

EXTENDED TO NOVEMBER 15, 2018.

OMB No. 1545-0047

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

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2017**
Open to Public
Inspection**A** For the **2017** calendar year, or tax year beginning and ending**B** Check if applicable:

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

C Name of organization**SPECIAL OLYMPICS MINNESOTA, INC.**

Doing business as

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

Room/suite

900 2ND AVE S**300**

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

MINNEAPOLIS, MN 55402**F** Name and address of principal officer: **DAVID DORN****SAME AS C ABOVE****D** Employer identification number**41-1228157****E** Telephone number**612-333-0999****G** Gross receipts \$ **8,641,924.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SPECIALOLYMPICSMINNESOTA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1973** **M** State of legal domicile: **MN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OFFERS PEOPLE WITH INTELLECTUAL DISABILITIES YEAR-ROUND SPORTS TRAINING AND COMPETITION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	14439
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,415,154.	6,987,942.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235.	185.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,560.	78,299.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-334,758.	-247,986.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,124,191.	6,818,440.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,641,278.	2,839,279.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,053,331.	71,938.	70,765.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,631,475.	3,789,106.
	19 Revenue less expenses. Subtract line 18 from line 12	6,344,691.	6,699,150.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	779,500.	119,290.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	4,908,837.	5,440,858.
		960,171.	1,089,708.
		3,948,666.	4,351,150.

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	Date
	DAVID DORN, PRESIDENT/CEO	
Paid	Print/Type preparer's name	Preparer's signature
	BRUCE THIEL	
Preparer Use Only	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1873282
	Firm's address ▶ 222 SOUTH 9TH STREET, SUITE 1000 MINNEAPOLIS, MN 55402	Phone no. 612-339-7811

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

732001 11-28-17

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

SPECIAL OLYMPICS MN OFFERS CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES YEAR-ROUND SPORTS TRAINING AND COMPETITION. THROUGH THE ATHLETIC, HEALTH & LEADERSHIP PROGRAMS, PEOPLE WITH INTELLECTUAL DISABILITIES TRANSFORM THEMSELVES, THEIR COMMUNITIES AND THE WORLD.

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

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

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

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

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

4a (Code:) (Expenses \$ **4,470,652.** including grants of \$) (Revenue \$ **65,386.**)
SPORTS AND TRAINING: SEE SCHEDULE O FOR MORE INFORMATION.

4b (Code:) (Expenses \$ **279,302.** including grants of \$) (Revenue \$)
HEALTH AND LEADERSHIP: SEE SCHEDULE O FOR MORE INFORMATION.

4c (Code:) (Expenses \$ **727,852.** including grants of \$) (Revenue \$)
YOUTH AND SCHOOLS: SEE SCHEDULE O FOR MORE INFORMATION.

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

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

4e Total program service expenses **5,477,806.**

Form 990 (2017)

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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school 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 United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	45	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	52	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2017)

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

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

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

	1a	1b	15	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b Enter the number of voting members included in line 1a, above, who are independent			15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6 Did the organization have members or stockholders?			6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?			8a	X	
b Each committee with authority to act on behalf of the governing body?			8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MELISSA HOLMES - 763-270-7129**
900 2ND AVE S., STE 300, MINNEAPOLIS, MN 55402

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,380,797.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,607,145.				
	g Noncash contributions included in lines 1a-1f: \$		16,945.				
	h Total. Add lines 1a-1f			6,987,942.			
Program Service Revenue	2 a COMPETITION FEES	Business Code	900099	185.	185.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			185.			
	3 Investment income (including dividends, interest, and other similar amounts)			69,167.			69,167.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 4,380,797. of contributions reported on line 1c). See Part IV, line 18	a	296,925.				
	b Less: direct expenses	b	697,498.				
	c Net income or (loss) from fundraising events			-400,573.			-400,573.
	9 a Gross income from gaming activities. See Part IV, line 19	a	117,676.				
	b Less: direct expenses	b	30,290.				
	c Net income or (loss) from gaming activities			87,386.			87,386.
	10 a Gross sales of inventory, less returns and allowances	a	165,109.				
	b Less: cost of goods sold	b	100,815.				
	c Net income or (loss) from sales of inventory			64,294.	64,294.		
	Miscellaneous Revenue			Business Code			
	11 a MISC REFUNDS, RECEIPTS & ADJUST.		900099	907.	907.		
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			907.				
12 Total revenue. See instructions.			6,818,440.	65,386.	0.	-234,888.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	287,990.	181,502.	39,196.	67,292.
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	2,133,814.	1,580,603.	70,265.	482,946.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	241,666.	184,610.	7,702.	49,354.
10 Payroll taxes	175,809.	138,594.	5,376.	31,839.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,651.	16,671.	650.	4,330.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	70,765.			70,765.
f Investment management fees	13,751.		13,751.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	64,690.	48,406.	2,532.	13,752.
12 Advertising and promotion	250,882.	250,882.		
13 Office expenses	100,894.	60,612.	2,634.	37,648.
14 Information technology	78,358.	60,568.	2,334.	15,456.
15 Royalties				
16 Occupancy	306,720.	236,187.	9,200.	61,333.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,779.	38,779.		
20 Interest				
21 Payments to affiliates	95,428.	73,479.	2,863.	19,086.
22 Depreciation, depletion, and amortization	203,995.	159,708.	6,120.	38,167.
23 Insurance	53,310.	41,573.	1,599.	10,138.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMPETITIONS & TRAINING	1,398,258.	1,398,258.		
b FUNDRAISING EVENTS	586,439.	586,439.		
c YOUTH PROGRAMMING	228,096.	228,096.		
d OTHER FUNDRAISING EXPEN	177,897.	111,898.		65,999.
e All other expenses	169,958.	80,941.	3,791.	85,226.
25 Total functional expenses. Add lines 1 through 24e	6,699,150.	5,477,806.	168,013.	1,053,331.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,551,860.	698,337.	0.	853,523.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,377,099.	1	1,136,597.
	2 Savings and temporary cash investments	14,552.	2	11,761.
	3 Pledges and grants receivable, net	108,984.	3	125,894.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	14,776.	8	64,077.
	9 Prepaid expenses and deferred charges	333,220.	9	267,709.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,893,343.		
	b Less: accumulated depreciation	10b 727,532.		
		1,293,807.	10c	1,165,811.
	11 Investments - publicly traded securities	1,766,399.	11	2,669,009.
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,908,837.	16	5,440,858.	
Liabilities	17 Accounts payable and accrued expenses	354,053.	17	422,303.
	18 Grants payable		18	
	19 Deferred revenue	16,325.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	589,793.	25	667,405.
	26 Total liabilities. Add lines 17 through 25	960,171.	26	1,089,708.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,499,189.	27	3,923,673.
	28 Temporarily restricted net assets	449,477.	28	427,477.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,948,666.	33	4,351,150.
34 Total liabilities and net assets/fund balances	4,908,837.	34	5,440,858.	

