Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.
November 4, 2019

Special Olympics of Pennsylvania Inc
2750 Blvd of the Generals No. 124
Norristown, PA 19403
Attention: Susan Wyland

Dear Susan:

Enclosed are the original and one copy of the 2018 Exempt Organization returns, as follows...

2018 Form 990
2018 Pennsylvania Form BCO-10

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

John J Nihill, CPA
Wipfli LLP
Prepared For:

Special Olympics of Pennsylvania Inc
2750 Blvd of the Generals No. 124
Norristown, PA 19403

Prepared By:

Wipfli LLP
170 North Radnor-Chester Road, Suite 200
Radnor, PA 19087

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2019

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization’s principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.
For calendar year 2018, or fiscal year beginning __________, 2018, and ending __________, 20___.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

Name of exempt organization

SPECIAL OLYMPICS OF PENNSYLVANIA INC

Employer identification number

23–2078543

Name and title of officer

MATTHEW B. AARON
PRESIDENT & CEO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ X ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ........................................ 1b __8,714,366.____
2a Form 990-EZ check here ▶ ▶ b Total revenue, if any (Form 990-EZ, line 9) ........................................ 2b _____________
3a Form 1120-POL check here ▶ ▶ b Total tax (Form 1120-POL, line 22) ........................................ 3b _____________
4a Form 990-PF check here ▶ ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) ................. 4b _____________
5a Form 8886 check here ▶ ▶ b Balance Due (Form 8886, line 3c) ........................................ 5b _____________

Part II
Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my electronic return and accompanying schedules and statements and, if applicable, the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

[ ] I authorize WIPFLI LLP to enter my PIN 23207 Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature ▶ __________________________ Date ▶ _____________

Part III
Certification and Authentication

EROs EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24314654403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

EROs signature ▶ __________________________ Date ▶ 11/04/19

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.
## Form 990
Return of Organization Exempt From Income Tax

### Part I - Summary

1. Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O.**

### Activities & Governance

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of voting members of the governing body (Part VI, line 1a)</td>
<td>3</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Number of independent voting members of the governing body (Part VI, line 1b)</td>
<td>4</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Total number of individuals employed in calendar year 2018 (Part V, line 2a)</td>
<td>5</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total number of volunteers (estimate if necessary)</td>
<td>6</td>
<td>30000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Contributions and grants (Part VIII, line 1h)</td>
<td>7,627,352</td>
<td>9,252,891</td>
</tr>
<tr>
<td>9. Program service revenue (Part VIII, line 2g)</td>
<td>2,882</td>
<td>25,232</td>
</tr>
<tr>
<td>10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>80,300</td>
<td>130,815</td>
</tr>
<tr>
<td>11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>-333,145</td>
<td>-694,572</td>
</tr>
<tr>
<td>12. Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>7,377,389</td>
<td>8,714,366</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>2,696,516</td>
<td>2,839,112</td>
</tr>
<tr>
<td>16a. Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>242,978</td>
<td>229,382</td>
</tr>
<tr>
<td>17. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>4,505,465</td>
<td>5,000,316</td>
</tr>
<tr>
<td>18. Revenue less expenses. Subtract line 18 from line 12</td>
<td>7,444,959</td>
<td>8,068,810</td>
</tr>
</tbody>
</table>

### Part II - Signature Block

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

**Signature of officer**

**MATTHEW B. AARON, PRESIDENT & CEO**

**Date**

---

**Print/Type preparer's name**

**JOHN J NIHILL, CPA**

**Preparer's PTIN**

**P00844252**

**Preparer's signature**

**Date**

---

**Use Only**

**Firm's address**

**170 NORTH RADNOR-CHESTER ROAD, SUITE 200**

**RADNOR, PA 19087**

**Phone no.**

---

**Check this box**

**X** Yes **No**
1 Briefly describe the organization’s mission:

SEE SCHEDULE O.

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

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

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

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

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 6,266,072. including grants of $ ) (Revenue $ 28,780. )

SPORTS TRAINING AND COMPETITION: SPECIAL OLYMPICS PENNSYLVANIA (SOPA) OFFERS MORE THAN 665 COMPETITIONS IN 55 LOCAL PROGRAMS WITH 30,000 + VOLUNTEERS. COMPETITION IS OFFERED IN 21 OLYMPIC-TYPE SPORTS AND 3 EMERGING SPORTS FOR ATHLETES 8 YEARS OR OLDER. YOUNG ATHLETE IS A UNIQUE SPORT AND PLAY PROGRAM FOR CHILDREN AGES 2 TO 7 WITH INTELLECTUAL DISABILITIES. THE FOCUS IS ON FUN ACTIVITIES THAT ARE IMPORTANT TO MENTAL AND PHYSICAL GROWTH. ALL TRAINING AND COMPETITION OPPORTUNITIES ARE PROVIDED FREE OF CHARGE TO THE ATHLETES AND THEIR FAMILIES, ENABLING EVERYONE TO EXPERIENCE THE BENEFITS OF SPECIAL OLYMPICS THAT EXTEND WELL BEYOND THE PLAYING FIELD. THE SPECIAL OLYMPICS EXPERIENCE FILLS A CRITICAL NEED IN THE LIVES OF PEOPLE WITH INTELLECTUAL DISABILITIES BY PROVIDING OPPORTUNITIES FOR PHYSICAL EDUCATION TO SPECIAL OLYMPICS ATHLETES, AND CHANGING THE WAY HEALTH SYSTEMS INTERACT WITH PEOPLE WITH INTELLECTUAL DISABILITIES. VOLUNTEER HEALTH CARE PROFESSIONALS PROVIDE FREE HEALTH SCREENINGS AND EDUCATION TO OUR ATHLETES IN THE FORM OF EYE, EAR, DENTAL AND PODIATRY CARE, AS WELL AS PHYSICAL THERAPY AND HEALTH PROMOTION. SOPA CONDUCTED 1,896 HEALTHY ATHLETE SCREENINGS AT COMPETITION EVENTS ACROSS THE STATE IN 2018.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

