

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2008, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

**2008**

Department of the Treasury  
Internal Revenue Service

▶ See instructions.

Name of exempt organization

Special Olympics, Inc.

Employer identification number

52-0889518

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) .....	1b	70096928
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	

**Part II Declaration of Officer**

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

8/12/09  
Date

PRESIDENT & COO  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature		Date	8/12/09	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	P00364424
	Firm's name (or yours if self-employed), address, and ZIP code	DELOITTE TAX LLP 1750 TYSONS BLVD MCLEAN, VA 22102-4219			EIN	86-1065772		Phone no.	703-251-1000	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	
Firm's name (or yours if self-employed), address, and ZIP code				EIN			
				Phone no.			

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> Special Olympics, Inc. Doing Business As <b>Special Olympics International</b> 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 country, and ZIP + 4 Washington, DC 20036-3604	<b>D Employer identification number</b> 52-0889518
		<b>E Telephone number</b> 202-628-3630	<b>G Gross receipts \$</b> 70,096,928.
		<b>F Name and address of principal officer:</b> Brady Lum same as C above	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ www.SpecialOlympics.org	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1968 <b>M State of legal domicile:</b> DC

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	46
	4	Number of independent voting members of the governing body (Part VI, line 1b)	41
	5	Total number of employees (Part V, line 2a)	138
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	70,359,205.
	9	Program service revenue (Part VIII, line 2g)	62,449,504.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,731,355.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,009,603.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,926,012.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,561,353.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	81,584,537.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,782,307.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,162,539.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,815,180.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,356,285.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,630,198.
	19	Revenue less expenses. Subtract line 18 from line 12	1,041,903.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	578,224.
	21	Total liabilities (Part X, line 26)	41,469,104.
	22	Net assets or fund balances. Subtract line 21 from line 20	31,738,723.
			81,649,599.
			-65,062.
			-3,012,756.

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 <u>Brady Lum, President &amp; COO</u> Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature <u>DELOITTE TAX LLP</u> Firm's name (or yours if self-employed), address, and ZIP + 4 1750 TYSONS BLVD MCLEAN, VA 22102-4219	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 703-251-1000

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: See Form 990 Part 1, Line 1

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. See Schedule O for Continuation(s)

4a (Code: ) (Expenses \$ 41,485,456. including grants of \$ 20,942,594. ) (Revenue \$ 3,076,468. ) See Schedule O - Program Support

4b (Code: ) (Expenses \$ 8,695,561. including grants of \$ 4,219,945. ) (Revenue \$ 0. ) See Schedule O - Sports

4c (Code: ) (Expenses \$ 8,054,643. including grants of \$ ) (Revenue \$ 518,702. ) See Schedule O - Public Awareness

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

4e Total program service expenses \$ 58,235,660. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 81		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 138		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>See Schedule O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	12b		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	X	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....	X	
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	X	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or 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**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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, AZ, CA, CO, CT, FL, GA, IL, IN, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Hannibal Brumskine, VP of Finance - 202-628-3630**  
**1133 19th Street NW, Washington, DC 20036-3604**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
Dr. Timothy Shriver Chairman	40.00	X		X		X	199,027.	0.	36,487.	
Ms. Rosa Proctor Senior VP Finance	40.00			X		X	169,630.	0.	26,614.	
Mr. Drake Turrentine Secretary	40.00			X		X	230,444.	0.	33,686.	
Mr. Brady Lum President & COO	40.00	X		X			0.	0.	0.	
Mr. Edward Barbanell Director	0.00	X					0.	0.	0.	
Dr. David Braddock Director	0.00	X					0.	0.	0.	
Mr. Stephen Carter Lead Dir. & Vice Chair	0.00	X		X			0.	0.	0.	
Ms. Loretta Claiborne Director	0.20	X					20,000.	0.	0.	
Ms. Nadia Comaneci Vice Chair	0.00	X		X			0.	0.	0.	
Mr. Bart Conner Director	0.00	X					0.	0.	0.	
Ms. Yolanda E. de Varela Director	0.00	X					0.	0.	0.	
Mr. Jay Emmett Director	0.00	X					0.	0.	0.	
Mr. Kevin Farr Director	0.00	X					0.	0.	0.	
HE Vivian F. de Torrijos Director	0.00	X					0.	0.	0.	
Mr. Scott Hamilton Director	0.00	X					0.	0.	0.	
Mr. Steven Heyer Director	0.00	X					0.	0.	0.	
Ms. Stacey Johnston Director	0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
Mr. Muhtar Kent Director	0.00	X						0.	0.	0.
Mr. Ossie Kilkenny Director	0.00	X						0.	0.	0.
Mr. Raymond Lane Vice Chair	0.00	X		X				0.	0.	0.
Mr. John Manley Director	0.00	X						0.	0.	0.
Ms. Yoshiko Mitsui Director	0.00	X						0.	0.	0.
Mr. Angelo Moratti Director	0.00	X						0.	0.	0.
Ms. Florence Nabayinda Director	0.20	X					4,200.	0.	0.	0.
Mr. Bob Norbie Director	0.00	X					0.	0.	0.	0.
Dr. Andrey Pavlov Director	0.00	X					0.	0.	0.	0.
Dr. Mathews Phosa Director	0.00	X					0.	0.	0.	0.
<b>1b Total</b>							<b>2,228,763.</b>	<b>0.</b>	<b>320,200.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 45

	Yes	No
3 Did the organization list any <b>former</b> 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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
L W Robbins & Associates P.O. Box 847024, Boston, MA 02284	Direct Marketing	578,224.
Target Analysis Group, 1030 Massachusetts Avenue, Cambridge, MA 02138	Direct Marketing	454,321.
Agilis Company 2380 Crossroads Blvd, Albert Lea, MN 56007	Caging	448,636.
C E Group, 200 East Grayson, Suite 212, San Antonio, TX 78215	Event Marketing	281,541.
Social Capital Partnership, 980 N Michigan Ave, #1325, CHICAGO, IL 60611	Consulting	278,075.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 10