Form 990 (2017)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,818,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,699,150.
3	Revenue less expenses. Subtract line 2 from line 1	3	119,290.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,948,666.
5	Net unrealized gains (losses) on investments	5	283,194.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,351,150.

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

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

Form 990 (2017)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5663372.	6383557.	6975156.	7415154.	6987942.	33425181.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5663372.	6383557.	6975156.	7415154.	6987942.	33425181.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						33425181.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5663372.	6383557.	6975156.	7415154.	6987942.	33425181.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,332.	79,926.	61,761.	41,581.	69,167.	297,767.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33722948.
12 Gross receipts from related activities, etc. (see instructions)					12	340,810.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.12	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.14	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2017

732051 10-09-17

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

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

- a ☐ Public exhibition
 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		911,031.	70,079.	840,952.
d Equipment		982,312.	657,453.	324,859.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,165,811.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASE INCENTIVES	544,981.
(3) DEFERRED RENT	122,424.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

667,405.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,020,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	283,194.
b	Donated services and use of facilities	2b	101,692.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	384,886.
3	Subtract line 2e from line 1	3	7,636,013.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-817,573.
c	Add lines 4a and 4b	4c	-817,573.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,818,440.

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

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

1	Total expenses and losses per audited financial statements	1	7,618,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	101,692.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	817,573.
e	Add lines 2a through 2d	2e	919,265.
3	Subtract line 2e from line 1	3	6,699,150.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,699,150.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM

AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE

THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO

THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE

TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION

ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50

Part XIII Supplemental information *(continued)*

PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE	-707,498.
GAMING DIRECT EXPENSE	-9,260.
COST OF GOODS SOLD	-100,815.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-817,573.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE	707,498.
GAMING DIRECT EXPENSE	9,260.
COST OF GOODS SOLD	100,815.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	817,573.

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

	(a) Event #1 POLAR PLUNGE	(b) Event #2 NORTHLAND	(c) Other events 160	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	3,856,630.	82,744.	738,348.	4,677,722.
2 Less: Contributions	3,575,005.	67,444.	738,348.	4,380,797.
3 Gross income (line 1 minus line 2)	281,625.	15,300.		296,925.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	320,534.	16,452.	44,558.	381,544.
7 Food and beverages	10,214.	2,000.	14,059.	26,273.
8 Entertainment	18,985.		7,472.	26,457.
9 Other direct expenses	257,159.	6,065.		263,224.
10 Direct expense summary. Add lines 4 through 9 in column (d)				697,498.
11 Net income summary. Subtract line 10 from line 3, column (d)				-400,573.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue			117,676.	117,676.
Direct Expenses				
2 Cash prizes			20,900.	20,900.
3 Noncash prizes			4,455.	4,455.
4 Rent/facility costs				
5 Other direct expenses			4,935.	4,935.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				30,290.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				87,386.

9 Enter the state(s) in which the organization conducts gaming activities: **MN**a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ Nob If "No," explain: **THE ORGANIZATION OBTAINS PERMITS FOR SPECIFIC EVENTS FROM THE STATE OF MN.**10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|-------------------------------|-----|-------|---|
| a The organization's facility | 13a | 10.00 | % |
| b An outside facility | 13b | 90.00 | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MELISSA HOLMESAddress ▶ 900 2ND AVE S, SUITE 300 - MINNEAPOLIS, MN 55402

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

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ WILLIAM FISHGaming manager compensation ▶ \$ 1,200.Description of services provided ▶ SUPERVISION OF RAFFLE ACTIVITY, PERMITS, AND REVENUE☐ Director/officer☒ Employee☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:(I) NAME OF FUNDRAISER: THE HERITAGE COMPANY

(I) ADDRESS OF FUNDRAISER: _____

2402 WILDWOOD AVE SUITE 500, NORTH LITTLE ROCK, AR 72120**PART I, LINE 2B, COLUMN (V):**

SPECIAL OLYMPICS MINNESOTA PAID THE HERITAGE COMPANY A TOTAL OF \$122,873
WHICH INCLUDES \$70,765 FOR FUNDRAISING ACTIVITIES AND \$52,108 FOR PROGRAM

Part IV	Supplemental Information <i>(continued)</i>
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CONSULTING SERVICES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number
41-1228157