SPECIAL OLYMPICS UNIFIED SPORTS CREATES AN OPPORTUNITY FOR PEOPLE WITHOUT INTELLECTUAL DISABILITIES TO JOIN IN THE SPORTS EXPERIENCE BY PLAYING ON A TEAM WITH ATHLETES WITH INTELLECTUAL DISABILITIES. IN 2018, SOPA HOSTED 279 UNIFIED COMPETITIONS. INTERSCHOLASTIC UNIFIED SPORTS IS A SCHOOL-BASED UNIFIED SPORTS PROGRAM WHERE STUDENTS WITH AND WITHOUT INTELLECTUAL DISABILITIES ARE COMBINED FOR SCHOOL ACTIVITIES, YOUTH LEADERSHIP PROGRAMS, AND ATHLETIC COMPETITIONS. IN 2018, SOPA WAS IN 130 SCHOOLS. SOPA'S GOAL IS TO EXPAND TO AT LEAST 180 SCHOOLS BY THE END OF 2020.

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

HEALTHY ATHLETES IS DEDICATED TO PROVIDING HEALTH SERVICES AND EDUCATION TO SPECIAL OLYMPICS ATHLETES, AND CHANGING THE WAY HEALTH SYSTEMS INTERACT WITH PEOPLE WITH INTELLECTUAL DISABILITIES. VOLUNTEER HEALTH CARE PROFESSIONALS PROVIDE FREE HEALTH SCREENINGS AND EDUCATION TO OUR ATHLETES IN THE FORM OF EYE, EAR, DENTAL AND PODIATRY CARE, AS WELL AS PHYSICAL THERAPY AND HEALTH PROMOTION. SOPA CONDUCTED 1,896 HEALTHY ATHLETE SCREENINGS AT COMPETITION EVENTS ACROSS THE STATE IN 2018.

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

4e Total program service expenses $ 6,266,072.
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>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? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization report an amount for investments in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>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? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>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? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>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 17? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

SPECIAL OLYMPICS OF PENNSYLVANIA INC 23-2078543
Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

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):

28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
### Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2a</strong> 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</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td><strong>b</strong> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td><strong>Note.</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3a</strong> Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td><strong>4a</strong> 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)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5a</strong> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td><strong>c</strong> If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td><strong>6a</strong> 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?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td><strong>7 Organizations that may receive deductible contributions under section 170(c).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td></td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td></td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td><strong>8 Sponsoring organizations maintaining donor advised funds.</strong> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>9 Sponsoring organizations maintaining donor advised funds.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td><strong>10 Section 501(c)(7) organizations.</strong> Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td><strong>11 Section 501(c)(12) organizations.</strong> Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td><strong>12a Section 4947(a)(1) non-exempt charitable trusts.</strong> Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td><strong>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td><strong>Note.</strong> See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td><strong>14a</strong> Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td><strong>15</strong> Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16</strong> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section A. Governing Body and Management**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
<td>1b</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>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?</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>6</td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td>7a</td>
</tr>
<tr>
<td>b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8</td>
</tr>
<tr>
<td>a</td>
<td>The governing body</td>
<td>8a</td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body</td>
<td>8b</td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; provide the names and addresses in Schedule O</td>
<td>9</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>10b</td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
</tr>
<tr>
<td>b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>11b</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
</tr>
<tr>
<td>b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td>12c</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td>15</td>
</tr>
<tr>
<td>a</td>
<td>The organization's CEO, Executive Director, or top management official</td>
<td>15a</td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td>15b</td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>15c</td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>16b</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>10b</td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
</tr>
<tr>
<td>b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>11b</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
</tr>
<tr>
<td>b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td>12c</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td>15</td>
</tr>
<tr>
<td>a</td>
<td>The organization's CEO, Executive Director, or top management official</td>
<td>15a</td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td>15b</td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>15c</td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>16b</td>
</tr>
</tbody>
</table>
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See instructions for definition of “key employee.”
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

### (A) Name and Title

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>(B) Average Hours per Week</th>
<th>(C) Position</th>
<th>(D) Reportable Compensation from the Organization (W-2/1099-MISC)</th>
<th>(E) Reportable Compensation from Related Organizations (W-2/1099-MISC)</th>
<th>(F) Estimated Amount of Other Compensation from the Organization and Related Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JAMES WENNER</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) BOB LOPEZ</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(3) TOM HINDMAN</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TREASURER</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(4) JOHANNA SCHOENECK</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(5) STEVE NOLDER</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(6) ALICIA HICKOK</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(7) JAKE ARMSTRONG</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(8) TONY GILLESPIE</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(9) CARL BURGESS</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(10) BRAD CAVEN</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(11) MARGARET GRAY</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(12) MARY MEDEH</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(13) MARC BRUNO</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(14) C SHANNON BARRY</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(15) JAMES PETERS</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(16) DAVID ROSENBERG</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(17) SCOTT SCHUBERT</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) PETER SEIDENBERG, MD BOARD MEMBER</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(19) SUE PATERNO BOARD MEMBER</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(20) MICHAEL TRETTEL BOARD MEMBER</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(21) ERNIE ROUNDTREE BOARD MEMBER</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(22) MATTHEW B. AARON PRESIDENT &amp; CEO</td>
<td>40.00</td>
<td>X</td>
<td>197,675.</td>
<td>0.</td>
<td>34,562.</td>
</tr>
<tr>
<td>(23) CLARE WALSH MILLER SENIOR VP OF PROGRAMMING</td>
<td>40.00</td>
<td>X</td>
<td>113,226.</td>
<td>0.</td>
<td>15,884.</td>
</tr>
<tr>
<td>(24) SUSAN WYLAND VP OF FINANCE AND ADMINISTRATOR</td>
<td>40.00</td>
<td>X</td>
<td>119,797.</td>
<td>0.</td>
<td>15,662.</td>
</tr>
<tr>
<td>(25) ERIC CUSHING VP OF MARKETING AND DEVELOPMENT</td>
<td>40.00</td>
<td>X</td>
<td>128,597.</td>
<td>0.</td>
<td>18,406.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sub-total</td>
<td>Total from continuation sheets to Part VII, Section A</td>
<td>Total (add lines 1b and 1c)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>559,295.</td>
<td>0. 84,514.</td>
<td>0. 84,514.</td>
</tr>
</tbody>
</table>