See Schedule J-2 for Part VII, Section A Continuation

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a	263,537.				
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e	10170252.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	52015715.				
	g	Noncash contributions included in lines 1a-1f: \$ .....		3968899.				
	h	<b>Total.</b> Add lines 1a-1f .....			62449504.			
	Program Service Revenue	2 a	<u>Program Assessments</u> .....	Business Code	561499	3,076,468.	3,076,468.	
		b	.....					
c		.....						
d		.....						
e		.....						
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....			3,076,468.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....			3,001,603.		3001603.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....			981,370.		981,370.	
	6 a		Gross Rents .....	(i) Real				
		b	Less: rental expenses .....	(ii) Personal				
		c	Rental income or (loss) .....					
		d	Net rental income or (loss) .....					
	7 a		Gross amount from sales of assets other than inventory .....	(i) Securities				
		b	Less: cost or other basis and sales expenses .....	(ii) Other	8,000.			
		c	Gain or (loss) .....		8,000.			
		d	Net gain or (loss) .....			8,000.		8,000.
	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	<u>Conference Fees</u> .....	561499		518,702.	518,702.			
b	<u>Net Gain- Foreign Exch</u> .....	523000		20,514.		20,514.		
c	.....							
d	All other revenue .....	561499		40,767.		40,767.		
e	<b>Total.</b> Add lines 11a-11d .....			579,983.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			70096928.	3,595,170.	0.	4052254.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 .....	18,824,734.	18,824,734.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	6,337,805.	6,337,805.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,485,228.	720,016.	643,798.	121,414.
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 .....	11,279,593.	9,847,868.	782,112.	649,613.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	535,411.	339,112.	165,305.	30,994.
9 Other employee benefits .....	1,519,941.	1,377,612.	47,404.	94,925.
10 Payroll taxes .....	810,025.	661,955.	94,060.	54,010.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	94,522.	48,430.	46,092.	
c Accounting .....	238,727.	99,506.	139,221.	
d Lobbying .....	120,000.			120,000.
e Professional fundraising services. See Part IV, line 17 .....	578,224.			578,224.
f Investment management fees .....	303,432.	277,767.	25,665.	
g Other .....	7,658,342.	4,233,339.	209,502.	3,215,501.
12 Advertising and promotion .....	53,215.	38,884.	12,608.	1,723.
13 Office expenses .....	795,401.	693,053.	53,988.	48,360.
14 Information technology .....	1,044,864.	347,289.	17,785.	679,790.
15 Royalties .....				
16 Occupancy .....	1,361,691.	1,107,696.	158,329.	95,666.
17 Travel .....	3,580,666.	3,366,876.	165,636.	48,154.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	1,228,385.	1,175,245.	50,112.	3,028.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	326,496.	191,184.	122,021.	13,291.
23 Insurance .....	318,742.	158,448.	160,294.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>Postage and Shipping</b> .....	5,760,224.	2,059,313.	23,948.	3,676,963.
b <b>Supplies</b> .....	4,739,528.	4,672,953.	60,651.	5,924.
c <b>Printing &amp; Publications</b> .....	3,795,856.	1,514,505.	4,691.	2,276,660.
d <b>Miscellaneous</b> .....	318,632.	142,070.	75,622.	100,940.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	73,109,684.	58,235,660.	3,058,844.	11,815,180.
26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	15,059,899.	4,800,529.		10,259,370.

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing .....	632,966.	1	595,517.
	2	Savings and temporary cash investments .....	11,178,507.	2	8,836,324.
	3	Pledges and grants receivable, net .....	5,804,036.	3	2,324,414.
	4	Accounts receivable, net .....	1,921,779.	4	1,513,038.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	297,180.	8	295,560.
	9	Prepaid expenses and deferred charges .....	1,356,804.	9	2,114,274.
	10a	Land, buildings, and equipment: cost basis ...	10a 3,675,445.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 3,049,238.	10c	626,207.
	11	Investments - publicly traded securities .....	5,930,431.	11	3,734,085.
	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 .....	59,979,862.	15	38,358,598.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	87,781,184.	16	58,398,017.	
Liabilities	17	Accounts payable and accrued expenses .....	4,992,982.	17	4,074,777.
	18	Grants payable .....	5,659,146.	18	3,469,339.
	19	Deferred revenue .....	542,434.	19	756,358.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow account liability. Complete Part IV of Schedule D .....		21	
	22	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 .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	208,188.	25	153,878.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	11,402,750.	26	8,454,352.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	72,707,141.	27	46,770,555.
	28	Temporarily restricted net assets .....	3,472,709.	28	2,974,526.
	29	Permanently restricted net assets .....	198,584.	29	198,584.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b> .....	76,378,434.	33	49,943,665.	
34	<b>Total liabilities and net assets/fund balances</b> .....	87,781,184.	34	58,398,017.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 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? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	X	
b	If "Yes," did the organization undergo the required audit or audits? .....	X	



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	55257635.	56597166.	65147541.	73090560.	65525972.	315618874
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	55257635.	56597166.	65147541.	73090560.	65525972.	315618874
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7720299.
<b>6 Public Support.</b> Subtract line 5 from line 4.						307898575

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	55257635.	56597166.	65147541.	73090560.	65525972.	315618874
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2770435.	2371419.	3815640.	2499592.	3982973.	15440059.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	544,005.	87,213.	425,639.	2819584.	579,984.	4456425.
<b>11 Total support.</b> Add lines 7 through 10						335515358
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	17,840,021.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.77	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	89.82	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**Part II, Section B, Line 10:**

Conference Fees \$518,702

Gain from Foreign Exchange \$20,514

Golf Tournament Fees \$38,990

Miscellaneous \$1,778

Total Other Income \$579,984

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

Employer identification number

Special Olympics, Inc.

52-0889518

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

**Special Olympics, Inc.**

**52-0889518**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____	\$ <u>1,392,563.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____	\$ <u>4,541,892.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____	\$ <u>4,789,393.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____	\$ <u>1,579,226.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <p align="center"><b>Special Olympics, Inc.</b></p>	Employer identification number <p align="center"><b>52-0889518</b></p>
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		2,525.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		173,458.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		175,983.													
<b>d</b> Other exempt purpose expenditures .....		57,481,453.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		57,657,436.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....		0.													
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	145,140.	146,187.	157,924.	175,983.	625,234.
<b>d</b> Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,896.	5,866.	5,834.	2,525.	19,121.

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: Special Olympics, Inc. Employer identification number: 52-0889518

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 cover total number, aggregate contributions, aggregate grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:
a Revenues included in 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 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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 0.00 %
  - b** Permanent endowment ▶ 100.00 %
  - c** Term endowment ▶ 0.00 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				0.
<b>c</b> Leasehold improvements .....		399,882.	272,925.	126,957.
<b>d</b> Equipment .....		2,939,992.	2,472,041.	467,951.
<b>e</b> Other .....		335,571.	304,272.	31,299.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				626,207.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,096,928.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,109,684.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,012,756.
4	Net unrealized gains (losses) on investments	4	-23,422,013.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-23,422,013.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-26,434,769.