FORM 990, PART III, LINE 4A

SPORTS AND TRAINING:

IN 2017, MORE THAN 8,000 SPECIAL OLYMPICS MINNESOTA ATHLETES HAD THE
OPPORTUNITY TO COMPETE IN 16 OLYMPIC-TYPE SPORTS AT SIX STATE, THREE
REGIONAL AND MORE AND MORE THAN 8,616 AREA AND LOCAL COMPETITION
EXPERIENCES. ATHLETES TRAIN UP TO EIGHT WEEKS FOR COMPETITIONS AND
COMPETE IN SKILLS-BASED COMPETITIONS AND FULL SPORTS. ADDITIONALLY,
SPECIAL OLYMPICS OFFERS UNIFIED COMPETITIONS WHICH PAIR SPECIAL
OLYMPICS ATHLETES WITH PARTNERS WITHOUT INTELLECTUAL DISABILITIES. MORE
THAN 1,224 UNIFIED PARTNERS COMPETED ALONGSIDE TEAMMATES ATHLETES WITH
INTELLECTUAL DISABILITIES IN 2017.

ATHLETES ARE HIGHLY COMPETITIVE AND TRAIN USING EXTENSIVELY CODIFIED
RULES AND REGULATIONS. DUE TO A WIDE RANGE OF ABILITIES, ATHLETES ARE
DIVISIONED INTO CATEGORIES OF SIMILAR SKILL LEVEL AND ARE PROVIDED WITH
ADDITIONAL OPPORTUNITIES TO PARTICIPATE. ATHLETES WHO MAY NOT BE READY
OR ABLE TO COMPETE IN FULL SPORTS COMPETITIONS PARTICIPATE IN
SKILLS-BASED COMPETITIONS WHICH BREAK SPORTS DOWN INTO BASIC
COMPONENTS.

2017 COMPETITION STATISTICS:

-WINTER GAMES, STATE POLY HOCKEY, ALPINE SKIING AND SNOWBOARDING
TOURNAMENT (700 ATHLETES, 264 COACHES)

SPORTS: ALPINE SKIING; POLY HOCKEY, SNOWBOARDING

-SPRING GAMES (2,431 ATHLETES, 331 UNIFIED PARTNERS, 967 COACHES)

SPORTS: AQUATICS; BASKETBALL; POWERLIFTING

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

-SUMMER GAMES (1,397 ATHLETES, 127 UNIFIED PARTNERS, 589 COACHES)

SPORTS: ATHLETICS (TRACK & FIELD); GYMNASTICS; VOLLEYBALL; TENNIS

-FALL GAMES (1,654 ATHLETES, 259 UNIFIED PARTNERS, 562 COACHES)

SPORTS: EQUESTRIAN; BOCCE; GOLF; SOFTBALL

-UNIFIED FLAG FOOTBALL (458 ATHLETES, 240 UNIFIED PARTNERS, 145

COACHES)

SPORTS: UNIFIED FLAG FOOTBALL

-STATE BOWLING TOURNAMENT (3,373 ATHLETES, 538 UNIFIED PARTNERS, 1007

COACHES)

SPORTS: BOWLING (TRADITIONAL AND UNIFIED)

TRAINING NUMBERS:

-ONLINE TRAINING EXPERIENCES (6,851)

-IN-PERSON TRAINING EXPERIENCES (101)

-UNIQUE COACHES TRAINED (2,705); UNIQUE NEW COACHES (2,377); TRAINING

SCHOOLS HELD (10)

FORM 990, PART III, LINE 4B

HEALTH AND LEADERSHIP:

COMPETITIONS ARE A GREAT CHANCE FOR ATHLETES TO GROW SOCIALLY IN
 ADDITION TO TAKING PART IN EVENTS/ACTIVITIES THAT FOCUS ON A WIDE

VARIETY OF SOCIAL-, HEALTH- AND FITNESS-BASED SKILLS. THE HEALTH

PROGRAMS INITIATIVE WAS CREATED TO INCLUDE THE THREE ASPECTS OF HEALTH

AND WELLNESS WITHIN SPECIAL OLYMPICS. FIRST, THE HEALTHY ATHLETES

INITIATIVE, WHICH OFFERS HEALTH AND NUTRITION SCREENINGS AND EDUCATION

TO PERSONS WITH INTELLECTUAL DISABILITIES FREE OF CHARGE. THE SPECIAL

OLYMPICS MINNESOTA HEALTHY ATHLETES PROGRAM COMPLETED 3,072 SCREENINGS

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

(FIT FEET, FUNFITNESS, HEALTH PROMOTION, HEALTHY HEARING, OPENING EYES AND SPECIAL SMILES) IN 2017, 433 MOUTH GUARDS WERE MADE. 201 ATHLETES WERE REFERRED FOR FOLLOW-UP CARE. THE SECOND ASPECT OF HEALTH PROGRAMS IS THE WELLNESS EXPO INITIATIVE, WHICH OFFERS NEW EDUCATIONAL AND FITNESS EXPERIENCES AND OPPORTUNITIES TO ATHLETES, COACHES, FRIENDS AND FAMILY MEMBERS. IN 2017, 14,677 ATHLETES, COACHES AND SPECTATORS TOOK ADVANTAGE OF THESE NEW OFFERINGS THAT TOOK PLACE AT COMPETITIONS ACROSS THE STATE. FINALLY, THE FINAL COMPONENT OF HEALTH PROGRAMS IS THE SOFIT HEALTH PROMOTION INITIATIVE. SOFIT IS A REPEATABLE, EIGHT WEEK, UNIFIED TEAM APPROACH TO WELLNESS THAT AIMS TO IMPROVE AND PROTECT THE HEALTH AND WELLNESS FOR PEOPLE WITH AND WITHOUT INTELLECTUAL DISABILITIES. SOFIT CREATES THE OPPORTUNITY AND SPACE FOR EDUCATION ABOUT, AND PRACTICE OF, WELLNESS IN ALL FORMS. IN 2017 SOFIT HAD 350 PARTICIPANTS IN MN, AND HELPED ESTABLISH A GLOBAL SOFIT PROGRAM WITH MORE THAN 500 PARTICIPANTS.

