

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning _____, and ending _____

05-0377867

SPECIAL OLYMPICS RHODE ISLAND, INC.

Net Asset / Fund Balance at Beginning of Year		<u>3,790,471</u>
Revenue		
Contributions	<u>1,643,193</u>	
Program service revenue		
Investment income	<u>32,236</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
Total revenue		<u>1,675,429</u>
Expenses		
Program services	<u>1,131,671</u>	
Management and general	<u>189,006</u>	
Fundraising	<u>378,809</u>	
Total expenses		<u>1,699,486</u>
Excess / (deficit)		<u>-24,057</u>
Changes		<u>-94,552</u>
Net Asset / Fund Balance at End of Year		<u>3,671,862</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,185,029</u>
Less:	
Unrealized gains	<u>-94,552</u>
Donated services	<u>604,152</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>1,675,429</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,303,638</u>
Less:	
Donated services	<u>604,152</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,699,486</u>

Balance Sheet			Differences
	Beginning	Ending	
Assets	<u>4,105,849</u>	<u>3,697,141</u>	
Liabilities	<u>315,378</u>	<u>25,279</u>	
Net assets	<u>3,790,471</u>	<u>3,671,862</u>	<u>-118,609</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/16/16
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2015, or fiscal year beginning 2015, and ending 20

Department of the Treasury
Internal Revenue Service

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

u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Name of exempt organization

SPECIAL OLYMPICS RHODE ISLAND, INC.

Employer identification number

05-0377867

Name and title of officer

DENNIS DEJESUS

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 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,675,429
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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 **ROSENSTEIN, HALPER & MASELLI, LLP** to enter my PIN **77867** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 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 } **04/26/16**

Part III Certification and Authentication

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

05072891857
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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.**

ERO's signature } **FRANK G. HALPER, CPA**

Date } **04/26/16**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2015
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">SPECIAL OLYMPICS RHODE ISLAND, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">370 GEORGE WASHINGTON HIGHWAY</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SMITHFIELD RI 02917</p>	D Employer identification number <p style="text-align: center;">05-0377867</p> E Telephone number <p style="text-align: center;">401-349-4900</p> G Gross receipts \$ 1,675,429
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F Name and address of principal officer: <p style="text-align: center;">DENNIS DEJESUS 238 GLEN HILLS DR CRANSTON RI 02920</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.SPECIALOLYMPICSR.I.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1978	M State of legal domicile: RI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO PROVIDE YEAR-ROUND SPORTS TRAINING & ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.</p>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	24
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	12
	6 Total number of volunteers (estimate if necessary)	3000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b Net unrelated business taxable income from Form 990-T, line 21	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,672,708	1,643,193
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,803	32,236
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,701,511	1,675,429
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	729,740	774,074
	16a Professional fundraising fees (Part IX, column (A), line 11e)	86,222	77,542
	b Total fundraising expenses (Part IX, column (D), line 25) u 378,809		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	892,623	847,870
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,708,585	1,699,486
	19 Revenue less expenses. Subtract line 18 from line 12	-7,074	-24,057
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,105,849	3,697,141
	21 Total liabilities (Part X, line 26)	315,378	25,279
	22 Net assets or fund balances. Subtract line 21 from line 20	3,790,471	3,671,862

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">DENNIS DEJESUS</p> Type or print name and title <p style="text-align: center;">CEO</p>	Date
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Paid Preparer Use Only	Print/Type preparer's name FRANK G. HALPER, CPA	Preparer's signature FRANK G. HALPER, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00115026
	Firm's name } ROSENSTEIN, HALPER & MASELLI, LLP	Firm's EIN } 05-0391857			
	Firm's address } 27 DRYDEN LANE PROVIDENCE, RI 02904	Phone no. 401-331-6851			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE YEAR-ROUND SPORTS TRAINING & ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.

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 \$ **1,131,671** including grants of \$) (Revenue \$)

TO PROVIDE YEAR-ROUND SPORTS TRAINING & ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.

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

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

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

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

4e Total program service expenses **u 1,131,671**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	24	
1b	Enter the number of voting members included in line 1a, above, who are independent	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

ROBIN DEROBBIO **370 GEORGE WASHINGTON HIGHWAY** **401-349-4900**
SMITHFIELD **RI 02917**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY W. SCORPIO	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) GAIL A. SHEPHERD	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) TODD A MANGLASS	0.00									
PAST CHAIRMAN	0.00	X		X			0	0	0	
(4) LAWRENCE J. LASALA	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) COREY MCCARTY	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) MARK COUSINEAU	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) BARBARA BURNS	0.00									
CHAIR	0.00	X		X			0	0	0	
(8) IAN SHEPHERD	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) DAVID P. DUPERE	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) MAEGEN MILLER	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) ANN PHILLIPS	0.00									
TREASURER	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) WILLIAM O'GARA	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) THOMAS MAGGIACOMO	0.00									
VICE CHAIRMAN	0.00	X		X			0	0	0	
(14) DENISE MILLER	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) STACI KOLB	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) ROBERT PAQUETTE	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) MICHAEL SARLI	0.00									
SECRETARY	0.00	X		X			0	0	0	
(18) KRISTIN E. RODGERS	0.00									
DIRECTOR	0.00	X					0	0	0	
(19) STEPHEN ANGELL	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							116,357		10,500	
d Total (add lines 1b and 1c)							116,357		10,500	