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

1	Total revenue, gains, and other support per audited financial statements	1	56,881,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-23,422,013.
b	Donated services and use of facilities	2b	10,206,865.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-13,215,148.
3	Subtract line 2e from line 1	3	70,096,928.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	70,096,928.

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

1	Total expenses and losses per audited financial statements	1	83,316,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,206,865.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	10,206,865.
3	Subtract line 2e from line 1	3	73,109,684.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	73,109,684.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part V, line 4: Endowment funds of \$198,584 at December 31, 2008

consist of the Special Olympics Endowment Fund, Inc., which was

established to generate income to finance special projects or unusual

expenditures that will enhance the mission of SOI.

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b>  Special Olympics, Inc.	<b>Employer identification number</b>  52-0889518
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
Sub-Saharan Africa	1	5	Fundraising, Program Services, & Grants to Recipients	Program Assistance, Sports Training & Competition, Public Educ. & Comm.	1760915.
East Asia and the Pacific	1	13	Fundraising, Program Services, & Grants to Recipients	Program Assistance, Sports Training & Competition, Public Educ. & Comm.	2500707.
South Asia	1	10	Fundraising, Program Services, & Grants to Recipients	Program Assistance, Sports Training & Competition, Public Educ. & Comm.	1267381.
South, Central America & Carribean	1	10	Fundraising, Program Services, & Grants to Recipients	Program Assistance, Sports Training & Competition, Public Educ. & Comm.	2240309.
Europe and Russia	1	11	Fundraising, Program Services, & Grants to Recipients	Program Assistance, Sports Training & Competition, Public Educ. & Comm.	3703672.
Middle East and North Africa	1	17	Fundraising, Program Services, & Grants to Recipients	Program Assistance, Sports Training & Competition, Public Educ. & Comm.	1944999.
<b>Totals</b> .....	6	66			13417983

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) 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)
		Central America and the Caribbean	Program Assistance	13,061.	Wire	0.		
		Central America and the Caribbean	Program Assistance	12,000.	Wire	0.		
		Central America and the Caribbean	Program Assistance	11,978.	Wire	0.		
		Central America and the Caribbean	Program Assistance	6,991.	Wire	0.		
		Central America and the Caribbean	Program Assistance	5,000.	Wire	0.		
		East Asia and The Pacific	Program Assistance	664,143.	Wire	0.		
		East Asia and The Pacific	Program Assistance	115,020.	Wire	0.		
		East Asia and The Pacific	Program Assistance	95,621.	Wire	0.		

**2** Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

**3** Enter total number of other organizations or entities 115



**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

**Schedule F, Part I, Line 2: Special Olympics Procedures for Monitoring**

1) Each grant recipient's 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 months interim report as well as a final report. Special Olympics reserves the right to audit financial receipts at any time. The Programs are required to complete a budget template indicating how grant funds have been spent.

3) Each report must be reviewed and endorsed by the regional Managing Director before it is sent to Special Olympics for review and approval.

<b>Part II</b> Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and The Pacific	Program Assistance	75,490.	Wire	0.		
		East Asia and The Pacific	Program Assistance	56,857.	Wire	0.		
		East Asia and The Pacific	Program Assistance	33,942.	Wire	0.		
		East Asia and The Pacific	Program Assistance	32,731.	Wire	0.		
		East Asia and The Pacific	Program Assistance	32,159.	Wire	0.		
		East Asia and The Pacific	Program Assistance	26,107.	Wire	0.		
		East Asia and The Pacific	Program Assistance	17,084.	Wire	0.		
		East Asia and The Pacific	Program Assistance	12,048.	Wire	0.		
		East Asia and The Pacific	Program Assistance	6,245.	Wire	0.		

<b>Part II</b> Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and The Pacific	Program Assistance	6,179.	Wire	0.		
		East Asia and The Pacific	Program Assistance	5,000.	Wire	0.		
		East Asia and The Pacific	Program Assistance	5,000.	Wire	0.		
		East Asia and The Pacific	Program Assistance	121,895.	Wire	0.		
		Europe (including Iceland and Greeland)	Program Assistance	129,256.	Wire	0.		
		Europe (including Iceland and Greeland)	Program Assistance	125,734.	Wire	0.		
		Europe (including Iceland and Greeland)	Program Assistance	92,117.	Wire	0.		
		Europe (including Iceland and Greeland)	Program Assistance	88,235.	Wire	0.		
		Europe (including Iceland and Greeland)	Program Assistance	86,454.	Wire	0.		

<b>Part II</b> Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Program Assistance	82,711.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	77,795.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	75,637.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	73,903.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	67,992.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	62,885.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	52,022.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	44,399.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	39,468.	Wire	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 and Greenland)	Program Assistance	39,023.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	31,222.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	24,814.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	20,541.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	12,711.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	12,034.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	10,000.	Wire	0.		
		Europe (including Iceland and Greenland)	Program Assistance	7,390.	Wire	0.		
		Middle East and North Africa	Program Assistance	136,663.	Wire	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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	77,653.	Wire	0.		
		Middle East and North Africa	Program Assistance	40,484.	Wire	0.		
		Middle East and North Africa	Program Assistance	27,000.	Wire	0.		
		Middle East and North Africa	Program Assistance	27,000.	Wire	0.		
		Middle East and North Africa	Program Assistance	20,000.	Wire	0.		
		Middle East and North Africa	Program Assistance	19,852.	Wire	0.		
		Middle East and North Africa	Program Assistance	17,586.	Wire	0.		
		Middle East and North Africa	Program Assistance	16,653.	Wire	0.		
		Middle East and North Africa	Program Assistance	13,048.	Wire	0.		

<b>Part II</b> Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Program Assistance	10,096.	Wire	0.		
		Middle East and North Africa	Program Assistance	8,845.	Wire	0.		
		North America (including Canada and Mexico, but not the United	Program Assistance	315,723.	Wire	0.		
		North America (including Canada and Mexico, but not the United	Program Assistance	45,918.	Wire	0.		
		North America (including Canada and Mexico, but not the United	Program Assistance	27,644.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	157,822.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	82,538.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	16,270.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	13,006.	Wire	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the Newly Independent States	Program Assistance	10,150.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	10,140.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	9,557.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	6,876.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	6,194.	Wire	0.		
		Russia and the Newly Independent States	Program Assistance	6,109.	Wire	0.		
		South America	Program Assistance	316,868.	Wire	0.		
		South America	Program Assistance	96,081.	Wire	0.		
		South America	Program Assistance	67,785.	Wire	0.		