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE HERITAGE COMPANY</td>
<td>TELEMARKETING</td>
<td>111,921.</td>
</tr>
<tr>
<td>2402 WILDWOOD AVE, LITTLE ROCK, AR 72120</td>
<td>SERVICES &amp; EDUCATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization
### Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>132,121.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>2,453,755.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 6,667,015.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td>116,893.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td>9,252,891.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Program Service Revenue</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a REGISTRATION</td>
<td>900099</td>
<td>25,232.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td>25,232.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td>94,394.</td>
<td>94,394.</td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>(i) Real</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td>(ii) Personal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
<td></td>
<td>281,043.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>(ii) Other</td>
<td></td>
<td>244,622.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td>36,421.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ 2,453,755. of contributions reported on line 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a OTHER INCOME</td>
<td>900099</td>
<td>3,548.</td>
<td>3,548.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td>3,548.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td></td>
<td></td>
<td>8,714,366.</td>
<td>28,780.</td>
<td>-567,305.</td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>232,237</td>
<td>156,518</td>
<td>37,344</td>
<td>38,375</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>2,142,462</td>
<td>1,424,660</td>
<td>367,862</td>
<td>349,940</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>79,353</td>
<td>57,561</td>
<td>7,814</td>
<td>13,978</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>228,234</td>
<td>165,531</td>
<td>22,467</td>
<td>40,236</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>551,310</td>
<td>382,117</td>
<td>4,774</td>
<td>164,419</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>156,826</td>
<td>113,815</td>
<td>15,464</td>
<td>27,547</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>60,000</td>
<td>60,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>229,382</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,623,875</td>
<td>1,594,446</td>
<td>45,143</td>
<td>-15,714</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>78,976</td>
<td>48,482</td>
<td>19,646</td>
<td>10,848</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>23,425</td>
<td>2,918</td>
<td>15,756</td>
<td>4,751</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>662,973</td>
<td>585,479</td>
<td>72,541</td>
<td>4,953</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>1,594,446</td>
<td>45,143</td>
<td>-15,714</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>130,931</td>
<td>130,931</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>70,047</td>
<td>19,646</td>
<td>10,848</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>115,787</td>
<td>105,693</td>
<td>5,694</td>
<td>400</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>EDUCATION MATERIALS</td>
<td>426,643</td>
<td>426,643</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>UNIFORMS</td>
<td>305,835</td>
<td>323,795</td>
<td>4,176</td>
<td>-22,136</td>
</tr>
<tr>
<td>c</td>
<td>SPORTS EQUIPMENT</td>
<td>132,942</td>
<td>86,865</td>
<td></td>
<td>46,257</td>
</tr>
<tr>
<td>d</td>
<td>IN KIND EXPENSE – FOOD</td>
<td>94,584</td>
<td>90,047</td>
<td></td>
<td>4,537</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>409,766</td>
<td>275,290</td>
<td>71,403</td>
<td>63,073</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>8,068,810</td>
<td>6,266,072</td>
<td>825,041</td>
<td>977,697</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td>656,023</td>
<td>426,641</td>
<td>0</td>
<td>229,382</td>
</tr>
</tbody>
</table>
### Balance Sheet

**Part X**

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>2,765,609.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2,980,095.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>587,445.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>45,584.</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>70,326.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>34,194.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>627,661.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>527,360.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>3,154,286.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>9,688,486.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>466,109.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>466,109.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations that follow SFAS 117 (ASC 958), check here [x] and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>8,542,483.</td>
<td>8,409,932.</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>679,894.</td>
<td>1,170,294.</td>
</tr>
<tr>
<td>Permanently restricted net assets</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here [ ] and complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Total net assets or fund balances</td>
<td>9,222,377.</td>
<td>9,580,226.</td>
</tr>
<tr>
<td>Total liabilities and net assets/fund balances</td>
<td>9,688,486.</td>
<td>9,927,081.</td>
</tr>
</tbody>
</table>

Form 990 (2018) Special Olympics of Pennsylvania Inc 23-2078543 Page 11
### Part XI Reconciliation of Net Assets

| Line      | Description                                                                 | Amount  
|-----------|-----------------------------------------------------------------------------|---------
| 1         | Total revenue (must equal Part VIII, column (A), line 12)                   | 8,714,366.  
| 2         | Total expenses (must equal Part IX, column (A), line 25)                    | 8,068,810.  
| 3         | Revenue less expenses. Subtract line 2 from line 1                          | 645,556.  
| 4         | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 9,222,377.  
| 5         | Net unrealized gains (losses) on investments                                 | -287,707.  
| 6         | Donated services and use of facilities                                      |         
| 7         | Investment expenses                                                         |         
| 8         | Prior period adjustments                                                    |         
| 9         | Other changes in net assets or fund balances (explain in Schedule O)        | 0.  
| 10        | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 9,580,226.  