THE HEALTHY ATHLETES PROGRAM IS FACILITATED BY MEDICAL PROFESSIONALS WHO OVERSEE FELLOW PROFESSIONAL AND STUDENTS VOLUNTEERS IN FIELDS OF PRACTICE THAT PERTAIN TO EACH SCREENING. IN 2017, THE HEALTHY ATHLETES CLINICAL DIRECTOR TEAM GREW TO 23 TRAINED PROFESSIONALS THROUGHOUT THE STATE OF MINNESOTA.

ATHLETES ARE ENCOURAGED TO PARTICIPATE IN THE ATHLETE LEADERSHIP PROGRAM WHERE ATHLETE VOICES ARE NOT ONLY HEARD, BUT THEY ARE AMPLIFIED IN THE SPECIAL OLYMPICS MN ORGANIZATION. THROUGH THE ATHLETE LEADERSHIP PROGRAM, ATHLETES TAKE ON A NEW LEADERSHIP ROLE WITH SPECIAL OLYMPICS MINNESOTA AND THEIR COMMUNITIES. EXAMPLES OF THOSE LEADERSHIP POSITIONS INCLUDE PUBLIC SPEAKERS, ASSISTANT COACHES, A MEMBER OF A BOARD/COMMITTEE, VOLUNTEERING, ETC. CLASSES IN THE ATHLETE LEADERSHIP PROGRAM INCLUDE:

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

- BEGINNING GLOBAL MESSENGER & GRADUATE GLOBAL MESSENGER- PROVIDE THE TRAINING AND SKILL NECESSARY TO SPEAK ABOUT SPECIAL OLYMPICS AND THE ATHLETE'S OPINIONS. PARTICIPANTS WILL ALSO RECEIVE ADVANCED TRAINING IN SPEECH WRITING, ENGAGING YOUR AUDIENCE, AND HOW TO PACKAGE YOUR PRESENTATION.

- ATHLETES AS COACHES PROVIDES BACKGROUND AND PRACTICAL EXPERIENCE FOR THE ROLE OF THE HEAD COACH AND ASSISTANT COACH.

- ATHLETES AS VOLUNTEERS PROVIDES ATHLETES WITH A BASIC UNDERSTANDING OF WHAT TYPES OF JOBS VOLUNTEERS DO, WHY PEOPLE VOLUNTEER, WHY THEY AS ATHLETES MIGHT WANT TO ATHLETES AS VOLUNTEERS VOLUNTEER AND WHAT TO EXPECT AS THEY REGISTER AND COMPLETE TRAINING AS A VOLUNTEER.

- CHALLENGES THROUGH CHOICE IS A PERSONAL GROWTH EXPERIENCE OF SELF-EMPOWERMENT AND CHALLENGES THROUGH MENTAL AND PHYSICAL ACTIVITIES. PARTICIPANTS WILL LEARN THE FUNDAMENTALS OF TEAMWORK AND THE IMPORTANCE OF COMMUNICATION TO CREATIVELY SOLVE PROBLEMS, LEARN FROM SUCCESSES AND FAILURES, AND TAKE SAFE RISKS BY CHALLENGING THEMSELVES TO A LEVEL THAT IS JUST BEYOND THEIR PERSONAL COMFORT ZONE.

- GOVERNANCE & LEADERSHIP PREPARES ATHLETES TO PARTICIPATE IN SPECIAL OLYMPICS PROGRAMMING AND POLICY DIALOGUE VIA INSTRUCTION AND PRACTICE IN FORMING AND ARTICULATION OPINIONS, GROUP DISCUSSION AND TECHNIQUES FOR GATHERING INPUT. WITH ATHLETES ON THE BOARD AND COMMITTEES, SPECIAL OLYMPICS MINNESOTA CAN SET PRIORITIES BASED ON WHAT ATHLETES WANT, HEAR THEIR PERSPECTIVE ON COMPETITIONS AND INCORPORATE THEIR WISDOM REGARDING USE OF RESOURCES.

- ATHLETES AS AMBASSADORS TRAINING WILL HELP ATHLETES TO LOOK OUTSIDE OF THE BOX FOR PUBLIC SPEAKING OPPORTUNITIES THAT MIGHT NOT COME IN THE FORM OF A WRITTEN SPEECH, AND HELP PREPARE THEM FOR WHAT THOSE BRIEF CONVERSATIONS OR PRESENTATIONS MIGHT LOOK, FEEL AND SOUND LIKE.

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

AMBASSADORS WILL USE THE MATERIALS PROVIDED AND TRAINING THROUGHOUT THE WEEKEND TO COMMUNICATE THE VALUES AND BENEFITS OF SPECIAL OLYMPICS MINNESOTA AND ALPS TO THEIR FELLOW ATHLETES AND THE MINNESOTA COMMUNITY AT LARGE.