<b>Part II</b> Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	Program Assistance	42,174.	Wire	0.		
		South America	Program Assistance	37,055.	Wire	0.		
		South America	Program Assistance	36,048.	Wire	0.		
		South America	Program Assistance	35,448.	Wire	0.		
		South America	Program Assistance	34,750.	Wire	0.		
		South Asia	Program Assistance	456,243.	Wire	0.		
		South Asia	Program Assistance	35,764.	Wire	0.		
		South Asia	Program Assistance	35,037.	Wire	0.		
		South Asia	Program Assistance	25,110.	Wire	0.		

<b>Part II</b> Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Program Assistance	463,039.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	155,381.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	120,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	81,098.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	45,935.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	40,900.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	38,794.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	36,742.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	35,592.	Wire	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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	35,161.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	34,602.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	33,778.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	33,557.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	31,670.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	16,616.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	12,700.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	10,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	8,696.	Wire	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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	7,671.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	7,500.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	6,800.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	5,250.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	5,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	5,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	5,000.	Wire	0.		
		Sub-Saharan Africa	Program Assistance	5,000.	Wire	0.		
		Central America and the Caribbean	Program Assistance	13,639.		0.		



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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: Charitable contributions .....			
	3	Gross revenue (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Non-cash prizes .....			
	6	Rent/facility costs .....			
	7	Other direct expenses .....			
	8	Direct expense summary. Add lines 4 through 7 in column (d) .....			( )
	9	Net income summary. Combine lines 3 and 8 in column (d) .....			( )

**Part III Gaming.** Complete if the organization answered "Yes" to 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	Non-cash 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. Combine lines 1 and 7 in column (d) .....			( )

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	
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? .....	12	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** 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:

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? .....

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

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>15b</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
▶ **Attach to Form 990.**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
2009 World Winter Games P.O. Box 7868 Boise, ID 83707	20-5738026	501(c)(3)	3,360,319.	0.			Program Assistance
Special Olympics California (Southern) - 5875 Green Valley Circle - Culver City, CA 90230	95-4538450	501(c)(3)	1,016,689.	0.			Program Assistance
Special Olympics Texas 7715 Chevy Chase Drive Austin, TX 78752	74-1998367	501(c)(3)	813,293.	0.			Program Assistance
Special Olympics Illinois 605 East Willow Street Normal, IL 61761	36-2922811	501(c)(3)	782,202.	0.			Program Assistance
Special Olympics California (Northern) - 3480 Buskirk Avenue - Pleasant Hill, CA 94523	68-0363121	501(c)(3)	771,323.	0.			Program Assistance
Special Olympics New York 504 Balltown Road Schenectady, NY 12304	23-7061382	501(c)(3)	761,268.	0.			Program Assistance

- 2** Enter total number of section 501(c)(3) and government organizations **55.**
- 3** Enter total number of other organizations **2.**

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

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Special Olympics requires sub-recipients in sub grant agreements to comply with applicable federal laws and regulations (Federal Government OMB Circular A - 122 rules and regulations related to allowable expenditures) and other requirements defined by Special Olympics. Special Olympics Grant Managers perform periodic site visits and maintain regular contact with recipients of grant funds to ensure that recipients are complying with grant agreements, financial terms and conditions, and with other applicable rules and regulations.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**Special Olympics, Inc.**

Employer identification number

**52-0889518**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Pennsylvania 2570 Blvd of the Generals, 124 Washington - Norristown, PA 19403	23-2078543	501(c)(3)	623,404.	0.			Program Assistance
Special Olympics Florida 1105 Citrus Tower Blvd. Clermont, FL 34711	23-7181560	501(c)(3)	612,654.	0.			Program Assistance
Special Olympics Massachusetts 450 Maple Street, Bldg 1 Danvers, MA 01923	23-7242294	501(c)(3)	526,709.	0.			Program Assistance
University of Massachusetts Boston 100 Morrissey Blvd Boston, MA 02125	04-3167352	501(c)(3)	504,035.	0.			Program Assistance
Special Olympics New Jersey 3 Princess Road Lawrenceville, NJ 08648	23-7448729	501(c)(3)	500,764.	0.			Program Assistance
Special Olympics Michigan Central Michigan University Mount Pleasant, MI 48858	38-1964643	501(c)(3)	476,964.	0.			Program Assistance
Special Olympics Ohio 3303 Winchester Pike Columbus, OH 43232	51-0183468	501(c)(3)	408,067.	0.			Program Assistance
Special Olympics North Carolina 2200 Gateway Centre Blvd. Morrisville, NC 27560	56-1149607	501(c)(3)	397,234.	0.			Program Assistance

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**Special Olympics, Inc.**

Employer identification number

**52-0889518**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Washington 2150 North 107th Seattle, WA 98133	91-0962383	501(c)(3)	395,286.	0.			Program Assistance
Special Olympics Oregon 5901 S.W. Macadam Avenue Portland, OR 97239	93-0752969	501(c)(3)	389,756.	0.			Program Assistance
Special Olympics Maryland 513 Progress Drive Linthicum, MD 21090	23-7089144	501(c)(3)	388,584.	0.			Program Assistance
Special Olympics Virginia 3212 Skipwith Road Suite 100 Richmond, VA 23294	54-1013637	501(c)(3)	358,796.	0.			Program Assistance
Special Olympics Georgia 4000 Dekalb Technology Parkway Blvd Atlanta, GA 30340	23-7201676	501(c)(3)	345,604.	0.			Program Assistance
Special Olympics Wisconsin 5900 Monona Drive Madison, WI 53716	39-1803735	501(c)(3)	338,245.	0.			Program Assistance
Special Olympics Colorado 410 17th Street Denver, CO 80202	84-0713739	501(c)(3)	328,975.	0.			Program Assistance
Special Olympics Missouri 520 Dix Road, Ste C Jefferson City, MO 65109	23-7328374	501(c)(3)	302,329.	0.			Program Assistance

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**Special Olympics, Inc.**

Employer identification number

**52-0889518**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Connecticut 2666 State Street Hamden, CT 06517	23-8099756	501(c)(3)	299,568.	0.			Program Assistance
Special Olympics Arizona 1850 North Central Ave., Ste 900 Phoenix, AZ 85004-4540	86-0307564	501(c)(3)	287,230.	0.			Program Assistance
Special Olympics Hawaii P.O Box 3295 Honolulu, HI 96801	23-7173957	501(c)(3)	245,218.	0.			Program Assistance
Special Olympics Idaho 405 S 8th St, Suite 1-201 Boise, ID 83702	23-7185185	501(c)(3)	234,995.	0.			Program Assistance
Special Olympics Indiana 6100 West 96th St, Suite 270 Indianapolis, IN 46278	35-1262574	501(c)(3)	231,643.	0.			Program Assistance
Special Olympics Louisiana 1000 East Morris Avenue Hammond, LA 70403	72-0706608	501(c)(3)	210,912.	0.			Program Assistance
Special Olympics South Carolina P.O Box 210099 Columbia, SC 29221	57-0680248	501(c)(3)	202,100.	0.			Program Assistance
Special Olympics Tennessee 1900 12th Avenue South B Nashville, TN 37203	23-7348136	501(c)(3)	192,726.	0.			Program Assistance