### Part XII Financial Statements and Reporting

| Line      | Description                                                                 | Yes | No  
|-----------|-----------------------------------------------------------------------------|-----|-----
| 1         | Accounting method used to prepare the Form 990:  
Cash | Accrual | Other |       | 2a X |  
| 2a        | Were the organization’s financial statements compiled or reviewed by an independent accountant? |    | 2b X |  
| 2b        | b Were the organization’s financial statements audited by an independent accountant? | 2c X |  
| 3a        | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3b X |  
| 3b        | 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 (2018) |
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.)
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):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4738995.</td>
<td>7190484.</td>
<td>8015479.</td>
<td>7627352.</td>
<td>9252891.</td>
<td>36825201.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4738995.</td>
<td>7190484.</td>
<td>8015479.</td>
<td>7627352.</td>
<td>9252891.</td>
<td>36825201.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1951269.</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34873932.</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4738995.</td>
<td>7190484.</td>
<td>8015479.</td>
<td>7627352.</td>
<td>9252891.</td>
<td>36825201.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td>22,377.</td>
<td>30,757.</td>
<td>32,374.</td>
<td>75,250.</td>
<td>94,394.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>350.</td>
<td>179.</td>
<td>104.</td>
<td>5,375.</td>
<td>3,548.</td>
<td>9,556.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>37089909.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 94.03% |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 94.01% |
| 16a 33 1/3% support test - 2018. 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 | | |
| 16b 33 1/3% support test - 2017. 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 | | |
| 17a 10% -facts-and-circumstances test - 2018. 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 | | |
| 17b 10% -facts-and-circumstances test - 2017. 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 | | |
| 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 | | |
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public support.</strong> (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support.</strong> (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First five years.</strong> 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 % |
| Public support percentage from 2017 Schedule A, Part III, line 15 | 16 % |

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

| Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 % |
| Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 % |

**33 1/3% support tests - 2018.** 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.

**33 1/3% support tests - 2017.** 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.

**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”)?
   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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.
   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.
   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.
   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV Supporting Organizations (continued)

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?  
      ☐ Yes ☐ No  11a
   b A family member of a person described in (a) above?  
      ☐ Yes ☐ No  11b
   c A 35% controlled entity of a person described in (a) or (b) above?  If “Yes” to a, b, or c, provide detail in Part VI.  
      ☐ Yes ☐ No  11c

Section B. Type I Supporting Organizations

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.  
      ☐ Yes ☐ No  1

2 Did the organization operate for the benefit of any supported organization other than the supported
   organization(s) that operated, supervised, or controlled the supporting organization?  If “Yes,” explain in
   Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
   supervised, or controlled the supporting organization.  
      ☐ Yes ☐ No  2

Section C. Type II Supporting Organizations

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).  
      ☐ Yes ☐ No  1

Section D. All Type III Supporting Organizations

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?  
      ☐ Yes ☐ No  1

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported
   organization(s) or (ii) serving on the governing body of a supported organization?  If “No,” explain in Part VI how
   the organization maintained a close and continuous working relationship with the supported organization(s).  
      ☐ Yes ☐ No  2

3 By reason of the relationship described in (2), did the organization’s supported organizations have a
   significant voice in the organization’s investment policies and in directing the use of the organization’s
   income or assets at all times during the tax year?  If “Yes,” describe in Part VI the role the organization’s
   supported organizations played in this regard.  
      ☐ Yes ☐ No  3

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a ☐ The organization satisfied the Activities Test. Complete line 2 below.  
   b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  
   c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  
      ☐ Yes ☐ No

2 Activities Test. Answer (a) and (b) below.
   a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of
      the supported organization(s) to which the organization was responsive?  If “Yes,” then in Part VI identify
      those supported organizations and explain how these activities directly furthered their exempt purposes,
      how the organization was responsive to those supported organizations, and how the organization determined
      that these activities constituted substantially all of its activities.  
      ☐ Yes ☐ No  2a
   b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more
      of the organization’s supported organization(s) would have been engaged in?  If “Yes,” explain in Part VI the
      reasons for the organization’s position that its supported organization(s) would have engaged in these
      activities but for the organization’s involvement.  
      ☐ Yes ☐ No  2b

3 Parent of Supported Organizations.  Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
      trustees of each of the supported organizations?  Provide details in Part VI.  
      ☐ Yes ☐ No  3a
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
      of its supported organizations?  If “Yes,” describe in Part VI the role played by the organization in this regard.  
      ☐ Yes ☐ No  3b
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
</tbody>
</table>

Part VI.

**Excess Distributions**

**Underdistributions**

Pre-2018

**Distributable Amount for 2018**

---

**Part V**

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

---

**Schedule A (Form 990 or 990-EZ) 2018**
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.)

COPY

SPECIAL OLYMPICS OF PENNSYLVANIA INC
23-2078543

COPY
** Do Not File **
*** Not Open to Public Inspection ***

<table>
<thead>
<tr>
<th>Contributor's Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHEETZ, INC.</td>
<td>2,184,309.</td>
<td>1,442,511.</td>
</tr>
<tr>
<td>WAVA, INC.</td>
<td>1,250,556.</td>
<td>508,758.</td>
</tr>
</tbody>
</table>

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

Department of the Treasury
Internal Revenue Service

SPECIAL OLYMPICS OF PENNSYLVANIA INC
23-2078543

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>□ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>□ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>□ 501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

General Rule

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

Special Rules

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

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

**Employer identification number** 23-2078543

## Part I Contributors

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SHEETZ, INC.</td>
<td>$ 507,091.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td>5700 6TH AVE</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>ALTOONA, PA 16602-1111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>WAWA, INC.</td>
<td>$ 268,716.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td>260 W. BALTIMORE PIKE</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>WAWA, PA 19063-5620</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

---

Copy
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------</td>
<td>----------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

<table>
<thead>
<tr>
<th>Part</th>
<th>Complete if the organization is exempt under section 501(c) or is a section 527 organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-A</td>
<td>Provide a description of the organization’s direct and indirect political campaign activities in Part IV.</td>
</tr>
<tr>
<td>I-B</td>
<td>Complete if the organization is exempt under section 501(c)(3).</td>
</tr>
<tr>
<td>I-C</td>
<td>Complete if the organization is exempt under section 501(c), except section 501(c)(3).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL OLYMPICS OF PENNSYLVANIA INC</td>
<td>23-2078543</td>
</tr>
</tbody>
</table>

