOVATE WITH
THEIR CATCHY "UNIFIED MUSIC" ACTIVATION.

IN MORE THAN 100 COUNTRIES, THE DISTINCTIVE PSA "ALL CHAMPIONS ARE
SPECIAL" - NARRATED BY LIAM NEESON - AIRED ACROSS ALL DISCOVERY
NETWORKS FROM SOUTH AFRICA TO THE MIDDLE EAST AND EUROPE, PLUS MANY
STATIONS IN ASIA AND LATIN AMERICA. IN JUST ONE MONTH, THE TOTAL VIK
MEDIA VALUE FOR THE AD WAS 2.6 MILLION (NEARLY US\$3 MILLION).

THIS YEAR INCLUDED OTHER WIDELY SUCCESSFUL MARKETING ACTIVATIONS AND
MAJOR EVENTS SUCH AS OUR SPECIAL OLYMPICS UNIFIED RELAY ACROSS AMERICA
PRESENTED BY BANK OF AMERICA. IN THIS FIRST-EVER EVENT, THE FLAME OF
HOPE WAS CARRIED BY MORE THAN 10,000 SUPPORTERS ACROSS THREE
SIMULTANEOUS ROUTES AND OVER 20,000 MILES ACROSS THE USA, SPREADING
AWARENESS OF THE SPECIAL OLYMPICS MOVEMENT AND THE 2015 WORLD GAMES.

IMPROVING ATHLETE PERFORMANCE & HEALTH

FOR OUR ATHLETES TO PERFORM AT THEIR BEST, THEY MUST BE HEALTHY. YET,
STUDIES SHOW THAT ADULTS AND CHILDREN WITH INTELLECTUAL DISABILITIES
FACE GROSS DISPARITIES IN ACCESS TO PROPER HEALTH CARE. SINCE 1997, THE
SPECIAL OLYMPICS HEALTHY ATHLETES PROGRAM HAS BEEN PROVIDING FREE
SCREENINGS IN MULTIPLE MEDICAL DISCIPLINES AT COMPETITIONS. THE GOAL IS
TO IMPROVE ATHLETES' LIVES - ON THE PLAYING FIELD AND OFF. DURING THE
2015 WORLD GAMES, MORE THAN 17,600 SPECIAL OLYMPICS HEALTHY ATHLETES

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EXAMS WERE GIVEN - A NEW RECORD! IN ALL, WE HAVE PROVIDED MORE THAN 1 MILLION FREE EXAMS FOR OUR ATHLETES AROUND THE WORLD. BUT WHAT HAPPENS TO OUR ATHLETES IN BETWEEN WORLD GAMES OR OTHER COMPETITIONS? HOW CAN WE REACH OUT?

THANKS TO A GENEROUS \$12 MILLION GIFT FROM THE GOLISANO FOUNDATION, THE START OF SPECIAL OLYMPICS HEALTHY COMMUNITIES THREE YEARS AGO TRANSFORMED OUR HEALTH OFFERINGS INTO A YEAR-ROUND FOCUS ON INCLUSIVE WELLNESS PROGRAMMING AND HEALTHCARE. IN 2015, A NEW DONATION OF \$25 MILLION FROM THE GOLISANO FOUNDATION - THE LARGEST SINGLE GIFT IN OUR HISTORY - IS HELPING US EXPAND THIS PROGRAM TO CREATE EVEN MORE INCLUSIVE HEALTH PROGRAMMING FOR PEOPLE WITH ID.

THIS IS CRITICAL WORK, AS OUR ATHLETES' HEALTH IS NEGLECTED IN WAYS THAT CONTINUE TO SHOCK. VOLUNTEERS LEARNED THIS AT A 'MISSION INCLUSION' HEALTH EVENT IN BRAZIL, CO-SPONSORED BY LIONS CLUBS INTERNATIONAL AND WITH HELP FROM SAFILO GROUP AND ESSILOR. THERE, NEW CLINICAL DIRECTORS WERE TRAINED IN SEVERAL HEALTHY ATHLETES DISCIPLINES. VOLUNTEERS FOUND THAT NEARLY HALF (48%) OF THE ATHLETES HAD EYE PROBLEMS OR NEEDED CORRECTIVE LENSES. MORE THAN 30% WERE FOUND WITH MEDICAL CONDITIONS THAT AFFECTED THEIR ABILITY TO HEAR; THEY WERE ALL QUICKLY REFERRED FOR SPECIALIZED EVALUATIONS.