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2008**

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Name of the organization

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Employer identification number

**52-0889518**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Kansas 5280 Foxridge Dr. Mission, KS 66202	48-0890981	501(c)(3)	182,777.	0.			Program Assistance
Special Olympics Iowa 551 Dovetail Rd, P.O. Box 620 Grimes, IA 50111	51-0176029	501(c)(3)	179,894.	0.			Program Assistance
Special Olympics Oklahoma 6835 S. Canton Ave. Tulsa, OK 74136	23-7174120	501(c)(3)	178,839.	0.			Program Assistance
Special Olympics Nevada 5670 Wynn Rd Ste, H Las Vegas, NV 89118	68-0363121	501(c)(3)	165,239.	0.			Program Assistance
Special Olympics Kentucky 105 Lakeview Court Frankfort, KY 40601	61-0954571	501(c)(3)	156,310.	0.			Program Assistance
Special Olympics Montana P.O. Box 3507 Great Falls, MT 59403	81-0367064	501(c)(3)	133,611.	0.			Program Assistance
Special Olympics Nebraska 8801 F Street Omaha, NE 68127	47-0546346	501(c)(3)	124,953.	0.			Program Assistance
Special Olympics New Hampshire 650 Elm Street Manchester, NH 03101	23-7207522	501(c)(3)	120,387.	0.			Program Assistance

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2008**

**Open to Public  
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Name of the organization

**Special Olympics, Inc.**

Employer identification number

**52-0889518**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics New Mexico 6600 Palomas NE, Ste 207 Albuquerque, NM 87109	85-0268084	501( c )( 3 )	110,682.	0.			Program Assistance
Special Olympics Maine 125 John Roberts Road South Portland, ME 04106	01-0355822	501( c )( 3 )	105,242.	0.			Program Assistance
Special Olympics Vermont 368 Avenue D, Suite 30 Williston, VT 05495	23-7231535	501( c )( 3 )	105,060.	0.			Program Assistance
Special Olympics Alaska 3200 Mountain View Dr. Anchorage, AK 99501-3109	92-0057197	501( c )( 3 )	100,869.	0.			Program Assistance
Special Olympics Arkansas 2115 Main Street North Little Rock, AR 72114	71-0666671	501( c )( 3 )	98,017.	0.			Program Assistance
Special Olympics Rhode Island 33 College Hill Road Warwick, RI 02886	05-0377867	501( c )( 3 )	94,334.	0.			Program Assistance
Special Olympics Delaware University of Delaware Newark, DE 19716	23-7162877	501( c )( 3 )	85,150.	0.			Program Assistance
Special Olympics Mississippi 15 Olympic Way Madison, MS 39110	51-0185594	501( c )( 3 )	68,644.	0.			Program Assistance

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**Special Olympics, Inc.**

Employer identification number

**52-0889518**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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. SO Minneapolis, MN 55401	41-1228157	501(c)(3)	66,462.	0.			Program Assistance
Special Olympics Utah 243 East 400 South # 111 Salt Lake City, UT 84111	87-0367185	501(c)(3)	65,764.	0.			Program Assistance
Special Olympics District of Columbia - 900 2nd Street, NE - Washington, DC 20002	52-0967608	501(c)(3)	65,009.	0.			Program Assistance
Special Olympics West Virginia 1206 Virginia Street, East Charleston, WV 25301	55-0596975	501(c)(3)	54,135.	0.			Program Assistance
Special Olympics Wyoming 232 East 2nd St. Casper, WY 82601	23-7418345	501(c)(3)	43,732.	0.			Program Assistance
Special Olympics South Dakota 305 W 39th St Sioux Falls, SD 57105	46-0359776	501(c)(3)	41,863.	0.			Program Assistance
Special Olympics North Dakota 2616 S 26th St. Grand Forks, ND 58201	45-0355704	501(c)(3)	37,517.	0.			Program Assistance
The University of Kansas, Center for Research, Inc. - 1122 West Campus Road, Room 521 - Lawrence, KS 66045	48-6029925	501(c)(3)	20,417.	0.			Program Assistance

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....



**Part IV** Supplemental Information

Special Olympics Grant Managers routinely review and monitor Expense-to-Budget of grantees during grant period. Special Olympics requires that all grantees submit monthly or quarterly financial and programmatic reports showing in detail the grantees grant activity. Special Olympics may require grantees to perform an audit if necessary. Based on the size of the award, Special Olympics may require the grantee to perform an audit and take corrective action if cited by the auditor. Grantees 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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization <b>Special Olympics, Inc.</b>	Employer identification number <b>52-0889518</b>
---	---

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <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>b</b> If line 1a is 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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	<b>X</b>
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <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		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes," to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dr. Timothy Shriver	(i)	195,506.	0.	3,521.	16,362.	20,125.	235,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Ms. Rosa Proctor	(i)	164,630.	5,000.	0.	13,794.	12,820.	196,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Mr. Drake Turrentine	(i)	230,444.	0.	0.	18,400.	15,286.	264,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Dr. John Dow Jr.	(i)	233,444.	0.	0.	18,400.	15,286.	267,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Dr. Stephen Corbin	(i)	181,311.	0.	0.	14,825.	1,200.	197,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Ms. Joan Wheatley	(i)	145,679.	5,000.	0.	12,462.	12,820.	175,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Mr. Charles Todd II	(i)	191,103.	0.	0.	15,469.	15,286.	221,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Mr. Michael Smith	(i)	237,086.	0.	0.	0.	21,557.	258,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Mr. Peter Wheeler	(i)	176,714.	0.	0.	14,510.	20,125.	211,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Mr. Robert Gobrecht	(i)	154,845.	0.	0.	12,474.	8,565.	175,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Mr. Andre Mendes	(i)	152,646.	0.	14,336.	13,731.	15,286.	195,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Compensation received or accrued from any unrelated organization:

Brady Lum, President and COO, is compensated by The Coca-Cola Company.

Mr. Lum is a Vice President of The Coca-Cola Company and does not receive salary or benefits from Special Olympics.

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Special Olympics, Inc.