### Part I-A

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

### Part I-B

1. Enter the amount of any excise tax incurred by the organization under section 4955. $  
2. Enter the amount of any excise tax incurred by organization managers under section 4955. $  
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
   - Yes  
   - No  
4. Was a correction made?  
   - Yes  
   - No

### Part I-C

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities. $  
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities. $  
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. $  
4. Did the filing organization file Form 1120-POL for this year?  
   - Yes  
   - No  
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

### Schedule C (Form 990 or 990-EZ) 2018

LHA  
832041 11-08-18

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

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

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Other exempt purpose expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

| g Grassroots nontaxable amount (enter 25% of line 1f) |                             |                          |
| h Subtract line 1g from line 1a. If zero or less, enter 0. |                             |                          |
| i Subtract line 1f from line 1c. If zero or less, enter 0. |                             |                          |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | Yes | No |

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

<table>
<thead>
<tr>
<th>Lobbying Expenditures During 4-Year Averaging Period</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part II-B**  Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>X</td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td>X</td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td>60,000</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
<td>2c</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
<td>5</td>
</tr>
</tbody>
</table>

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

SPECIAL OLYMPICS PENNSYLVANIA ENTERED INTO AN AGREEMENT WITH KSA GROUP, A CONSULTING AND LEGISLATIVE SERVICE FIRM, TO LOBBY ON BEHALF OF SPECIAL OLYMPICS PENNSYLVANIA.
### Name of the organization
SPECIAL OLYMPICS OF PENNSYLVANIA INC

#### Employer identification number
23-2078543

---

**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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

---

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? [ ] Yes [ ] 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? [ ] Yes [ ] 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).
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - 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.
   - a Total number of conservation easements
   - b Total acreage restricted by conservation easements
   - c Number of conservation easements on a certified historic structure included in (a)
   - d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

---

**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.

1. 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.

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

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

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:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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.

1a Beginning of year balance

<table>
<thead>
<tr>
<th></th>
<th>Current year</th>
<th>Prior year</th>
<th>Two years back</th>
<th>Three years back</th>
<th>Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>2,576,336</td>
<td>2,433,273</td>
<td>2,479,427</td>
<td>2,562,843</td>
<td>2,588,504</td>
</tr>
</tbody>
</table>

b Contributions

<table>
<thead>
<tr>
<th></th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>16,599</td>
<td>25,365</td>
<td>19,072</td>
<td>10,509</td>
</tr>
</tbody>
</table>

Net investment earnings, gains, and losses

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>247,877</td>
<td>-1,196</td>
<td>-6,965</td>
<td>46,824</td>
</tr>
</tbody>
</table>

d Grants or scholarships

e Other expenditures for facilities and programs

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>344,233</td>
<td>121,411</td>
<td>70,323</td>
<td>95,523</td>
<td>82,994</td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Administrative expenses

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>2,232,103</td>
<td>2,576,336</td>
<td>2,433,273</td>
<td>2,479,427</td>
</tr>
</tbody>
</table>

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

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

   □ Yes  □ No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td>627,661</td>
<td>100,301</td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 100,301.
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 25.)

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. [X]
Schedule D (Form 990) 2018  SPECIAL OLYMPICS OF PENNSYLVANIA INC  23-2078543  Page 4

### 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
   - Amounts included on line 1 but not on Form 990, Part VIII, line 12:
     - a. Net unrealized gains (losses) on investments
     - b. Donated services and use of facilities
     - c. Recoveries of prior year grants
     - d. Other (Describe in Part XIII.)
     - e. Add lines 2a through 2d

   2e: 865,395.

2. Subtract line 2e from line 1
   - 3: 8,714,366.

3. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
   - 5: 8,714,366.

### 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
   - Amounts included on line 1 but not on Form 990, Part IX, line 25:
     - a. Donated services and use of facilities
     - b. Prior year adjustments
     - c. Other losses
     - d. Other (Describe in Part XIII.)
     - e. Add lines 2a through 2d

   2e: 1,153,102.

2. Subtract line 2e from line 1
   - 3: 8,068,810.

3. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
   - 5: 8,068,810.

### Part XIII  Supplemental Information.

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

---

**PART V, LINE 4:**

THE BOARD OF DIRECTORS HAS DESIGNATED A PORTION OF THE UNRESTRICTED NET ASSETS AS AN ENDOWMENT FUND FOR SUPPORT OF CAPITAL PROJECTS NECESSARY TO ASSIST PARTICIPATING ATHLETES, THE ATHLETE LEADERSHIP FUND TO SUPPORT SOPA'S VISION OF BEING THE "GLOBAL LEADER" IN ATHLETE LEADERSHIP, AND THE AL SENAVITIS MISSION IMPACT FUND TO PROVIDE RESOURCES TO ENSURE ATHLETES IN EVERY PART OF THE STATE ARE BEING SERVED WITH OPPORTUNITIES, PROGRAMS AND COMPETITIONS.