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 **u 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TIMOTHY RISHTON	0.00									
DIRECTOR	0.00	X					0	0	0	
(21) ALBERT ARCAND	0.00									
DIRECTOR	0.00	X					0	0	0	
(22) ROBIN ERBAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(23) JOHN JUSTO	0.00									
DIRECTOR	0.00	X					0	0	0	
(24) PHIL LOSCOE	0.00									
DIRECTOR	0.00	X					0	0	0	
(25) DENNIS DEJESUS	40.00									
CEO	0.00				X		116,357	0	10,500	
1b Sub-total							116,357		10,500	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	277,006				
	d Related organizations	1d	32,739				
	e Government grants (contributions)	1e	227,914				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,105,534				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	1,643,193				
	Program Service Revenue	2a	Busn. Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	32,236			32,236	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ 277,006 of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	1,675,429	0	0	32,236		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	627,377	486,333	64,909	76,135
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	93,687	70,265	8,432	14,990
10 Payroll taxes	53,010	39,757	4,771	8,482
11 Fees for services (non-employees):				
a Management				
b Legal	500		500	
c Accounting	8,500	6,375	765	1,360
d Lobbying				
e Professional fundraising services. See Part IV, line 17	77,542			77,542
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	68,091	23,404	42,304	2,383
12 Advertising and promotion	6,305	2,237	3,868	200
13 Office expenses	45,158	29,218	6,132	9,808
14 Information technology				
15 Royalties				
16 Occupancy	43,657	31,347	3,828	8,482
17 Travel	24,698	20,777	840	3,081
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	215,757	116,864	3,510	95,383
20 Interest	7,374	2,029	4,912	433
21 Payments to affiliates	18,005	18,005		
22 Depreciation, depletion, and amortization	77,101	38,551	15,420	23,130
23 Insurance	19,626	14,814	1,732	3,080
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Stipends	51,500	51,500		
b Shirts	39,339	32,178	2,676	4,485
c Trophies/Awards	20,636	19,463		1,173
d Miscell Program Expenses	15,770	15,770		
e All other expenses	185,853	112,784	24,407	48,662
25 Total functional expenses. Add lines 1 through 24e	1,699,486	1,131,671	189,006	378,809
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	729,823	1	532,165
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	71,190	4	27,530
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,203	9	33,715
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,907,254		
	b	Less: accumulated depreciation	10b 494,173	10c	2,413,081
	11	Investments—publicly traded securities	840,477	11	690,650
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,105,849	16	3,697,141	
Liabilities	17	Accounts payable and accrued expenses	40,822	17	13,394
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	250,000	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,556	25	11,885
	26	Total liabilities. Add lines 17 through 25	315,378	26	25,279
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,286,733	27	3,406,970
	28	Temporarily restricted net assets	482,458	28	243,612
	29	Permanently restricted net assets	21,280	29	21,280
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,790,471	33	3,671,862	
34	Total liabilities and net assets/fund balances	4,105,849	34	3,697,141	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,675,429
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,699,486
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,790,471
5	Net unrealized gains (losses) on investments	5	-94,552
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,671,862

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SPECIAL OLYMPICS RHODE ISLAND, INC.

Employer identification number

05-0377867

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,005,085	1,601,760	1,702,074	1,672,708	1,643,193	8,624,820
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,005,085	1,601,760	1,702,074	1,672,708	1,643,193	8,624,820
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)						239,164
6 Public support. Subtract line 5 from line 4.						8,385,656

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,005,085	1,601,760	1,702,074	1,672,708	1,643,193	8,624,820
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,058	19,932	16,520	28,803	32,236	109,549
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8,734,369

12 Gross receipts from related activities, etc. (see instructions) 12

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.01 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.29 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	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.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	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.		
4c	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).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	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 .		
9c	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.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

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

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

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.)

Dotted lines for supplemental information

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SPECIAL OLYMPICS RHODE ISLAND, INC.

Employer identification number

05-0377867

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 with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,280	21,280	21,280	21,280	21,280
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	21,280	21,280	21,280	21,280	21,280

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		771,075		771,075
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,136,179	494,173	1,642,006
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		2,413,081

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll	9,494
(3) American Express	2,298
(4) Sams Club	93
(5) Staples 3028	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	11,885

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,185,029
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-94,552	
b	Donated services and use of facilities	2b	604,152	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	509,600
3	Subtract line 2e from line 1		3	1,675,429
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,675,429

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

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

1	Total expenses and losses per audited financial statements		1	2,303,638
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	604,152	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	604,152
3	Subtract line 2e from line 1		3	1,699,486
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,699,486

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.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SPECIAL OLYMPICS RHODE ISLAND, INC.

Employer identification number

05-0377867

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MEDALLION PRODUCTIONS 1 PO BOX 16325 LITTLE ROCK AR 72231	TLMRKTNG		X	123,926	77,542	46,384
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				123,926	77,542	46,384

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.

Rhode Island

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		MISC EVENTS (event type)	(event type)	None (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	277,006		277,006	
	2	Less: Contributions	277,006		277,006	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

Name **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

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).

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SPECIAL OLYMPICS RHODE ISLAND, INC.

Employer identification number

05-0377867

Form 990, Part III, Line 4d - All Other Accomplishment

**TO PROVIDE YEAR-ROUND SPORTS TRAINING & ATHLETIC
COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR
CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.**

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**The form 990 is reviewed by the finance committee which then recommends to
the board of directors for their final approval and filing.**

Form 990, Part VI, Line 15a - Compensation Process for Top Official

**COMPENSATION IS DETERMINED WITH THE APPROVAL OF THE BUDGET BY THE BOARD AND
DOCUMENTED IN THE MINUTES**

Form 990, Part VI, Line 15b - Compensation Process for Officers

**COMPENSATION IS DETERMINED WITH THE APPROVAL OF THE BUDGET BY THE BOARD AND
DOCUMENTED IN THE MINUTES. NO OFFICERS RECEIVED COMPENSATION DURING THE
YEAR.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE UPON REQUEST

Form 990, Part X - Additional Information

Fixed Assets

Form 990, Part IX, Line 24e - Other Expenses

Name of the organization

Employer identification number

SPECIAL OLYMPICS RHODE ISLAND, INC.