- DIFFERBILITIES IN YOUTH LEADERSHIP IS AN INCLUSIVE LEADERSHIP PROGRAM DESIGNED FOR STUDENTS WITH AND WITHOUT DISABILITIES. THE FOCUS OF THIS COURSE IS BECOMING AN ADVOCATE FOR A CAUSE THROUGH UNDERSTANDING KEY ATTRIBUTES OF AN ADVOCATE, HOW TO SPEAK CONFIDENTLY, HOW TO CONDUCT SOUND RESEARCH, KEYS TO SUCCESSFUL COMMUNITY OUTREACH, AND KEYS TO DEVELOPING AND IMPLEMENTING AN ACTION PLAN.

- HEALTH & WELLNESS AMBASSADOR COVER THE BASICS OF HEALTH AND WELLNESS, AS WELL AS WHAT IT MEANS TO BE AN AMBASSADOR FOR SPECIAL OLYMPICS HEALTH PROGRAMS. THIS WILL INCLUDE THE BASICS OF NUTRITION, ACTIVITY/EXERCISE, RELATIONSHIPS AND SOCIAL ACTIVITY, AS WELL AS HOW TO TALK TO PEOPLE ABOUT THE IMPORTANCE OF BEING HEALTHY. WE WILL ALSO ADDRESS THE THREE MAIN COMPONENTS OF HEALTH PROGRAMS HEALTHY ATHLETES, SOFIT, AND WELLNESS EXPO AND THEIR IMPACT ON ATHLETE HEALTH AND PERFORMANCE.

-LIFE SKILLS IS A SERIES OF DAILY LIVING SKILLS TOPICS TO HELP PARTICIPANTS LIVE AS INDEPENDENTLY AS POSSIBLE IN THE COMMUNITY. TOPICS WILL INCLUDE REAL ISSUES THAT IMPACT YOUR LIFE, SUCH AS NUTRITION, COOKING, COMMUNICATION, FINANCES, DATING AND HEALTHY RELATIONSHIPS, RESUME WRITING AND JOB INTERVIEWING.

FORM 990, PART III, LINE 4C

YOUTH AND SCHOOLS:

YOUNG ATHLETES AN INNOVATIVE, INCLUSIVE SPORTS PLAY PROGRAM FOR

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

CHILDREN WITH AND WITHOUT INTELLECTUAL DISABILITIES, DESIGNED TO INTRODUCE THEM TO THE WORLD OF SPORTS PRIOR TO SPECIAL OLYMPICS ELIGIBILITY AT AGE EIGHT. SPECIAL OLYMPICS NOW WELCOMES FUTURE ATHLETES AGES 2-7 THROUGH THIS DEVELOPMENTALLY APPROPRIATE AND INCLUSIVE PLAY PROGRAM BY PURSUING THESE GOALS: ENGAGE CHILDREN THROUGH ACTIVITIES DESIGNED TO FOSTER PHYSICAL, COGNITIVE AND SOCIAL DEVELOPMENT; WELCOME FAMILY MEMBERS OF CHILDREN WITH AND WITHOUT INTELLECTUAL DISABILITIES TO THE SPECIAL OLYMPICS NETWORK OF SUPPORT; RAISE AWARENESS ABOUT THE ABILITIES OF CHILDREN WITH INTELLECTUAL DISABILITIES THROUGH INCLUSIVE PEER PARTICIPATION, DEMONSTRATIONS AND OTHER EVENTS. YOUNG ATHLETES IS A VERSATILE PROGRAM THAT CAN WORK IN VARIOUS LEARNING SITUATIONS INCLUDING AT HOME, PRESCHOOLS, SCHOOLS AND PLAYGROUPS. THE FLEXIBILITY OF THIS PROGRAM ENSURES THE OPPORTUNITY TO WELCOME FAMILIES AND THEIR YOUNG CHILDREN INTO SPECIAL OLYMPICS EARLY. IN 2017 YOUNG ATHLETES REACHED 5,123 PARTICIPANTS IN MINNESOTA.

UNIFIED JUNIORS UNIFIED JUNIORS IS AN EXTENSION OF THE YOUNG ATHLETES PROGRAM THAT FOCUSES ON A VARIETY OF SPORTS SPECIFIC SKILLS THAT CHILDREN CAN USE IN FUTURE SPORTS TEAM PARTICIPATION. UNIFIED JUNIORS IS FOR CHILDREN AGES 8-12 YEARS OLD WITH AND WITHOUT INTELLECTUAL DISABILITIES. CHILDREN CAN ATTEND THIS PROGRAM IF THERE IS NOT A SPECIAL OLYMPICS TEAM IN THEIR AREA OR THEY CAN JOIN UNIFIED JUNIORS IN CONJUNCTION WITH A TEAM. UNIFIED JUNIORS IS MEANT TO INTRODUCE CHILDREN TO THE WORLD OF COMPETITIVE SPORTS IN A GRADUAL, FUN AND NON-INTIMIDATING MANNER. PARTICIPANTS WILL GAIN KNOWLEDGE OF SPECIAL OLYMPICS SPORTS AS WELL AS THE "PLAY UNIFIED" MOVEMENT. IN 2017 UNIFIED JUNIORS REACHED 872 PARTICIPANTS IN MINNESOTA.