OTHER PARTNERS ARE ALSO JOINING SPECIAL OLYMPICS TO CREATE INCLUSIVE COMMUNITIES IN HEALTH. IN NIGERIA, EXXONMOBIL IS WORKING WITH US TO BREAK DOWN HEALTH BARRIERS BY PROVIDING SPECIALLY-ADAPTED MALARIA AND HIV EDUCATION FOR PEOPLE WITH INTELLECTUAL DISABILITIES, AS WELL AS DISTRIBUTING BED NETS AND TESTING FOR BOTH MALARIA AND HIV/AIDS.

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

CYCLING AND ROLLER-SKATING. THANKS TO BROADCAST PARTNER ESPN, COVERAGE OF THESE WORLD GAMES HIT A HISTORIC HEIGHT OF AWARENESS, ALL AROUND THE WORLD.

UNIFIED SPORTS ALSO MARKED A BREAKTHROUGH YEAR - AS THE NUMBER OF UNIFIED ATHLETES AND TEAMMATES HIT THE 1 MILLION MARK WORLDWIDE. AND, FOR THE FIRST TIME, UNIFIED SPORTS WERE PART OF MORE THAN 25% OF WORLD GAMES EVENTS. UNIFIED SPORTS COMPETITIONS WERE HELD IN 13 DIFFERENT SPORTS, FEATURING COMPETITORS FROM 91 DELEGATIONS WITH 1,487 UNIFIED TEAMMATES. THE OVERWHELMING SUCCESS OF UNIFIED SPORTS HAS BEEN WITH THE HELP OF ESPN, THE GLOBAL PRESENTING SPONSOR OF UNIFIED SPORTS, AND THE SAMUEL FAMILY FOUNDATION AND LIONS CLUBS INTERNATIONAL.

BEYOND WORLD GAMES, OUR SPORTS TRAININGS AND EVENTS - 108,000 IN 2015 ALONE - CONTINUE TO PUSH FOR INNOVATIVE NEW WAYS TO CHALLENGE OUR ATHLETES. OUR SPORTS PARTNERSHIPS AROUND THE WORLD HELP MAKE THIS HAPPEN. THIS YEAR, A NEW PARTNERSHIP SIGNED WITH BADMINTON WORLD FEDERATION WILL INCREASE OPPORTUNITIES FOR OUR 110,000 ATHLETES IN 69 COUNTRIES TRAINING IN THE SPORT. THE BWF ALLIANCE ALSO OFFERS US THE POTENTIAL TO DOUBLE THOSE NUMBERS. TWO NEW IMPORTANT PARTNERSHIP AGREEMENTS WITH THE EUROPEAN BOWL ASSOCIATION AND THE EUROPEAN POWERLIFTING FEDERATION WILL ALSO OPEN OPPORTUNITIES FOR ATHLETES WITH ID IN THE SPORTS OF BOWLING, BOCCE AND POWERLIFTING.

THROUGHOUT 2015, SOME OF THE MOST SKILLED ATHLETES IN THE WORLD HELD COACHING CLINICS FOR SPECIAL OLYMPICS ATHLETES, INCLUDING OLYMPIANS

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MICHAEL PHELPS, APOLO OHNO AND HANNAH TETER. PRO-BASKETBALL PLAYERS

DAMIAN LILLARD AND ELENA DELLE DONNE ALSO HELPED TRAIN ATHLETES IN THE
RUN UP TO THE WORLD GAMES COMPETITION.

THIS YEAR, IN A GROWING TREND, SPECIAL OLYMPICS ATHLETES CONTINUE TO
TAKE PART IN MORE MAINSTREAM SPORTING EVENTS, SUCH AS THE X-GAMES
WINTER SPORTS COMPETITION, AS WELL AS MAJOR LEAGUE SOCCER AND NATIONAL
BASKETBALL ALL-STAR WEEKENDS.