05-0377867

Description	Amount		
Miscellaneous Expense			
	\$ 0	\$ 7,850	\$ 6,281
Equip Rental			
	\$ 11,155	\$ 683	\$ 1,216
Automobile Expense/Mileag			
	\$ 9,688	\$ 1,211	\$ 1,211
Fees			
	\$ 11,943	\$ 0	\$ 0
Processing Fees - C. Card			
	\$ 0	\$ 0	\$ 10,957
Telephone, Telecommunicat			
	\$ 7,495	\$ 899	\$ 1,599
Registration Fees			
	\$ 2,000	\$ 0	\$ 6,829
Student Projects			
	\$ 8,171	\$ 0	\$ 0
Bad Debt Expense			
	\$ 0	\$ 8,000	\$ 0
Professional Developement			
	\$ 7,862	\$ 0	\$ 0
Processing Fees			
	\$ 44	\$ 5	\$ 7,793
College Project			
	\$ 6,824	\$ 0	\$ 0
Incentives			
	\$ 6,609	\$ 0	\$ 0

Name of the organization

Employer identification number

SPECIAL OLYMPICS RHODE ISLAND, INC.

05-0377867

Lifeguards, Event Mainten

\$	6,541	\$	0	\$	0
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Direct School Support

\$	5,948	\$	0	\$	0
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Other Taxes

\$	4,428	\$	531	\$	945
----	-------	----	-----	----	-----

Teacher Projects

\$	4,807	\$	0	\$	0
----	-------	----	---	----	---

Miscellaneous Fundraising

\$	0	\$	0	\$	4,557
----	---	----	---	----	-------

Participant Gifts

\$	4,368	\$	0	\$	0
----	-------	----	---	----	---

Entertainment

\$	0	\$	0	\$	4,300
----	---	----	---	----	-------

Gifts

\$	3,960	\$	0	\$	0
----	-------	----	---	----	---

Automobile Expense

\$	3,300	\$	0	\$	0
----	-------	----	---	----	---

Auto Mileage

\$	0	\$	0	\$	2,808
----	---	----	---	----	-------

Officiating

\$	2,700	\$	0	\$	0
----	-------	----	---	----	---

Meals

\$	2,536	\$	0	\$	0
----	-------	----	---	----	---

Background Checks

\$	0	\$	2,282	\$	0
----	---	----	-------	----	---

Volunteer Services

Name of the organization

Employer identification number

SPECIAL OLYMPICS RHODE ISLAND, INC.

05-0377867

\$ 0 \$ 1,600 \$ 75

Dues

\$ 0 \$ 1,295 \$ 0

Officials

\$ 1,255 \$ 0 \$ 0

Bank Charges

\$ 428 \$ 51 \$ 91

Transportation

\$ 422 \$ 0 \$ 0

Volunteer Support

\$ 300 \$ 0 \$ 0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

SPECIAL OLYMPICS RHODE ISLAND, INC.

Identifying number

05-0377867

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	7,146
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	57,807
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,750	5.0	MQ	200DB	688
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	11,460
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	77,101
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 11,460

26 Property used more than 50% in a qualified business use:

Table with 9 columns for property details: 2006 VAN, 02/22/07, 100.00%, 12,424, 12,424, 5.0, 200DBHY; '16 FORD TRANSIT, 12/30/15, 100.00%, 30,338, 18,878, 5.0, 200DBMQ.

27 Property used 50% or less in a qualified business use:

Table with 9 columns for property details, showing percentages and S/L- status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 11,460

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns for vehicle types (a-f) and 13 sub-columns for personal use questions (34-36).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 main columns for Yes/No and 5 rows of questions (37-41) regarding employee vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2015 tax year (see instructions):