DURING 2018, THE BOARD HAS RECLASSIFIED NET ASSETS CLASSIFIED AS DONOR RESTRICTED ENDOWMENT TO TEMPORARILY RESTRICTED NET ASSETS. THESE ASSETS WILL BE USED FOR PROGRAMS RELATED TO THE EXCEMPT PURPOSE.
PART X, LINE 2:
THE ORGANIZATION IS INCORPORATED UNDER THE COMMONWEALTH OF PENNSYLVANIA (COMMONWEALTH) NOT-FOR-PROFIT CORPORATION LAW AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS REGISTERED AS REQUIRED WITH THE PENNSYLVANIA BUREAU OF CHARITABLE ORGANIZATIONS. TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. OPEN PERIODS SUBJECT TO AUDIT FOR FEDERAL PURPOSES ARE GENERALLY THE PREVIOUS THREE YEARS OF TAX RETURNS FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF SPECIAL EVENTS 827,151.
COST OF GAMING 20,015.
COST OF GOODS SOLD 44,176.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 891,342.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF SPECIAL EVENTS 827,151.
COST OF GAMING 20,015.
COST OF GOODS SOLD 44,176.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 891,342.
### Part I: Fundraising Activities

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Mail solicitations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Internet and email solicitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Phone solicitations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. In-person solicitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Solicitation of non-government grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Solicitation of government grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Special fundraising events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- X Yes
- No

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

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE HERITAGE COMPANY - 2402 WILLOWood AVE, LITTLE ROCK, AR</td>
<td>TELEMARKETING SERVICES &amp; EDUCATION</td>
<td>X</td>
<td>239,739</td>
<td>127,817</td>
<td>111,921</td>
</tr>
</tbody>
</table>

#### Total

- 239,739
- 127,817
- 111,921

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

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

---

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

Schedule G (Form 990 or 990-EZ) 2018

SEE PART IV FOR CONTINUATIONS
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(add col. (a) through col. (c))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>38,578.</td>
<td>48,440.</td>
<td>21,158.</td>
<td>108,176.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td>11,949.</td>
<td></td>
<td>54,209.</td>
<td>66,158.</td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td>3,142.</td>
<td></td>
<td>13,359.</td>
<td>16,501.</td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td>2,340.</td>
<td></td>
<td>1,174.</td>
<td>3,514.</td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100 %</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

b If "No," explain:

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

b If "Yes," explain:

---

SCHEDULE G (FORM 990 OR 990-EZ) 2018

SPECIAL OLYMPICS OF PENNSYLVANIA INC 23-2078543 Page 2

Schedule G (Form 990 or 990-EZ) 2018
Schedule G (Form 990 or 990-EZ) 2018  

SPECIAL OLYMPICS OF PENNSYLVANIA INC  23-2078543  Page 3

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  ☑

b  An outside facility  ☑

☐ [ ]

13a  %  100.00%

13b  

14   Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name  ➢ MATTHEW B. AARON

Address  ➢ 2570 BLVD OF THE GENERALS - NORRISTOWN, PA 19403

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  $ ☐

15b   If "Yes," enter name and address of the third party:

Name  

Address  

16   Gaming manager information:

Name  ➢ MATTHEW B. AARON

Gaming manager compensation  $ ☐

Description of services provided  MATTHEW AARON, AS PRESIDENT & CEO, HAS OVERALL SUPERVISION AND MANAGEMENT OF ALL ACTIVITIES, INCLUDING GAMING.

☑ 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, LITTLE ROCK, AR  72120
### Part I: Questions Regarding Compensation

**Name of the organization:** SPECIAL OLYMPICS OF PENNSYLVANIA INC  
**Employer identification number:** 23-2078543

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | Yes | No |

| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |   |   |
|   | Compensation committee |   |   |
|   | Independent compensation consultant |   |   |
|   | Form 990 of other organizations |   |   |

<table>
<thead>
<tr>
<th>4</th>
<th>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a Receive a severance payment or change-of-control payment?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>5</th>
<th>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Any related organization?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>6</th>
<th>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Any related organization?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | Yes | No |

| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | Yes | No |

| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | Yes | No |

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2018
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MATTHEW B. AARON, PRESIDENT &amp; CEO</td>
<td>(i) 197,675.  0.  0.  0.  34,562.  232,237.  0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part III Supplemental Information

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

**Part I**

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( FOOD AND MATE )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donor Acknowledgement</td>
<td></td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- No

#### 31
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

- Yes
- No

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

- Yes
- No

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

**Name of the organization**

SPECIAL OLYMPICS OF PENNSYLVANIA INC

**Employer identification number**

23-2078543

**LHA**
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

LINE 25B REPRESENTS THE NUMBER OF CONTRIBUTORS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF SPECIAL OLYMPICS IS TO PROVIDE YEAR-ROUND SPORTS TRAINING AND COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES, GIVING THEM CONTINUING OPPORTUNITIES TO DEVELOP PHYSICAL FITNESS, DEMONSTRATE COURAGE, EXPERIENCE JOY, AND PARTICIPATE IN A SHARING OF GIFTS, SKILLS, AND FRIENDSHIP WITH THEIR FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES, AND THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ACTIVITY, SOCIAL INTERACTION, AND THE DEMONSTRATION OF COMPETENCE TO THEMSELVES, THEIR FAMILIES AND THE COMMUNITY. ATHLETES LEARN DEVELOPMENTAL AND LIFE SKILLS AS THE BENEFITS OF PARTICIPATION TRANSLATE BEYOND SPORTS, HELPING THEM TO LIVE MORE INDEPENDENT AND REWARDING LIVES. SPECIAL OLYMPICS ALSO PROVIDES A POSITIVE VENUE FOR FAMILIES, VOLUNTEERS, AND DONORS TO BECOME PART OF A CARING COMMUNITY, AND TO BECOME INVOLVED IN THE MOVEMENT.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES. IF A POTENTIAL CONFLICT OF INTEREST IS DISCOVERED, THE BOARD OF DIRECTORS WILL REVIEW THE POTENTIAL CONFLICT AND MAKE A DETERMINATION IF A CONFLICT EXISTS. THE PERSONS WITH A...
POTENTIAL CONFLICT ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATION AND DECISION IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:
THE INDEPENDENT BOARD OF DIRECTORS ESTABLISHES COMPENSATION FOR THE CEO BASED ON A FORMAL ANNUAL REVIEW PROCESS. THE PROCESS INCLUDES A REVIEW OF JOB DUTIES, PERFORMANCE AND COMPARABILITY DATA IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE CEO FOLLOWS A SIMILAR ANNUAL PERFORMANCE REVIEW PROCESS FOR ALL OTHER STAFF MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