Employer Identification number

52-0889518

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(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			
Mr. Deng Pufang Director	0.00	X					0.	0.	0.	
Mr. Andrew Robertson Treasurer	0.00	X		X			0.	0.	0.	
Ms. Kim Samuel Johnson Director	0.00	X					0.	0.	0.	
Prof. William Alford Director	0.00	X					0.	0.	0.	
Ms. Maria Shriver Director	0.00	X					0.	0.	0.	
Mrs. Eunice K. Shriver Director	0.00	X					0.	0.	0.	
Rev. Joseph Simmons Director	0.00	X					0.	0.	0.	
Ms. Anne Sweeney Director	0.00	X					0.	0.	0.	
Mr. Walther Troeger Director	0.00	X					0.	0.	0.	
Ms. Vanessa Williams Director	0.00	X					0.	0.	0.	
Dr. Dicken Yung Director	0.00	X					0.	0.	0.	
Mr. Samuel Perkins Director	0.00	X					0.	0.	0.	
Ms. Anne Finucane Director	0.00	X					0.	0.	0.	
Ms. Jo McDaid Director	0.00	X					0.	0.	0.	
Mr. Fernando A.C. Chacon Director	0.00	X					0.	0.	0.	
Mr. Jia Yong Director	0.00	X					0.	0.	0.	
H.E. Olafur R. Grimsson Director	0.00	X					0.	0.	0.	
Ms. Donna de Varona Director	0.00	X					0.	0.	0.	
Mr. Gregory Craig Director	0.00	X					0.	0.	0.	
Ms. Folashade Bolumole Director	0.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2008



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **Special Olympics, Inc.** Employer identification number **52-0889518**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....				▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Dr. Timothy P. Shriver	Chairman + CEO	0.	See Sch. O		X
Maria Shriver	Director	0.	See Sch. O		X
Angelo Moratti	Director	0.	See Sch. O		X

See Schedule O for Schedule L Continuations

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **Special Olympics, Inc.** Employer identification number **52-0889518**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		60,000	Cost
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X	17	3,348,321	Cost
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>Promo Materia</u> ) .....	X	1	516,975	Cost
26 Other ▶ ( <u>Equip/Supplie</u> ) .....	X	1	43,602	Cost
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

Special Olympics, Inc.

Employer identification number

52-0889518

Form 990, Part I, Line 1, Description of Organization Mission:

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for individuals with intellectual disabilities, giving them ongoing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

Form 990, Part III, Line 2, New Program Services:

Project UNIFY was publicly launched as part of the 2008 Global Summit on Education - Inclusive Practices for Students with Disabilities in Washington, DC, on 18-20 September. See additional information under Schedule O, Form 990, Part III, line 4 a (Program Service Accomplishments below).

The Special Olympics Global Football initiative was launched to raise public awareness, attract fans to Special Olympics, and expand football as a Special Olympics sport. See additional information under Schedule O, Form 990, Part III, line 4 b (Program Service Accomplishments below). More than 300,000 young people are participating in related projects, representing 1,500 schools, many of which are new to Special Olympics.

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▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Form 990, Part III, Line 4a, Program Service Accomplishments

- Program support

In 2008, Special Olympics celebrated its 40th anniversary. From its start at the First International Games in Chicago, Illinois, USA, in 1968, the movement has grown into a worldwide community of respect, acceptance and inclusion of all people.

Special Olympics accomplishes its mission in part through seven regional offices located in Beijing, Brussels, Cairo, Johannesburg, New Delhi, Panama City, and Raleigh, North Carolina, which train and provide technical assistance and financial support to 228 accredited independent Special Olympics Programs around the world.

Day in and day out, Special Olympics strives to reach greater numbers of persons with intellectual disabilities with its quality sports programs and other initiatives. During 2008, the number of athletes in the Special Olympics movement grew almost 11 percent to more than 3.1 million. In 2008, the Special Olympics Africa region expanded almost 12.5 percent, and Asia Pacific grew at an almost 20 percent rate. East Asia increased by 12 percent, Latin America reported 0.2 percent growth; Middle East/North Africa grew 4.3 percent; and North America increased the number of athletes served by 9.8 percent. Special Olympics is truly a global movement with more than 80 percent of all Special Olympics athletes outside North America.

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For more than a decade, Special Olympics has been reaching out to persons with intellectual disabilities through its Healthy Athletes program, offering health screenings in seven medical disciplines to athletes at local, regional and World Games competitions. In 2008, Healthy Athletes held more than 635 events across the globe, with volunteer health care professionals screening approximately 150,000 athletes.

Healthy Athletes expanded significantly around the world, with seven countries (Bolivia, Brunei Darussalam, Colombia, Laos, Liechtenstein, Tajikistan and Turkmenistan) holding their first screenings, and several other countries adding new disciplines for the first time. The number of athletes screened increased dramatically, as did the number of events in six of the seven disciplines, many in hard-to-reach areas around the world.

Special Olympics stepped up its efforts to reach out to young people and build communities of respect, acceptance and inclusion by launching Project UNIFY, a U.S. national project funded by the U.S. Department of Education. The goal of the project is to activate youth around the country to promote school communities where all young people are agents of change, fostering respect, dignity and advocacy for people with intellectual disabilities by utilizing the programs and initiatives of Special Olympics. Project UNIFY marks a conscious effort to focus more directly on inclusion in schools and communities, using sports and other Special Olympics programming as the means to reach that goal.

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Forty U.S. Special Olympics Programs participated in the first year of the project, with 28,000 new Special Olympics athletes projected to be involved by the end of the first year.

Other Special Olympics initiatives include Unified Sports - in which athletes with and without intellectual disabilities compete with and against each other; Young Athletes, an innovative sports play program for children with intellectual disabilities ages 2 through 7, designed to introduce them to the world of sports prior to their becoming eligible at age 8 for Special Olympics sports competition; Motor Activities Training Program, which offers training opportunities for lower-ability athletes; and Athlete Leadership Programs, which enable athletes to participate in roles previously considered "nontraditional," such as serving on Boards of Directors and local organizing committees, and excelling as spokespersons, team captains, coaches and officials.

Form 990, Part III, Line 4b, Program Service Accomplishments

- Sports

For the last 40 years, Special Olympics has used the universal vehicle of sports training and competition to generate pride, courage and joy in people with intellectual disabilities, while inviting families and entire communities to join in the celebration. In 2008, almost 100 national Special Olympics Programs - more than ever before - focused on getting ready for the 2009 Special Olympics World Winter Games, held in

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February in Boise, Idaho, USA.