AS WE AIM TO GIVE THE ATHLETES THE BEST QUALITY SPORTS EXPERIENCE,
TRAINING OF COACHES BECOMES CRUCIAL. WE ARE WORKING WITH OUR MANY
THOUSANDS OF COACHES IN PERSON, VIA ONLINE AND VIDEO COURSES, AND
THROUGH CELEBRITY CLINICS. THIS IS ANOTHER WAY WE BENEFIT ENORMOUSLY
FROM OUR SPORTS PARTNERSHIPS. THESE INCLUDE THE TOTTENHAM HOTSPUR
FOUNDATION, WHICH THIS YEAR TRAINED COACHES FROM 15 ASIA-PACIFIC
COUNTRIES IN BEST PRACTICES INVOLVED IN TRAINING ATHLETES WITH
INTELLECTUAL DISABILITIES.

IN 2015, OVER 215 SPECIAL OLYMPICS PROGRAM LEADERS TOOK PART IN GLOBAL
AND REGIONAL YOUNG ATHLETES TRAININGS FOR WORKING WITH ATHLETES AGES
2-7 YEARS. IT WAS ANOTHER GROWTH YEAR FOR OUR POPULAR YOUNG ATHLETES
PROGRAM, WHICH EXPERIENCED SIGNIFICANT EXPANSION IN SOME OF THE MOST
IMPOVERISHED PARTS OF THE WORLD.

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

BELGIUM, POLAND, EGYPT, UNITED ARAB EMIRATES,
SINGAPORE, INDIA, SOUTH AFRICA, PANAMA,
IRELAND, CHINA

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

TIMOTHY P SHRIVER, CHAIRMAN, AND MARIA SHRIVER, DIRECTOR ARE SIBLINGS.

NADIA COMANECI, DIRECTOR, AND BART CONNER, VICE CHAIR ARE SPOUSES.

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

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

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

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

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

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CEO). VIOLATIONS MAY RESULT IN SANCTIONS UP TO TERMINATION. EACH SPRING, SPECIAL OLYMPICS ASKS EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE TO COMPLETE AND SIGN A QUESTIONNAIRE THAT INCLUDES A COPY OF THE SPECIAL OLYMPICS CONFLICT OF INTEREST POLICY, AN ACKNOWLEDGMENT THAT THE RECIPIENT HAS READ THE POLICY, CONFIRMATION THAT THE RECIPIENT COMPLIED WITH THE POLICY DURING THE PRECEDING YEAR AND UP TO THE DATE OF COMPLETING THE QUESTIONNAIRE, A STATEMENT THAT THE RECIPIENT HAS NO CONFLICTS TO REPORT OR HAS REPORTED THEM ON THE QUESTIONNAIRE, AND AN UNDERTAKING TO PROMPTLY ADVISE THE CEO OF SPECIAL OLYMPICS UPON BECOMING AWARE OF ANY CONFLICT. NO SPECIAL OLYMPICS DIRECTOR, OFFICER, OR EMPLOYEE WHO HAS A CONFLICT OF INTEREST MAY VOTE OR OTHERWISE PARTICIPATE IN ANY FINAL DELIBERATION OR DECISION ON BEHALF OF SPECIAL OLYMPICS REGARDING ANY CONTRACT, TRANSACTION, OR OTHER MATTER IN WHICH THE DIRECTOR, OFFICER, OR EMPLOYEE HAS A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

SPECIAL OLYMPICS' BYLAWS PROVIDE THAT THE BOARD OF DIRECTORS COMPENSATION COMMITTEE SHALL, SUBJECT TO APPROVAL OF THE BOARD OF DIRECTORS, ANNUALLY REVIEW, SET, AND DOCUMENT THE REASONABLENESS OF THE TOTAL COMPENSATION (INCLUDING BENEFITS AND DEFERRED COMPENSATION) FOR THE CHAIR (IF COMPENSATED) AND THE CHIEF EXECUTIVE OFFICER AND REVIEW, APPROVE, AND DOCUMENT THE TOTAL COMPENSATION (INCLUDING BENEFITS AND DEFERRED COMPENSATION) FOR THE SENIOR EXECUTIVES WHO REPORT DIRECTLY TO THE CHIEF EXECUTIVE OFFICER. AT LEAST ONCE EVERY TWO YEARS, THE COMPENSATION COMMITTEE PRESENTS TO THE BOARD OF DIRECTORS A WRITTEN EVALUATION OF THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE. NO MEMBER OF THE BOARD OF DIRECTORS WHO RECEIVES COMPENSATION FROM SPECIAL OLYMPICS SERVES ON THE COMPENSATION COMMITTEE. IN 2015 COMPENSATION OF THE BOARD CHAIR, CHIEF EXECUTIVE OFFICER, AND EACH POSITION REPORTING TO THE CHIEF EXECUTIVE OFFICER WAS