### Type or print

#### File by the due date for filing your return. See instructions.

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Enter filer's identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL OLYMPICS OF PENNSYLVANIA INC</td>
<td>23-2078543</td>
</tr>
</tbody>
</table>

#### Number, street, and room or suite no. If a P.O. box, see instructions.

2750 BLVD OF THE GENERALS, NO. 124

#### City, town or post office, state, and ZIP code. For a foreign address, see instructions.

NORRISTOWN, PA 19403

### Enter the Return Code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

#### The books are in the care of

NORRISTOWN, PA 19403

#### Telephone No. | 610-630-9450 | Fax No. |

#### If the organization does not have an office or place of business in the United States, check this box.

#### If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☑ calendar year 2018 or
- ☐ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason:

- ☐ Initial return
- ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)
Prepared For:

Special Olympics of Pennsylvania Inc
2750 Blvd of the Generals No. 124
Norristown, PA 19403

Prepared By:

Wipfli LLP
170 North Radnor-Chester Road, Suite 200
Radnor, PA 19087

Amount of Tax:

Balance due of $250

Make Check Payable To:

Commonwealth of Pennsylvania

Mail Tax Return To:

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

A completed and signed copy of the federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

We recommend that returns be mailed certified mail, return receipt requested, with the stamp validated at a postal station in order to have proof of timely mailing.
Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Mail to:
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120
See www.dos.pa.gov/charities for more information

Read all instructions prior to completing form.

Certificate number: 00567
(N/A if initial registration)

Fiscal year ended: 12/31/2018

FEIN: 23-2078543

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
- Organization is exempt from registration because
- Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: SPECIAL OLYMPICS OF PENNSYLVANIA INC
   - Check if name change and give previous name

2. All other names used to solicit contributions:
   SEE STATEMENT 1

3. Contact person: SUSAN WYLAND
   Contact’s E-mail: SWYLAND@SPECIALOLYMPICSPA.ORG

4. Physical address of organization:
   Mailing address: (If different than physical)
   2750 BLVD OF THE GENERALS, NO.
   NORRISTOWN
   PA 19403
   Phone number: 610-630-9450
   Fax number: 
   Email (if different than Contact’s email):
   Website: WWW.SPECIALOLYMPICSPA.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
   CORPORATION
   Where established: PENNSYLVANIA
   Date established: 01/01/1970

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.
6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

   

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check “Not Applicable”:

   - §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
   - §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term “membership” shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. “Member” means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
   - §162.7(a)(3) - Organizations which receive gross contributions of no more than $25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
   - §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of $100,000 and did not use a professional solicitor.
   

   ![Not Applicable]

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If “Not Applicable” is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

---

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents:

   MM  DD  YYYY

Other

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than $25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than $25,000.

   MM  DD  YYYY

Other

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.
10. Has the organization been granted IRS tax-exempt status?  
   [ ] Yes  [ ] No

   A. If “Yes,” under which IRS code section:  
      501(C)(3)  and attach a copy of the IRS exemption letter if not previously submitted.

   B. Has the organization’s tax-exempt status ever been denied, revoked or modified?  
      [ ] Yes  [ ] No
      (If “Yes,” attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  
   [ ] Yes  [ ] No

   (If “Yes,” attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If “No,” attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):  
   TELEPHONE, DIRECT MAIL, INTERNET

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

   SUPPORT COSTS OF SPORTS TRAINING AND COMPETITION FOR 20,000 ATHLETES IN PENNSYLVANIA. PROGRAMS ARE ONGOING ANNUALLY AT THIS LEVEL AND THERE IS NO CHARGE FOR PARTICIPATION.

14. Is the organization registered to solicit contributions in any other state or municipality?  
   [ ] Yes  [ ] No  
   (If “Yes,” list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors?  
   (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)  
   [ ] Yes  [ ] No

   If “Yes,” give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:

      Month  Day  Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited:  
   (Attach a separate sheet if necessary)

   SEE STATEMENT 2
17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")

☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization’s 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity’s behalf? (See note "Affiliate and Parent Organization")

☐ Yes ☐ No ☒ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization’s 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

________________________________________________________________________

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

SEE STATEMENT 4

B. Have final responsibility for the custody of contributions:

SEE STATEMENT 5

C. Have final responsibility for final distribution of contributions:

SEE STATEMENT 6

D. Are responsible for custody of financial records:

SEE STATEMENT 7

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? ☐ Yes ☒ No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

☐ Yes ☒ No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? ☐ Yes ☒ No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)
Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.
<table>
<thead>
<tr>
<th>Other Names Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOPA, INC-ADAMS COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-ALLEGHENY COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-AREA M</td>
</tr>
<tr>
<td>SOPA, INC-AREA P</td>
</tr>
<tr>
<td>SOPA, INC-SCRANTON/LACKAWANNA COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-ARMSTRONG/INDIANA COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BEAVER COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BEDFORD COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BERKS COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BETHLEHEM COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BLAIR COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BRADFORD/SULLIVAN COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BUCKS COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-BUTLER COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-CAMBRIA COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-CARBON COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-CENTRE COUNTY</td>
</tr>
<tr>
<td>SOPA, INC-CHESTER COUNTY</td>
</tr>
</tbody>
</table>
SPECIAL OLYMPICS OF PENNSYLVANIA INC