More than 2,000 athletes from around the world - including first-time Winter Games participants from Afghanistan, Bahrain, Bolivia, Colombia, Comoro Islands, Djibouti, Indonesia, Kosovo, Kyrgyzstan, Libya, Macedonia, Monaco, Morocco, Oman, Palestine, Puerto Rico, Saudi Arabia, Somalia, Sudan, Ukraine, United Arab Emirates and Uruguay - prepared to compete in seven winter sports.

Special Olympics launched Special Olympics Global Football, an initiative designed to harness the enormous power of the world's most popular sport - through its players, clubs and media - to raise awareness of Special Olympics worldwide and move millions of fans of football to become fans of Special Olympics as well. With the backing of the Federation Internationale de Football Association (FIFA), the international governing body of football, Special Olympics is harnessing the enormous popularity of football to promote acceptance and inclusion of people with intellectual disabilities in local communities and worldwide.

In 2008, Special Olympics Programs offered athletes almost 33,000 competitive opportunities - an average of almost 90 competitions every day around the world. Throughout the world, more than 260,000 coaches supported Special Olympics athletes in their training and competitive endeavors.

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Special Olympics has developed a wealth of resources - such as sport-specific coaching and competition guides - to help coaches do their jobs and athletes reach their potential. Not only are these tools valuable to those within the movement, they are seen more and more as valuable tools for mainstream sports bodies. The United States Tennis Association, Professional Tennis Registry (a global organization of tennis teachers and coaches), the U.S. Golf Association, the Independent Softball Association (one of four governing bodies of amateur softball in the United States) and the U.S. Ski Patrol (for snowboarding) all utilize Special Olympics Coaching Guides as part of their coach certification processes. An increased number of mainstream sports organizations using Special Olympics resources helps open doors for Special Olympics athletes to move seamlessly into those sports.

Form 990, Part III, Line 4c, Program Service Accomplishments

- Public Awareness

In 2008, Special Olympics pursued an aggressive communications agenda focused on driving higher levels of awareness, support and engagement by creating greater relevance for Special Olympics among a broad cross-section of the general public.

Special Olympics launched its "Be a fan" branding and advertising campaign, a fully integrated campaign designed to send a powerful message that resonates with the general public, tapping into core values and attributes - unity, acceptance, empowerment, dignity,

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courage, strength, pride, confidence and fun.

The campaign got off to a quick start as it was embraced by Special Olympics Programs worldwide for its flexibility to work within many cultures and communities, and by the public for its clear, simple and powerful message. Commitments for more than \$5 million of public service announcements across a diverse spectrum of media built a strong foundation for the campaign to reach its full potential in 2009. Be a fan public service announcements were developed and rolled out around the world, and media commitments were secured from companies such as ABC/Disney, ESPN Star Sports and Time, Inc.

The international release of the movie "Tropic Thunder" accelerated Special Olympics' plans for an "R-word" campaign to raise awareness of the devastating impact of the casual use of the word "retard" and to encourage people to stop using the word. "Tropic Thunder," marketed as a satire about Hollywood actors and the movie industry, contains offensive scenes that include repeated use of the word "retard." Soon after the release of the film, Special Olympics, along with more than 20 national disability groups, protested the film and launched a new Web site, <http://r-word.org>. The site offered supporters a chance to pledge not to use the R-word and to post their comments. Thousands took the pledge and expressed their outrage at the film. These events attracted significant media attention, including national stories in "The New York Times" and "Daily Variety," as well as op-eds by Special Olympics Chairman and CEO Timothy Shriver and California First Lady

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Maria Shriver in "The Washington Post" and "The Los Angeles Times," respectively.

On 12 November 2008, the Special Olympics Flame of Hope was lit in Athens, Greece, to begin the second Global Law Enforcement Torch Run for Special Olympics. Law enforcement officers and Special Olympics athletes embarked on a three-month journey delivering the movement's messages of hope, courage and inspiration to people around the world, visiting 13 cities in five continents. With the logistical support of Global Torch Run Sponsor DHL, the flame made stops in Abu Dhabi and Dubai, United Arab Emirates; Warsaw, Poland; San Jose, Costa Rica; Johannesburg, South Africa; and New Delhi, India in 2008. In 2009, it would continue on to Shanghai, China; Miami, Florida; New York City; Los Angeles; and Boise, Idaho, site of the 2009 World Winter Games.

On 3 December 2008, "Sports Illustrated" honored Special Olympics founder Eunice Kennedy Shriver with the first Sportsman of the Year Legacy Award at the 2008 Sportsman of the Year celebration in New York City. The Sportsman of the Year Legacy Award was created to recognize those who have, over the course of their lifetime, demonstrated the ideals of sportsmanship. In addition to recognizing Mrs. Shriver's lifetime of selfless contributions, the magazine's year-end Sportsman of the Year issue included a special feature on Special Olympics.

With the support of the Gang Family Foundation and leaders in the digital world - including Perfect Sense Digital and Ogilvy Digital 360

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- Special Olympics laid the groundwork for its entry into the Web 2.0 world and all it can offer in 2008. A new Special Olympics Web site, which launched in January 2009, uses custom-made slideshow and video players to draw visitors into the Special Olympics experience. Social networking platforms help deliver the movement's message and encourage interaction with constituents. A "Fan Community" offers message boards, blogs, the ability to create profiles and post photos and videos, and much more. In addition, Special Olympics is reaching out through Facebook, YouTube, Twitter and other commercial social networking sites to expand its reach and increase its visibility and relevance to a younger audience.

Form 990, Part V, Line 4b, List of Foreign Countries:

Belgium, Poland, Egypt, United Arab Emirates,  
Singapore, India, China, South Africa,  
Panama

Form 990, Part VI, Section A, line 2:

Family relationship:

Eunice Kennedy Shriver is the mother of Maria Shriver and Dr. Timothy Shriver. Nadia Comaneci and Bart Conner are married.

Business Relationships:

Directors Angelo Moratti, Maria Shriver, and Timothy 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

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charities (particularly Special Olympics). Lovin' Scoopful and Special Olympics have entered a cause-related marketing contract and license pursuant to which Lovin' Scoopful will pay Special Olympics royalties equal to twenty-five percent of Lovin' Scoopful's profits, subject to minimum royalties of \$50,000 during 2008.

Form 990, Part VI, Section A, line 7a:

Election of International Advisory Committee Directors:

In addition to up to 38 Directors elected by the Board of Directors, seven directors are elected by their respective Regional Leadership Councils (sometimes referred to as Regional Advisory Committees). Each Regional council or committee is made up of representatives elected by Special Olympics Programs in that Region and elects a representative to serve as a member of the Board of Directors International Advisory Committee and a Director with full voting rights.