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

SPECIAL OLYMPICS MINNESOTA IS CURRENTLY IMPLEMENTING THE UNIFIED SCHOOLS PROGRAM FUNDED THROUGH THE US DEPARTMENT OF EDUCATION. CURRENTLY SOMN IS WORKING WITH OVER 200 SCHOOLS WITH 60 OF THOSE SCHOOLS CONSIDERED "UNIFIED CHAMPION SCHOOLS" (SEE DEFINITION BELOW). SPECIAL OLYMPICS UNIFIED SCHOOLS PROGRAM IS AN EDUCATION AND SPORTS BASED STRATEGY POWERED BY AN ENGAGED YOUGH COMMUNITY THAT INCREASES ATHLETIC AND LEADERSHIP OPPORTUNITIES FOR STUDENTS WITH AND WITHOUT INTELLECTUAL DISABILITIES, WHILE CREATING COMMUNITIES OF ACCEPTANCE FOR ALL. IT IS A STRATEGY TO ACTIVATE YOUTH, ENGAGE EDUCATORS AND PROMOTE SCHOOL COMMUNITIES OF ACCEPTANCE AND INCLUSION WHERE ALL YOUNG PEOPLE ARE AGENTS OF CHANGE

UTILIZING THE SPORTS AND EDUCATION INITATIVES OF SPECIAL OLYMPICS, UNIFIED SCHOOLS FOSTERS RESPECT AND DIGNITY FOR PEOPLE WITH INTELLECTUAL DISABILITIES AND CHANGES ACTIONS AND ATTITUDES AMONG THEIR PEERS WITHOUT INTELLECTUAL DISABILITIES.

COMPONENTS OF UNIFIED SCHOOLS

THE THREE COMPONENTS OF A UNIFIED SCHOOL INCLUDE UNIFIED SPORTS, INCLUSIVE YOUTH LEADERSHIP, AND WHOLE SCHOOL ENGAGEMENT. ALL THREE AREAS ARE CRUCIAL TO CHANGE THE CULTURE OF A SCHOOL TOWARDS INCLUSION. INCLUSIVE YOUTH LEADERSHIP: AN OPPORTUNITY FOR YOUTH VOICES TO BE HEARD THROUGH ENGAGING TOGETHER IN AN INCLUSIVE SCHOOL-RECOGNIZED CLUB AND BY PARTICIPATING IN YOUTH SUMMITS.

UNIFIED SPORTS: SPECIAL EDUCATION STUDENTS AND GENERAL EDUCATION STUDENTS PARTICIPATE IN INCLUSIVE SPORTING OPPORTUNITIES.

WHOLE SCHOOL ENGAGEMENT: BULLYING PREVENTION CAMPAIGNS AND INCLUSIVE PROMOTION INITIATIVES THAT REACH ENTIRE SCHOOL POPULATIONS THROUGH

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

ENGAGING, INSPIRING AND OPTIMISTIC EVENTS.

THERE ARE TWENTY (20) PROGRAMS OFFERED IN UNIFIED SCHOOLS: UNIFIED CLUBS, UNIFIED SPORTS (RECREATION, DEVELOPMENT & COMPETITIVE), UNIFIED PHYSICAL EDUCATION, SPREAD THE WORD TO END THE WORD CAMPAIGN, PERSON FIRST CAMPAIGN, YOUNG ATHLETES, UNIFIED JUNIORS, YOUTH SUMMIT, EDUCATOR LEADERSHIP NETWORK, STUDENT LEADERSHIP, UNIFIED WELLNESS, SOFIT IN SCHOOLS, VOLUNTEERING OPPORTUNITIES, RESPECT CURRICULUMS, POLAR PLUNGE, UNIFIED DANCE MARATHON, SCHOOL SPEAKING ENGAGEMENTS, STUDENT BOARD OF DIRECTORS AND CROSSOVER OPPORTUNITIES WITH OTHER SERVICE ORGANIZATIONS.

VOLUNTEERISM IS KEY TO SPECIAL OLYMPICS MINNESOTA'S MISSION, OPERATIONS AND COMMITMENT TO OVERCOMING SOCIAL STIGMA IN THE LIVES OF ATHLETES. VOLUNTEERS DIRECTLY SERVE THE MISSION OF SPECIAL OLYMPICS MINNESOTA BY ENABLING PROGRAMS THAT INCREASE THE QUALITY OF LIFE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES. INDIRECTLY, THE LESSONS VOLUNTEERS LEARN BUILD AWARENESS WITHIN COMMUNITIES ABOUT ATHLETE'S ABILITIES AND THE LIMITED OPPORTUNITIES AVAILABLE TO CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. THIS AWARENESS TRANSLATES INTO A HIGHER QUALITY OF LIFE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES IN THE WORK FORCE, SCHOOLS AND SOCIETY.

AS A GRASSROOTS ORGANIZATION, SPECIAL OLYMPICS MINNESOTA COULD NOT EXIST WITHOUT THE TIME, ENERGY, COMMITMENT AND ENTHUSIASM OF VOLUNTEERS. DURING 2017 VOLUNTEERS HELPED ATHLETES TRAIN FOR UP TO TEN WEEKS EACH SPORT SEASON. SPECIAL OLYMPICS MINNESOTA'S DIVERSE VOLUNTEERS ENHANCE ORGANIZATIONAL CAPACITY AT ALL LEVELS AND INCLUDE: SPECIAL OLYMPICS ATHLETES, CIVIC AND FRATERNAL GROUPS, HEALTH CARE

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

PROFESSIONALS, LAW ENFORCEMENT, STUDENTS, PROFESSIONAL ATHLETES, SPORTS OFFICIALS, COACHES, TEACHERS, RETIREES, PARENTS AND CORPORATE EMPLOYEES. THESE VOLUNTEERS SERVE IN A VARIETY OF ROLES FROM GENERAL ROLES TO HIGHLY SPECIALIZED POSITIONS INVOLVING EXTENSIVE TIME COMMITMENTS. SOME ROLES ARE:

AREA AND LOCAL MANAGEMENT MINNESOTA'S 13 REGIONALLY BASED AREA COORDINATORS MAKE SPECIAL OLYMPICS MINNESOTA POSSIBLE. AREA COORDINATORS OVERSEE COMPETITION REGISTRATION AND COORDINATION FOR MORE THAN 80 COMPETITIONS PER YEAR. AS A PART OF THIS PROCESS AREA AND LOCAL MANAGEMENT IS RESPONSIBLE FOR COLLECTING SURVEY INFORMATION AND MEDICAL PAPERWORK AND COORDINATING LOCAL FINANCES, FUNDRAISING AND RECRUITMENT EFFORTS. AREA AND LOCAL COMPETITIONS ARE QUALIFYING EVENTS FOR STATE LEVEL GAMES AND, AMONG OTHER DUTIES, REQUIRE PROVIDING MEALS FOR ATHLETES, SECURING LOCAL FINANCIAL AND VOLUNTEER SUPPORT, COORDINATING TRAVEL AND LODGING, RECRUITMENT OF COMMUNITY DAY-OF VOLUNTEERS, AND SECURING FACILITIES.

DAY-OF VOLUNTEER THE ROLE OF THE DAY-OF VOLUNTEER IS AS VARIED AS THE BACKGROUNDS OF THE VOLUNTEERS THEMSELVES. DAY-OF VOLUNTEERS ARE THE BACKBONE OF MANY COMPETITIONS, PLAYING SUPPORTING ROLES IN AREAS SUCH AS REGISTRATION, SITE COORDINATION AND MEAL PREPARATION. MOST DAY-OF VOLUNTEERS RETURN TO VOLUNTEER AGAIN AND PROVIDE THE RECRUITMENT BASE FROM WHICH MANY CHOOSE/OR ARE SELECTED TO ADVANCE TO HIGHER LEVELS OF CERTIFICATION AND BECOME COACHES AND AREA AND LOCAL COORDINATORS.

CLINICAL DIRECTORS CLINICAL DIRECTORS ARE RESPONSIBLE FOR MANAGING DISCIPLINE-SPECIFIC SCREENINGS AND SECURING VOLUNTEERS AND IN-KIND

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

DONATIONS FOR SPECIAL OLYMPICS' HEALTHY ATHLETES INITIATIVE. HEALTHY ATHLETES IS A CORE COMPONENT IN SPECIAL OLYMPICS' ONGOING EFFORTS TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES BY PROVIDING AN ARRAY OF FREE PREVENTATIVE AND EDUCATIONAL HEALTH SCREENINGS. ACCORDING TO THE UNITED STATES DEPARTMENT OF HEALTH, "THE MAJORITY OF HEALTH PROFESSIONALS WHO ARE OTHERWISE QUALIFIED TO TREAT PEOPLE WITH INTELLECTUAL DISABILITIES FAIL TO DO SO. THIS IS LARGELY THE RESULT OF LACK OF APPROPRIATE, SPECIFIC TRAINING, INADEQUATE REIMBURSEMENT POLICIES, FEAR AND PREJUDICE."

MEDICAL VOLUNTEERS HEALTHY ATHLETES OFFERS MEDICAL VOLUNTEERS OPPORTUNITIES TO INCREASE THEIR SKILLS AND KNOWLEDGE THROUGH WORKING WITH INDIVIDUALS WITH INTELLECTUAL DISABILITIES. PARTNERSHIPS WITH CERTIFYING ORGANIZATIONS, SUCH AS THE AMERICAN DENTAL ASSOCIATION, OFFER CONTINUING EDUCATION CREDITS TO HEALTHY ATHLETES VOLUNTEERS AS INCENTIVE TO BECOME A PART OF THE PROGRAM AS IT SHAPES A MORE EDUCATED AND SYMPATHETIC MEDICAL CULTURE.

ALPS UNIFIED PARTNERS THE ATHLETE LEADERSHIP PROGRAM (ALPS) ASSISTS ATHLETES IN THEIR EXPLORATION OF OPPORTUNITIES CONSIDERED "NON-TRADITIONAL." AS AN INTEGRAL COMPONENT OF SPECIAL OLYMPICS MINNESOTA'S COMMITMENT TO EMPOWERMENT AND DIGNITY, ALPS TRAINS MINNESOTA ATHLETES IN PUBLIC SPEAKING, GOVERNANCE AND LEADERSHIP, AMONG OTHER LEADERSHIP TOPICS. THROUGHOUT THE TRAINING PROCESS, ALPS PARTICIPANTS PARTNER ALONG SIDE UNIFIED PARTNERS WHO LEARN WHILE WORKING WITH ATHLETES AND SUPPORT THEM AS THEY BECOME SELF-DETERMINING INDIVIDUALS. FOLLOWING THE TRAINING PROCESS, UNIFIED PARTNERS HELP ATHLETES EDIT SPEECHES, CONDUCT OUTREACH AND BUILD CONFIDENCE.

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

FORM 990, PART III, LINE 4

SPECIAL OLYMPICS WAS FOUNDED IN 1968 BY EUNICE KENNEDY SHRIVER WITH THE BELIEF INDIVIDUALS WITH INTELLECTUAL DISABILITIES COULD PARTICIPATE FULLY IN THEIR COMMUNITIES AND IN LIFE. IT WAS HER VISION THAT THROUGH YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION, INDIVIDUALS WITH INTELLECTUAL DISABILITIES WOULD BE BETTER EQUIPPED TO BE CONTRIBUTING MEMBERS OF SOCIETY. BY FOCUSING ON A PERSON'S ABILITIES AND NOT HIS/HER DISABILITIES, SPECIAL OLYMPICS ATHLETES EARN RESPECT, ACCEPTANCE AND UNDERSTANDING FROM THEIR COMMUNITIES, WHILE GROWING PHYSICALLY, SOCIALLY AND DEVELOPMENTALLY. SPECIAL OLYMPICS ATHLETES BUILD SELF-ESTEEM AND GAIN SOCIAL SKILLS BY INCREASING FITNESS AND SKILL LEVELS, WHICH IN TURN PROVIDE LIFELONG BENEFITS.