SOPA, INC-CLARION COUNTY

SOPA, INC-CLEARFIELD COUNTY

SOPA, INC-CLINTON COUNTY

SOPA, INC-COLUMBIA/MONTOUR COUNTIES

SOPA, INC-CRAWFORD COUNTY

SOPA, INC-DELWARE COUNTIES

SOPA, INC-DUBOIS/JEFFERSON COUNTY

SOPA, INC-ELK/CAMERON COUNTY

SOPA, INC-ERIE CITY

SOPA, INC-ERIE COUNTY

SOPA, INC-FAYETTE COUNTY

SOPA, INC-FRANKLIN COUNTY

SOPA, INC-GRENE COUNTIES

SOPA, INC-HUNTINGDON/FULTON COUNTIES

SOPA, INC-LANCASTER COUNTY

SOPA, INC-LAWRENCE COUNTY

SOPA, INC-LEBANON COUNTY

SOPA, INC-LEHIGH COUNTY

SOPA, INC-LUZERNE COUNTY

SOPA, INC-LYCOMING COUNTY
SOPA, INC-MCKEAN COUNTY
SOPA, INC-MERCER COUNTY
SOPA, INC-MIFFLIN/JUNIATA COUNTIES
SOPA, INC-MONROE COUNTY
SOPA, INC-MONTGOMERY COUNTY
SOPA, INC-NORTHAMPTON COUNTY
SOPA, INC-NORTHERN EDGE/SONYDER COUNTIES
SOPA, INC-POTTER COUNTY
SOPA, INC-SCHUYLKILL COUNTY
SOPA, INC-SOMERSET COUNTY
SOPA, INC-TIoga COUNTY
SOPA, INC-UNION COUNTY
SOPA, INC-VENANGO/FOREST COUNTIES
SOPA, INC-WARREN COUNTY
SOPA, INC-WASHINGTON COUNTY
SOPA, INC-WESTMORELAND COUNTY
SOPA, INC-YORK COUNTY
### Statement 2

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE HERITAGE COMPANY</td>
<td>501-835-5000</td>
</tr>
<tr>
<td>2402 WILDWOOD AVE.</td>
<td></td>
</tr>
<tr>
<td>LITTLE ROCK, AR 72120</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract Begin Date</th>
<th>Contract End Date</th>
<th>Solicit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>12/31/2018</td>
<td></td>
</tr>
</tbody>
</table>

### Statement 3

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATTHEW B. AARON</td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td>NORRISTOWN, PA 19403</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES WENNER</td>
<td>Chairman</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td>NORRISTOWN, PA 19403</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOB LOPEZ</td>
<td>Vice Chair</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td>NORRISTOWN, PA 19403</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOM HINDMAN</td>
<td>Treasurer</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td>NORRISTOWN, PA 19403</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHANNA SCHOENECK</td>
<td>Secretary</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td>NORRISTOWN, PA 19403</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVE NOLDER</td>
<td>Board Member</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td>NORRISTOWN, PA 19403</td>
</tr>
</tbody>
</table>
SPECIAL OLYMPICS OF PENNSYLVANIA INC

NAME AND ADDRESS                                TITLE
ALICIA HICKOK                                      BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
JAKE ARMSTRONG                                    BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
TONY GILLESPIE                                    BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
CARL BURGESS                                      BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
BRAD CAVEN                                        BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
MARGARET GRAY                                      BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
MARY MEDER                                        BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
MARC BRUNO                                        BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
C SHANNON BARRY                                   BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403

NAME AND ADDRESS                                TITLE
JAMES PETERS                                      BOARD MEMBER
2750 BLVD OF THE GENERALS, NO. 124 NORRISTOWN, PA  19403
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID ROSENBERG</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td></td>
</tr>
<tr>
<td>NORRISTOWN, PA 19403</td>
<td></td>
</tr>
<tr>
<td>SCOTT SCHUBERT</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td></td>
</tr>
<tr>
<td>NORRISTOWN, PA 19403</td>
<td></td>
</tr>
<tr>
<td>PETER SEIDENBERG, MD</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td></td>
</tr>
<tr>
<td>NORRISTOWN, PA 19403</td>
<td></td>
</tr>
<tr>
<td>SUE PATERNO</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td></td>
</tr>
<tr>
<td>NORRISTOWN, PA 19403</td>
<td></td>
</tr>
<tr>
<td>MICHAEL TRETTEL</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td></td>
</tr>
<tr>
<td>NORRISTOWN, PA 19403</td>
<td></td>
</tr>
<tr>
<td>ERNIE ROUNDTREE</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>2750 BLVD OF THE GENERALS, NO. 124</td>
<td></td>
</tr>
<tr>
<td>NORRISTOWN, PA 19403</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATTHEW B. AARON - PRESIDENT &amp; CEO</td>
<td></td>
</tr>
<tr>
<td>2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403</td>
<td></td>
</tr>
<tr>
<td>ERIC CUSHING - VP OF DEVELOPMENT</td>
<td></td>
</tr>
<tr>
<td>2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403</td>
<td></td>
</tr>
</tbody>
</table>
FORM BCO-10    FINAL RESPONSIBILITY CUSTODY OF CONTRIBUTIONS  STATEMENT 5

NAME AND ADDRESS

MATTHEW B. AARON – PRESIDENT & CEO
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403

NAME AND ADDRESS

SUSAN WYLAND – VP OF FINANCE & ADMINISTRATION
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403

FORM BCO-10    FINAL DISTRIBUTION OF CONTRIBUTIONS  STATEMENT 6

NAME AND ADDRESS

MATTHEW B. AARON – PRESIDENT & CEO
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403

NAME AND ADDRESS

ERIC CUSHING – VP OF DEVELOPMENT
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403

NAME AND ADDRESS

SUSAN WYLAND – VP OF FINANCE & ADMINISTRATION
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403

NAME AND ADDRESS

CLARE WALSH-MILLER, VP PR
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403
NAME AND ADDRESS

MATTHEW B. AARON - PRESIDENT & CEO
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403

NAME AND ADDRESS

SUSAN WYLAND - VP OF FINANCE & ADMINISTRATION
2570 BLVD. OF THE GENERALS NORRISTOWN, PA 19403