Form 990, Part VI, Section A, line 10:

Form 990 Review:

The Special Olympics Form 990 is reviewed internally by senior management and externally by an independent tax service firm, Deloitte Tax LLP, after which it is submitted by the Senior Vice President Financial and Chief Legal Officer to the Board's Audit and Finance Committee for review and approval. The final Form 990 is sent to each Board member by e-mail prior to filing.

Form 990, Part VI, Section B, Line 12c:

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**Conflict of Interest Policy:**

The 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 of actual conflicts.

Special Olympics' Chief Legal Officer is charged with enforcing the Conflict of Interest Policy. Potential or actual conflicts are dealt with according to whether the conflict involves a Director, CEO, or President (in which case the matter is submitted to the Board of Directors) or involves another officer or employee (in which case the matter is submitted to the President or CEO). Violations may result in sanctions up to termination.

Each Spring, Special Olympics asks each Director, officer, 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 President 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,

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or other matter in which the Director, officer, or employee has a conflict.

Form 990, Part VI, Section B, Line 15:

Determining Compensation:

The Special Olympics Bylaws provide that the Board of Directors Compensation Committee shall, subject to approval of the Board of Directors, annually review, set, and document the reasonableness of the total compensation (including benefits and deferred compensation) for the Chair (if compensated), the President (if compensated), and the Chief Executive Officer and review, approve, and document the total compensation (including benefits and deferred compensation) for the senior executives who report directly to the Chief Executive Officer. At least once every two years, the Compensation Committee shall present to the Board of Directors a written evaluation of the Chief Executive Officer's performance. No member of the Board of Directors who receives compensation from Special Olympics shall serve on the Compensation Committee. The last reviews of the persons described above were in 2008. The Compensation Committee is conducting an evaluation of the Chief Executive Officer's performance that will be presented to the Board of Directors at its November 2009 meeting.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

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

Form 990, Part VI, Section C, Line 19: Governing documents available to

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

Schedule O (Form 990) 2008

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public:

Special Olympics makes its Articles of Incorporation, Bylaws, General Rules and Conflict of Interest Policy available on its public website:

specialolympics.org

Form 990, Part XI, Line 2c:

Financial Statements and Reporting:

The Audit and Finance Committee of the Special Olympics Board of Directors is responsible for oversight of the audit, review and compilation of financial statements and for recommending to the Board of Directors the appointment of an independent auditor.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Dr. Timothy P. Shriver

(d) Description of Transaction: See Sch. O - Part VI, Section A, line 2 Form 990, Part VI, Section A, Line 2 Description relating to the business transactions between Dr. Timothy Shriver, Maria Shriver and Angelo Moratti.

(a) Name of Person: Maria Shriver

(d) Description of Transaction: See Sch. O - Part VI, Section A, line 2

(a) Name of Person: Angelo Moratti

(d) Description of Transaction: See Sch. O - Part VI, Section A, line 2

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Form 990, Part VI, Line 1a: Executive Committee

The Bylaws of Special Olympics provide that the Executive Committee of the Board of Directors "shall have and may exercise all the powers of the Board of Directors when the Board is not in session" and that "[t]he Executive Committee shall consist of the Chair, the Vice Chairs, the Founder, and up to seven (7) additional directors nominated by the Nominating Committee and elected by the Board of Directors to serve until the earlier of the election of a successor or end of the director's term on the Board of Directors." Only Directors can serve on the Executive Committee.

The members of the Executive Committee as of 31 December 2008 were:

Stephen Carter, Chair of the Executive Committee,

Lead Director, Vice Board Chair

Timothy Shriver, Board Chair & CEO

Nadia Comaneci, Vice Board Chair

Ray Lane, Vice Chair

Eunice K. Shriver, Founder

David Braddock

Bart Conner

Jay Emmett

Ossie Kilkenny

Brady Lum, President & COO (ex officio, nonvoting Director)

Form 990, Part VI, Section A, line 9b:

Chapters, branches, and affiliates:

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Chapters, branches, and affiliates:

Special Olympics does not believe it has local chapters, affiliates, or branches as defined by the instructions to Part IV, Line 9a.

Chapters and affiliates - Special Olympics is the governing body of the Special Olympics movement, which includes 228 Special Olympics Programs, each of which is required by the Special Olympics Official General Rules to be an independent, financially self-sustaining legal entity with its own board of directors or national committee. Special Olympics licenses Programs to use Special Olympics trademarks to conduct Special Olympics programs and to raise funds within their respective territories in accordance with the Special Olympics Official General Rules, which include policies and procedures applicable to all Special Olympics Programs. Special Olympics does not have legal authority to exercise supervision and control of day-to-day operations of Special Olympics Programs.

Branches - Special Olympics has registered corporate branch offices in each of seven regions:

Africa - Johannesburg, South Africa

Asia-Pacific - New Delhi, India

East Asia - Beijing, China

Europe/Eurasia - Dublin, Ireland, and Brussels, Belgium

Latin America - Panama City, Panama

Middle East and North Africa - Cairo, Egypt

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North America - Raleigh, North Carolina

The branch offices are Special Olympics offices that are located close to Special Olympics Programs so that Special Olympics can better train, collaborate with, support and assist the Programs. The branch offices do not provide programmatic services (e.g., sports training and competitions and Healthy Athlete screenings) and are managed as part of Special Olympics. All Special Olympics offices are subject to the Special Olympics Official General Rules as well as to written policies covering such matters as contract signing authority, bank account guidelines, use of local counsel, travel procedures and expenses, and processing funds raised in the Regions.

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

<b>Name of the organization</b> <p style="text-align:center">Special Olympics, Inc.</p>	<b>Employer identification number</b> <p style="text-align:center">52-0889518</p>
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**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN 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 1325 G Street, NW, Suite 500 Washington, DC 20005	Investments of Royalty Income to Benefit Special Olympics movement.	District of Columbia	-18757600.	38145655.	Special Olympics, Inc.
Special Olympics Endowment Fund, Inc. 1325 G Street, NW, Suite 500 WASHINGTON, DC 20005	Funds rased/endowed to benefit Special Olympics	District of Columbia	0.	198,584.	Special Olympics, Inc.
Special Olympics Peace Games 2000 LTD 1201 North Market Street Wilmington, DE 19801	To serve as a games organizing committee (Dissolved)	Delaware	0.	0.	Special Olympics, Inc.
Special Olympics Middle East/North Africa (MENA) FZ LLC, Office 320, Building 8, Dubai Media City, Dubai, United Arab Emirates	Fundraising vehicle for Special Olympics MENA	United Arab Emirates	0.	0.	Special Olympics, Inc.

**Part II Identification of Related Tax-Exempt Organizations**

(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



**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		