43 Amortization of costs that began before your 2015 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
54	1998 TRAILER	4/30/15	5,500			X	2,750	5 MQ200DB	0	3,438
			<u>5,500</u>				<u>2,750</u>		<u>0</u>	<u>3,438</u>
Prior MACRS:										
14	TELEPHONE	3/01/01	285				285	5 HY 200DB	285	0
15	CAMCORDER	5/01/01	2,567				2,567	5 HY 200DB	2,567	0
19	LAPTOP	10/28/04	1,958	X	X		0	5 HY 200DB	1,958	0
20	2 COMPUTERS - UNICOM	12/29/04	1,567	X	X		0	5 HY 200DB	1,567	0
21	2 LCD MONITORS	8/02/05	508				508	5 MQ200DB	508	0
22	APC BATTERY BACKUP	10/20/05	660				660	5 MQ200DB	660	0
23	COMPUTER, PRINTER, MONITOR	12/28/05	1,142				1,142	5 MQ200DB	1,142	0
24	DELL LAPTOP	2/26/06	1,570				1,570	5 HY 200DB	1,570	0
25	2 COMPUTERS	9/28/07	1,890				1,890	5 HY 200DB	1,890	0
27	PHONE SYSTEM	4/22/09	4,997			X	2,498	5 HY 200DB	4,997	0
28	COMPUTERS	4/30/09	1,389			X	695	5 HY 200DB	1,389	0
29	RAISERS EDGE	11/30/09	1,422			X	711	5 HY 200DB	1,422	0
30	COMPUTER	11/30/09	1,185			X	592	5 HY 200DB	1,185	0
31	RASIER'S EDGE SOFTWARE	1/14/10	21,996			X	10,998	3 HY 200DB	21,996	0
32	COMPUTER	2/18/10	1,900			X	950	3 HY 200DB	1,900	0
33	COMPUTER	2/25/10	925			X	463	3 HY 200DB	925	0
34	WEBSITE	6/23/10	20,000			X	10,000	3 HY 200DB	20,000	0
35	COMPUTER	10/07/10	650			X	0	3 HY 200DB	650	0
36	BUILDING	4/18/11	1,805,602				1,805,602	39 MMS/L	171,687	46,297
37	KEYSCAN SYSTEM	4/27/11	6,712				6,712	5 HY 200DB	5,552	773
38	OFFICE HARDWARE INSTALLATION	4/18/11	5,193				5,193	7 HY 200DB	3,571	463
39	ADT SECURITY	4/14/11	1,189				1,189	5 HY 200DB	984	137
40	NEW ENGLAND AUDIO VISUAL	7/21/11	23,981				23,981	5 HY 200DB	19,837	2,762
41	WINDOW SHADES	4/22/11	2,975				2,975	7 HY 200DB	2,046	265
42	PLAQUES	4/25/11	2,170				2,170	7 HY 200DB	1,492	194
43	TELEPHONE SYSTEM UPGRADE	5/05/11	4,779				4,779	5 HY 200DB	3,953	550
44	FURNISHINGS - DGI-INVISUALS	4/28/11	21,221				21,221	7 HY 200DB	14,592	1,894
45	SIGN	5/17/11	4,191				4,191	15 HY 150DB	1,289	290
46	FIXTURES- WORLD TROPHIES	7/28/11	4,247				4,247	7 HY 200DB	2,920	379
47	FURNITURE AND FIXTURES - NEW BU	7/25/11	28,977				28,977	7 HY 200DB	19,925	2,586
48	REFRIGERATOR	4/20/11	2,795				2,795	5 HY 200DB	2,312	322
50	GRANITE SIGN	5/27/11	7,650				7,650	15 HY 150DB	2,352	530
52	ICARE Tonometer with Case	8/23/13	3,795			X	1,897	5 HY 200DB	2,884	365
			<u>1,992,088</u>				<u>1,959,108</u>		<u>322,007</u>	<u>57,807</u>
Other Depreciation:										
1	COMPUTERS	1/22/93	3,328				3,328	5 MO S/L	3,328	0
2	COMPUTER	11/09/94	2,344				2,344	5 MO S/L	2,344	0
3	COMPUTER & PRINTER	4/27/95	2,974				2,974	5 MO S/L	2,974	0
4	TELEPHONE SYSTEM	4/02/96	9,800				9,800	5 MO S/L	9,800	0
6	COMPUTER PRINTER	3/26/98	514				514	5 MO S/L	514	0
7	COMPUTER SYSTEM	9/30/98	28,806				28,806	5 MO S/L	28,806	0
8	COMPUTER PRINTER	10/27/98	640				640	5 MO S/L	640	0
9	FAX MACHINE	10/06/98	280				280	5 MO S/L	280	0
10	COMPUTER HARD DRIVE	12/03/98	850				850	5 MO S/L	850	0
11	HP PRINTER	6/22/00	250				250	5 MO S/L	250	0
12	COMPUTER EQUIPMENT	12/15/00	5,431				5,431	5 MO S/L	5,431	0
13	EPSON LCD PROJECTOR	12/14/00	4,514				4,514	5 MO S/L	4,514	0
16	COMPAQ COMPUTER	3/27/02	10,120				10,120	5 MO S/L	10,120	0
17	COMPUTER MONITOR	7/18/02	2,400				2,400	5 MO S/L	2,400	0
18	SET FOR TV SHOW	9/12/02	5,390				5,390	7 MO S/L	5,390	0
49	WEBSITE	2/14/11	5,000				5,000	3 MOAmort	5,000	0
51	LAND	4/18/11	771,075				771,075	0 -- Land	0	0
55	VSysOne SOFTWARE	1/30/15	7,500			X	5,000	3 MOAmort	0	2,500
56	IMPORTOMATIC SOFTWARE	1/22/15	5,688			X	3,792	3 MOAmort	0	1,896
	Total Other Depreciation		<u>866,904</u>				<u>862,508</u>		<u>82,641</u>	<u>4,396</u>
	Total ACRS and Other Depreciation		<u>866,904</u>				<u>862,508</u>		<u>82,641</u>	<u>4,396</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Listed Property:									
26	2006 VAN	2/22/07	12,424			12,424	5 HY 200DB	12,424	0
53	'16 FORD TRANSIT	12/30/15	30,338		X	18,878	5 MQ200DB	0	11,460
			<u>42,762</u>			<u>31,302</u>		<u>12,424</u>	<u>11,460</u>
Grand Totals			2,907,254			2,855,668		417,072	77,101
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,907,254</u>			<u>2,855,668</u>		<u>417,072</u>	<u>77,101</u>

RISPECOLY SPECIAL OLYMPICS RHODE ISLAND, INC.