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REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE BASED ON 2014

PERFORMANCE. POSITIONS REPORTING TO THE CHIEF EXECUTIVE OFFICER ARE: CHIEF LEGAL OFFICER, SENIOR VICE PRESIDENT OF GLOBAL DEVELOPMENT AND GOVERNMENT RELATIONS, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, CHIEF MARKETING OFFICER, CHIEF OF ORGANIZATIONAL EXCELLENCE, CHIEF DEVELOPMENT OFFICER, CHIEF TECHNOLOGY OFFICER, CHIEF EXECUTIVE PRODUCER OF SPECIAL OLYMPICS 50TH ANNIVERSARY, AND CHIEF OF REGIONAL AND PROGRAM OPERATIONS.

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

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

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

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

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

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

UNREALIZED LOSS ON FOREIGN CURRENCY

-85,392.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

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SPECIAL OLYMPICS, INC.

Employer identification number

52-0889518

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 6:

ACCORDING TO THE 2015 SPECIAL OLYMPICS REACH REPORT, IN 2015 THE SPECIAL OLYMPICS MOVEMENT HAD 715,956 ADULT VOLUNTEERS, 315,205 YOUTH VOLUNTEERS BETWEEN THE AGES OF 12 AND 15, MORE THAN 100,000 LAW ENFORCEMENT VOLUNTEERS, MORE THAN 20,000 HEALTH VOLUNTEERS, AND 424,922 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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS, INC.

Employer identification number
52-0889518

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHRISTMAS RECORDS TRUST 1133 19TH STREET NW WASHINGTON, DC 20036	INVESTMENTS OF ROYALTY INCOME TO BENEFIT SPECIAL OLYMPICS MOVEMENT	DISTRICT OF COLUMBIA	1,129,998.	49,132,235.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS MIDDLE EAST NORTH AFRICA (MENA) FZ LLC, OFFICE 320 BUILDING 8, MEDIA CITY, DUBAI, UNITED ARAB EMIRATES	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS MENA	UNITED ARAB EMIRATES	0.	0.	SPECIAL OLYMPICS, INC.
OLIMPIADAS ESPECIAIS - AMERICA LATINA AVENIDA RIO BRANCO, NO. 100, 10TH FLOOR RIO DE JANEIRO, BRAZIL CEP 20040-	FUNDRAISING VEHICLE FOR ACTIVITIES IN BRAZIL	BRAZIL	0.	0.	SPECIAL OLYMPICS, INC.
SPECIAL OLYMPICS ASIA PACIFIC (LTD) 354 TANGLIN RD, TANGLIN INT'L CENTRE, #01-11 TANGLIN BLOCK, SINGAPORE 247672	FUNDRAISING VEHICLE AND REGIONAL OFFICE FOR SPECIAL OLYMPICS ASIA PACIFIC	SINGAPORE	1,380,707.	728,457.	SPECIAL OLYMPICS, INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SPECIAL OLYMPICS ENDOWMENT FUND INC - 52-1585896, 1133 19TH STREET NW, WASHINGTON, DC 20036	SUPPORTING ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11A, I	SPECIAL OLYMPICS, INC.	X	
SO EUROPE EURASIA (SOEE) FOUNDATION MORRISON CHAMBERS 32 3RD FL DUBLIN, IRELAND	FUNDRAISING VEHICLE FOR SPECIAL OLYMPICS EUROPE/EURASIA	IRELAND	NGO		SPECIAL OLYMPICS, INC.	X	

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

Schedule R (Form 990) 2015

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

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

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

[illegible]

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 with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SO EUROPE EURASIA (SOEE) FOUNDATION	O	67,248.	GAAP
(2)			
(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.

[illegible]

Provide additional information for responses to questions on Schedule R (see instructions).