MRS. SHRIVER ENVISIONED A GRASSROOTS ORGANIZATION WITH BRANCHES REACHING MILLIONS OF INDIVIDUALS IN NEED. TODAY, SPECIAL OLYMPICS IS THE LARGEST, FASTEST-GROWING SPORTS PROGRAM IN THE WORLD, REPRESENTING MORE THAN 4.2 MILLION ATHLETES IN 220 COUNTRIES. SPECIAL OLYMPICS IS ALSO THE ONLY ORGANIZATION IN MINNESOTA, THE UNITED STATES AND THE WORLD UTILIZING THE UNIQUE BENEFITS OF SPORTS TO IMPROVE THE LIVES OF PEOPLE WITH INTELLECTUAL DISABILITIES.

IN 1973, SPECIAL OLYMPICS MINNESOTA WAS INCORPORATED. CURRENTLY, MORE THAN 8,000 MINNESOTANS WITH INTELLECTUAL DISABILITIES PARTICIPATE AND COMPETE IN 16 OLYMPIC-TYPE SPORTS. ALL OFFICIAL SPECIAL OLYMPICS SPORTS FOLLOW INTERNATIONALLY ACCEPTED RULES, WHICH ARE ENDORSED AND APPROVED BY NATIONAL GOVERNING BODIES, INTERNATIONAL SPORTS FEDERATIONS AND

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

OLYMPIC ORGANIZATIONS. SPECIAL OLYMPICS MINNESOTA IS AN ACCREDITED
PROGRAM OF SPECIAL OLYMPICS INCORPORATED.

SPECIAL OLYMPICS MINNESOTA OFFERS CHILDREN AND ADULTS WITH INTELLECTUAL
DISABILITIES YEAR-ROUND SPORTS TRAINING AND COMPETITION. THROUGH
SPECIAL OLYMPICS' ATHLETIC, HEALTH AND LEADERSHIP PROGRAMS, PEOPLE WITH
INTELLECTUAL DISABILITIES TRANSFORM THEMSELVES, THEIR COMMUNITIES AND
THE WORLD.

FORM 990, PART VI, SECTION A, LINE 1:

BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE GENERAL
SUPERVISION OF THE ADMINISTRATION AND PROPERTY OF SPECIAL OLYMPICS
MINNESOTA, EXCEPT THAT, UNLESS SPECIFICALLY EMPOWERED BY THE BOARD TO DO
SO, IT MAY NOT TAKE ANY ACTION, INCONSISTENT WITH A PRIOR ACT OF THE BOARD,
AMEND BYLAWS, REMOVE OR APPOINT THE PRESIDENT, OR TAKE ANY OTHER ACTION
WHICH HAS BEEN RESERVED FOR THE BOARD OR WHICH MAY BE DELAYED FOR ACTION BY
THE FULL BOARD.

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

MANAGEMENT REVIEWS AND FINALIZES THE FORM 990 BEFORE IT IS PRESENTED TO THE
FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE
FINANCE COMMITTEE REVIEWS THE DRAFT FORM 990 AT A REGULARLY SCHEDULED
MEETING. UPON THEIR APPROVAL, IT IS FORWARDED TO THE FULL BOARD OF
DIRECTORS WITH A RECOMMENDATION FOR APPROVAL AT THE NEXT SCHEDULED MEETING.
AFTER REVIEW OF THE DRAFT, THE BOARD OF DIRECTORS APPROVE THE FORM.

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

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157

ALL DIRECTORS, OFFICERS, AND EMPLOYEES REVIEW A DISCLOSURE QUESTIONNAIRE WHICH IDENTIFIES AND DISCLOSES WHETHER THEY HAVE POTENTIAL CONFLICTS OF INTEREST. EACH YEAR, DIRECTORS AND THE SPECIAL OLYMPICS MINNESOTA PRESIDENT'S RESPONSES ARE REVIEWED BY THE BOARD OF DIRECTORS AND ALL OFFICERS AND EMPLOYEE'S RESPONSES ARE REVIEWED BY THE SPECIAL OLYMPICS MINNESOTA PRESIDENT. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS ANY CONFLICT OF INTEREST ISSUES AND THEN BASED ON THEIR REVIEW EVALUATES WHETHER A CONFLICT EXISTS AND VOTES ON THE APPROPRIATE ACTION. THE POLICY BARS A DIRECTOR WITH A CONFLICT OF INTEREST FROM DISCUSSING AND VOTING ON THE ISSUE.

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

FOR THE MANAGEMENT TEAM, THE PRESIDENT/CEO SETS CHANGES OF SALARY DURING THE BUDGETING PROCESS FOR THE SUBSEQUENT YEAR, USING PROJECTED FINANCIAL PERFORMANCE OF THE ORGANIZATION, PERFORMANCE BY THE INDIVIDUALS, AND INFORMATION FROM SALARY SURVEYS AND/OR ADVICE FROM DIRECTORS AT HIS DISCRETION. THE BOARD CHAIR AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SET CHANGES OF SALARY FOR THE PRESIDENT/CEO. THE PRESIDENT/CEO'S LAST REVIEW WAS MARCH 2017.

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

ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS NOR ITS PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization

SPECIAL OLYMPICS MINNESOTA, INC.

Employer identification number

41-1228157