05-0377867

RI Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	RI Prior	RI Current	Federal Current	Difference Fed - RI
5-year GDS Property:								
54	1998 TRAILER	4/30/15	5,500	5,500	0	1,375	3,438	2,063
			<u>5,500</u>	<u>5,500</u>	<u>0</u>	<u>1,375</u>	<u>3,438</u>	<u>2,063</u>
Prior MACRS:								
14	TELEPHONE	3/01/01	285	285	285	0	0	0
15	CAMCORDER	5/01/01	2,567	2,567	2,567	0	0	0
19	LAPTOP	10/28/04	1,958	0	1,958	0	0	0
20	2 COMPUTERS - UNICOM	12/29/04	1,567	0	1,567	0	0	0
21	2 LCD MONITORS	8/02/05	508	508	508	0	0	0
22	APC BATTERY BACKUP	10/20/05	660	660	660	0	0	0
23	COMPUTER, PRINTER, MONITOR	12/28/05	1,142	1,142	1,142	0	0	0
24	DELL LAPTOP	2/26/06	1,570	1,570	1,570	0	0	0
25	2 COMPUTERS	9/28/07	1,890	1,890	1,890	0	0	0
27	PHONE SYSTEM	4/22/09	4,997	4,997	4,997	0	0	0
28	COMPUTERS	4/30/09	1,389	1,389	1,389	0	0	0
29	RAISERS EDGE	11/30/09	1,422	1,422	1,422	0	0	0
30	COMPUTER	11/30/09	1,185	1,185	1,185	0	0	0
31	RASIER'S EDGE SOFTWARE	1/14/10	21,996	21,996	21,996	0	0	0
32	COMPUTER	2/18/10	1,900	1,900	1,900	0	0	0
33	COMPUTER	2/25/10	925	925	925	0	0	0
34	WEBSITE	6/23/10	20,000	20,000	20,000	0	0	0
35	COMPUTER	10/07/10	650	650	650	0	0	0
36	BUILDING	4/18/11	1,805,602	1,805,602	171,687	46,297	46,297	0
37	KEYSCAN SYSTEM	4/27/11	6,712	6,712	5,552	773	773	0
38	OFFICE HARDWARE INSTALLATION	4/18/11	5,193	5,193	3,571	463	463	0
39	ADT SECURITY	4/14/11	1,189	1,189	984	137	137	0
40	NEW ENGLAND AUDIO VISUAL	7/21/11	23,981	23,981	19,837	2,762	2,762	0
41	WINDOW SHADES	4/22/11	2,975	2,975	2,046	265	265	0
42	PLAQUES	4/25/11	2,170	2,170	1,492	194	194	0
43	TELEPHONE SYSTEM UPGRADE	5/05/11	4,779	4,779	3,953	550	550	0
44	FURNISHINGS - DGI-INVISUALS	4/28/11	21,221	21,221	14,592	1,894	1,894	0
45	SIGN	5/17/11	4,191	4,191	1,289	290	290	0
46	FIXTURES- WORLD TROPHIES	7/28/11	4,247	4,247	2,920	379	379	0
47	FURNITURE AND FIXTURES - NEW BU	7/25/11	28,977	28,977	19,925	2,586	2,586	0
48	REFRIGERATOR	4/20/11	2,795	2,795	2,312	322	322	0
50	GRANITE SIGN	5/27/11	7,650	7,650	2,352	530	530	0
52	ICARE Tonometer with Case	8/23/13	3,795	3,795	1,973	729	365	-364
			<u>1,992,088</u>	<u>1,988,563</u>	<u>321,096</u>	<u>58,171</u>	<u>57,807</u>	<u>-364</u>
Other Depreciation:								
1	COMPUTERS	1/22/93	3,328	3,328	3,328	0	0	0
2	COMPUTER	11/09/94	2,344	2,344	2,344	0	0	0
3	COMPUTER & PRINTER	4/27/95	2,974	2,974	2,974	0	0	0
4	TELEPHONE SYSTEM	4/02/96	9,800	9,800	9,800	0	0	0
6	COMPUTER PRINTER	3/26/98	514	514	514	0	0	0
7	COMPUTER SYSTEM	9/30/98	28,806	28,806	28,806	0	0	0
8	COMPUTER PRINTER	10/27/98	640	640	640	0	0	0
9	FAX MACHINE	10/06/98	280	280	280	0	0	0
10	COMPUTER HARD DRIVE	12/03/98	850	850	850	0	0	0
11	HP PRINTER	6/22/00	250	250	250	0	0	0
12	COMPUTER EQUIPMENT	12/15/00	5,431	5,431	5,431	0	0	0
13	EPSON LCD PROJECTOR	12/14/00	4,514	4,514	4,514	0	0	0
16	COMPAQ COMPUTER	3/27/02	10,120	10,120	10,120	0	0	0
17	COMPUTER MONITOR	7/18/02	2,400	2,400	2,400	0	0	0
18	SET FOR TV SHOW	9/12/02	5,390	5,390	5,390	0	0	0
49	WEBSITE	2/14/11	5,000	5,000	5,000	0	0	0
51	LAND	4/18/11	771,075	771,075	0	0	0	0
55	VSystemOne SOFTWARE	1/30/15	7,500	7,500	0	2,500	2,500	0
56	IMPORTOMATIC SOFTWARE	1/22/15	5,688	5,688	0	1,896	1,896	0
	Total Other Depreciation		<u>866,904</u>	<u>866,904</u>	<u>82,641</u>	<u>4,396</u>	<u>4,396</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>866,904</u>	<u>866,904</u>	<u>82,641</u>	<u>4,396</u>	<u>4,396</u>	<u>0</u>

RI Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	RI Prior	RI Current	Federal Current	Difference Fed - RI
Listed Property:								
26	2006 VAN	2/22/07	12,424	12,424	12,424	0	0	0
53	'16 FORD TRANSIT	12/30/15	30,338	30,338	0	1,517	11,460	9,943
			<u>42,762</u>	<u>42,762</u>	<u>12,424</u>	<u>1,517</u>	<u>11,460</u>	<u>9,943</u>
Grand Totals			2,907,254	2,903,729	416,161	65,459	77,101	11,642
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,907,254</u>	<u>2,903,729</u>	<u>416,161</u>	<u>65,459</u>	<u>77,101</u>	<u>11,642</u>

RISPECOLY SPECIAL OLYMPICS RHODE ISLAND, INC.

05-0377867

AMT Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
54	1998 TRAILER	4/30/15	5,500			X	2,750	5	MQ200DB	0	3,438
			<u>5,500</u>				<u>2,750</u>			<u>0</u>	<u>3,438</u>
Prior MACRS:											
14	TELEPHONE	3/01/01	285				285	5	HY 150DB	285	0
15	CAMCORDER	5/01/01	2,567				2,567	5	HY 150DB	2,567	0
19	LAPTOP	10/28/04	1,958	X	X		0	5	HY 200DB	1,958	0
20	2 COMPUTERS - UNICOM	12/29/04	1,567	X	X		0	5	HY 200DB	1,567	0
21	2 LCD MONITORS	8/02/05	508				508	5	MQ150DB	508	0
22	APC BATTERY BACKUP	10/20/05	660				660	5	MQ150DB	660	0
23	COMPUTER, PRINTER, MONITOR	12/28/05	1,142				1,142	5	MQ150DB	1,142	0
24	DELL LAPTOP	2/26/06	1,570				1,570	5	HY 150DB	1,570	0
25	2 COMPUTERS	9/28/07	1,890				1,890	5	HY 150DB	1,890	0
27	PHONE SYSTEM	4/22/09	4,997			X	2,498	5	HY 200DB	4,997	0
28	COMPUTERS	4/30/09	1,389			X	695	5	HY 200DB	1,389	0
29	RAISERS EDGE	11/30/09	1,422			X	711	5	HY 200DB	1,422	0
30	COMPUTER	11/30/09	1,185			X	592	5	HY 200DB	1,185	0
31	RASIER'S EDGE SOFTWARE	1/14/10	21,996			X	10,998	3	HY 200DB	21,996	0
32	COMPUTER	2/18/10	1,900			X	950	3	HY 200DB	1,900	0
33	COMPUTER	2/25/10	925			X	463	3	HY 200DB	925	0
34	WEBSITE	6/23/10	20,000			X	10,000	3	HY 200DB	20,000	0
35	COMPUTER	10/07/10	650			X	0	3	HY 200DB	650	0
36	BUILDING	4/18/11	1,805,602				1,805,602	39	MMS/L	171,687	46,297
37	KEYSCAN SYSTEM	4/27/11	6,712				6,712	5	HY 200DB	5,552	773
38	OFFICE HARDWARE INSTALLATION	4/18/11	5,193				5,193	7	HY 200DB	3,571	463
39	ADT SECURITY	4/14/11	1,189				1,189	5	HY 200DB	984	137
40	NEW ENGLAND AUDIO VISUAL	7/21/11	23,981				23,981	5	HY 200DB	19,837	2,762
41	WINDOW SHADES	4/22/11	2,975				2,975	7	HY 200DB	2,046	265
42	PLAQUES	4/25/11	2,170				2,170	7	HY 200DB	1,492	194
43	TELEPHONE SYSTEM UPGRADE	5/05/11	4,779				4,779	5	HY 200DB	3,953	550
44	FURNISHINGS - DGI-INVISUALS	4/28/11	21,221				21,221	7	HY 200DB	14,592	1,894
45	SIGN	5/17/11	4,191				4,191	15	HY 150DB	1,289	290
46	FIXTURES- WORLD TROPHIES	7/28/11	4,247				4,247	7	HY 200DB	2,920	379
47	FURNITURE AND FIXTURES - NEW BU	7/25/11	28,977				28,977	7	HY 200DB	19,925	2,586
48	REFRIGERATOR	4/20/11	2,795				2,795	5	HY 200DB	2,312	322
50	GRANITE SIGN	5/27/11	7,650				7,650	15	HY 150DB	2,352	530
52	ICARE Tonometer with Case	8/23/13	3,795			X	1,897	5	HY 200DB	2,884	365
			<u>1,992,088</u>				<u>1,959,108</u>			<u>322,007</u>	<u>57,807</u>
Other Depreciation:											
1	COMPUTERS	1/22/93	0				0	0	HY	0	0
2	COMPUTER	11/09/94	0				0	0	HY	0	0
3	COMPUTER & PRINTER	4/27/95	0				0	0	HY	0	0
4	TELEPHONE SYSTEM	4/02/96	0				0	0	HY	0	0
6	COMPUTER PRINTER	3/26/98	0				0	0	HY	0	0
7	COMPUTER SYSTEM	9/30/98	0				0	0	HY	0	0
8	COMPUTER PRINTER	10/27/98	0				0	0	HY	0	0
9	FAX MACHINE	10/06/98	0				0	0	HY	0	0
10	COMPUTER HARD DRIVE	12/03/98	0				0	0	HY	0	0
11	HP PRINTER	6/22/00	0				0	0	HY	0	0
12	COMPUTER EQUIPMENT	12/15/00	0				0	0	HY	0	0
13	EPSON LCD PROJECTOR	12/14/00	0				0	0	HY	0	0
16	COMPAQ COMPUTER	3/27/02	10,120				10,120	5	MO S/L	10,120	0
17	COMPUTER MONITOR	7/18/02	2,400				2,400	5	MO S/L	2,400	0
18	SET FOR TV SHOW	9/12/02	5,390				5,390	7	MO S/L	5,390	0
51	LAND	4/18/11	0				0	0	HY	0	0
	Total Other Depreciation		<u>17,910</u>				<u>17,910</u>			<u>17,910</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>17,910</u>				<u>17,910</u>			<u>17,910</u>	<u>0</u>
Listed Property:											
26	2006 VAN	2/22/07	12,424				12,424	5	HY 150DB	12,424	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
53	'16 FORD TRANSIT	12/30/15	30,338		X	18,878	5 MQ200DB	0	11,460
			<u>42,762</u>			<u>31,302</u>		<u>12,424</u>	<u>11,460</u>
	Grand Totals		2,058,260			2,011,070		352,341	72,705
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>2,058,260</u>			<u>2,011,070</u>		<u>352,341</u>	<u>72,705</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
55	VSysOne SOFTWARE	1/30/15	7,500		0	2,500	0	5,000
56	IMPORTOMATIC SOFTWARE	1/22/15	5,688		0	1,896	0	3,792
19	LAPTOP	10/28/04	1,958		1,958	0	0	0
20	2 COMPUTERS - UNICOM	12/29/04	1,567		1,567	0	0	0
27	PHONE SYSTEM	4/22/09	4,997		0	0	2,499	2,498
28	COMPUTERS	4/30/09	1,389		0	0	694	695
29	RAISERS EDGE	11/30/09	1,422		0	0	711	711
30	COMPUTER	11/30/09	1,185		0	0	593	592
31	RASIER'S EDGE SOFTWARE	1/14/10	21,996		0	0	10,998	10,998
32	COMPUTER	2/18/10	1,900		0	0	950	950
33	COMPUTER	2/25/10	925		0	0	462	463
34	WEBSITE	6/23/10	20,000		0	0	10,000	10,000
35	COMPUTER	10/07/10	650		0	0	650	0
52	ICARE Tonometer with Case	8/23/13	3,795		0	0	1,898	1,897
53	'16 FORD TRANSIT	12/30/15	30,338	100	0	11,460	0	18,878
54	1998 TRAILER	4/30/15	5,500		0	2,750	0	2,750
	Form 990, Page 1		<u>110,810</u>		<u>0</u>	<u>18,606</u>	<u>29,455</u>	<u>59,224</u>
	Grand Total		<u>110,810</u>		<u>0</u>	<u>18,606</u>	<u>29,455</u>	<u>59,224</u>

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	14	TELEPHONE	0	0	0
Page 1	1	15	CAMCORDER	0	0	0
Page 1	1	19	LAPTOP	0	0	0
Page 1	1	20	2 COMPUTERS - UNICOM	0	0	0
Page 1	1	21	2 LCD MONITORS	0	0	0
Page 1	1	22	APC BATTERY BACKUP	0	0	0
Page 1	1	23	COMPUTER, PRINTER, MONITOR	0	0	0
Page 1	1	24	DELL LAPTOP	0	0	0
Page 1	1	25	2 COMPUTERS	0	0	0
Page 1	1	26	2006 VAN	0	0	0
Page 1	1	27	PHONE SYSTEM	0	0	0
Page 1	1	28	COMPUTERS	0	0	0
Page 1	1	29	RAISERS EDGE	0	0	0
Page 1	1	30	COMPUTER	0	0	0
Page 1	1	31	RASIER'S EDGE SOFTWARE	0	0	0
Page 1	1	32	COMPUTER	0	0	0
Page 1	1	33	COMPUTER	0	0	0
Page 1	1	34	WEBSITE	0	0	0
Page 1	1	35	COMPUTER	0	0	0
Page 1	1	36	BUILDING	46,297	46,297	0
Page 1	1	37	KEYSCAN SYSTEM	773	773	0
Page 1	1	38	OFFICE HARDWARE INSTALLATION	463	463	0
Page 1	1	39	ADT SECURITY	137	137	0
Page 1	1	40	NEW ENGLAND AUDIO VISUAL	2,762	2,762	0
Page 1	1	41	WINDOW SHADES	265	265	0
Page 1	1	42	PLAQUES	194	194	0
Page 1	1	43	TELEPHONE SYSTEM UPGRADE	550	550	0
Page 1	1	44	FURNISHINGS - DGI-INVISUALS	1,894	1,894	0
Page 1	1	45	SIGN	290	290	0
Page 1	1	46	FIXTURES- WORLD TROPHIES	379	379	0
Page 1	1	47	FURNITURE AND FIXTURES - NEW BUILD	2,586	2,586	0
Page 1	1	48	REFRIGERATOR	322	322	0
Page 1	1	50	GRANITE SIGN	530	530	0
Page 1	1	52	ICARE Tonometer with Case	365	365	0
Page 1	1	53	'16 FORD TRANSIT	11,460	11,460	0
Page 1	1	54	1998 TRAILER	3,438	3,438	0
				<u>72,705</u>	<u>72,705</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
14	TELEPHONE	3/01/01	285	0	0
15	CAMCORDER	5/01/01	2,567	0	0
19	LAPTOP	10/28/04	1,958	0	0
20	2 COMPUTERS - UNICOM	12/29/04	1,567	0	0
21	2 LCD MONITORS	8/02/05	508	0	0
22	APC BATTERY BACKUP	10/20/05	660	0	0
23	COMPUTER, PRINTER, MONITOR	12/28/05	1,142	0	0
24	DELL LAPTOP	2/26/06	1,570	0	0
25	2 COMPUTERS	9/28/07	1,890	0	0
27	PHONE SYSTEM	4/22/09	4,997	0	0
28	COMPUTERS	4/30/09	1,389	0	0
29	RAISERS EDGE	11/30/09	1,422	0	0
30	COMPUTER	11/30/09	1,185	0	0
31	RASIER'S EDGE SOFTWARE	1/14/10	21,996	0	0
32	COMPUTER	2/18/10	1,900	0	0
33	COMPUTER	2/25/10	925	0	0
34	WEBSITE	6/23/10	20,000	0	0
35	COMPUTER	10/07/10	650	0	0
36	BUILDING	4/18/11	1,805,602	46,298	46,298
37	KEYSCAN SYSTEM	4/27/11	6,712	387	387
38	OFFICE HARDWARE INSTALLATION	4/18/11	5,193	463	463
39	ADT SECURITY	4/14/11	1,189	68	68
40	NEW ENGLAND AUDIO VISUAL	7/21/11	23,981	1,382	1,382
41	WINDOW SHADES	4/22/11	2,975	266	266
42	PLAQUES	4/25/11	2,170	194	194
43	TELEPHONE SYSTEM UPGRADE	5/05/11	4,779	276	276
44	FURNISHINGS - DGI-INVISUALS	4/28/11	21,221	1,894	1,894
45	SIGN	5/17/11	4,191	261	261
46	FIXTURES- WORLD TROPHIES	7/28/11	4,247	379	379
47	FURNITURE AND FIXTURES - NEW BUILD	7/25/11	28,977	2,586	2,586
48	REFRIGERATOR	4/20/11	2,795	161	161
50	GRANITE SIGN	5/27/11	7,650	477	477
52	ICARE Tonometer with Case	8/23/13	3,795	218	218
54	1998 TRAILER	4/30/15	5,500	825	825
			<u>1,997,588</u>	<u>56,135</u>	<u>56,135</u>

Other Depreciation:

1	COMPUTERS	1/22/93	3,328	0	0
2	COMPUTER	11/09/94	2,344	0	0
3	COMPUTER & PRINTER	4/27/95	2,974	0	0
4	TELEPHONE SYSTEM	4/02/96	9,800	0	0
6	COMPUTER PRINTER	3/26/98	514	0	0
7	COMPUTER SYSTEM	9/30/98	28,806	0	0
8	COMPUTER PRINTER	10/27/98	640	0	0
9	FAX MACHINE	10/06/98	280	0	0
10	COMPUTER HARD DRIVE	12/03/98	850	0	0
11	HP PRINTER	6/22/00	250	0	0
12	COMPUTER EQUIPMENT	12/15/00	5,431	0	0
13	EPSON LCD PROJECTOR	12/14/00	4,514	0	0
16	COMPAQ COMPUTER	3/27/02	10,120	0	0
17	COMPUTER MONITOR	7/18/02	2,400	0	0
18	SET FOR TV SHOW	9/12/02	5,390	0	0
49	WEBSITE	2/14/11	5,000	0	0
51	LAND	4/18/11	771,075	0	0
55	VSysOne SOFTWARE	1/30/15	7,500	1,667	1,667
56	IMPORTOMATIC SOFTWARE	1/22/15	5,688	1,264	0
	Total Other Depreciation		<u>866,904</u>	<u>2,931</u>	<u>1,667</u>
	Total ACRS and Other Depreciation		<u>866,904</u>	<u>2,931</u>	<u>1,667</u>

Listed Property:

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
26	2006 VAN	2/22/07	12,424	0	0
53	'16 FORD TRANSIT	12/30/15	30,338	5,600	5,600
			<u>42,762</u>	<u>5,600</u>	<u>5,600</u>
Grand Totals			<u>2,907,254</u>	<u>64,666</u>	<u>63,402</u>

Asset	Description	Date In Service	Cost	RI
Prior MACRS:				
14	TELEPHONE	3/01/01	285	0
15	CAMCORDER	5/01/01	2,567	0
19	LAPTOP	10/28/04	1,958	0
20	2 COMPUTERS - UNICOM	12/29/04	1,567	0
21	2 LCD MONITORS	8/02/05	508	0
22	APC BATTERY BACKUP	10/20/05	660	0
23	COMPUTER, PRINTER, MONITOR	12/28/05	1,142	0
24	DELL LAPTOP	2/26/06	1,570	0
25	2 COMPUTERS	9/28/07	1,890	0
27	PHONE SYSTEM	4/22/09	4,997	0
28	COMPUTERS	4/30/09	1,389	0
29	RAISERS EDGE	11/30/09	1,422	0
30	COMPUTER	11/30/09	1,185	0
31	RASIER'S EDGE SOFTWARE	1/14/10	21,996	0
32	COMPUTER	2/18/10	1,900	0
33	COMPUTER	2/25/10	925	0
34	WEBSITE	6/23/10	20,000	0
35	COMPUTER	10/07/10	650	0
36	BUILDING	4/18/11	1,805,602	46,298
37	KEYSCAN SYSTEM	4/27/11	6,712	387
38	OFFICE HARDWARE INSTALLATION	4/18/11	5,193	463
39	ADT SECURITY	4/14/11	1,189	68
40	NEW ENGLAND AUDIO VISUAL	7/21/11	23,981	1,382
41	WINDOW SHADES	4/22/11	2,975	266
42	PLAQUES	4/25/11	2,170	194
43	TELEPHONE SYSTEM UPGRADE	5/05/11	4,779	276
44	FURNISHINGS - DGI-INVISUALS	4/28/11	21,221	1,894
45	SIGN	5/17/11	4,191	261
46	FIXTURES- WORLD TROPHIES	7/28/11	4,247	379
47	FURNITURE AND FIXTURES - NEW BUILD	7/25/11	28,977	2,586
48	REFRIGERATOR	4/20/11	2,795	161
50	GRANITE SIGN	5/27/11	7,650	477
52	ICARE Tonometer with Case	8/23/13	3,795	437
54	1998 TRAILER	4/30/15	5,500	1,650
			<u>1,997,588</u>	<u>57,179</u>

Other Depreciation:

1	COMPUTERS	1/22/93	3,328	0
2	COMPUTER	11/09/94	2,344	0
3	COMPUTER & PRINTER	4/27/95	2,974	0
4	TELEPHONE SYSTEM	4/02/96	9,800	0
6	COMPUTER PRINTER	3/26/98	514	0
7	COMPUTER SYSTEM	9/30/98	28,806	0
8	COMPUTER PRINTER	10/27/98	640	0
9	FAX MACHINE	10/06/98	280	0
10	COMPUTER HARD DRIVE	12/03/98	850	0
11	HP PRINTER	6/22/00	250	0
12	COMPUTER EQUIPMENT	12/15/00	5,431	0
13	EPSON LCD PROJECTOR	12/14/00	4,514	0
16	COMPAQ COMPUTER	3/27/02	10,120	0
17	COMPUTER MONITOR	7/18/02	2,400	0
18	SET FOR TV SHOW	9/12/02	5,390	0
49	WEBSITE	2/14/11	5,000	0
51	LAND	4/18/11	771,075	0
55	VSysOne SOFTWARE	1/30/15	7,500	2,500
56	IMPORTOMATIC SOFTWARE	1/22/15	5,688	1,896
	Total Other Depreciation		<u>866,904</u>	<u>4,396</u>
	Total ACRS and Other Depreciation		<u>866,904</u>	<u>4,396</u>

Listed Property:

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>RI</u>
26	2006 VAN	2/22/07	12,424	0
53	'16 FORD TRANSIT	12/30/15	30,338	5,600
			<u>42,762</u>	<u>5,600</u>
Grand Totals			<u>2,907,254</u>	<u>67,175</u>

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

SPECIAL OLYMPICS RHODE ISLAND, INC.**05-0377867**

		2014	2015	Differences	
R e v e n u e	1. Contributions, gifts, grants	1,432,667	1,415,279	-17,388	
	2. Membership dues and assessments				
	3. Government contributions and grants	240,041	227,914	-12,127	
	4. Program service revenue				
	5. Investment income	28,803	32,236	3,433	
	6. Proceeds from tax exempt bonds				
	7. Net gain or (loss) from sale of assets other than inventory				
	8. Net income or (loss) from fundraising events				
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue				
	12. Total revenue. Add lines 1 through 11		1,701,511	1,675,429	-26,082
E x p e n s e s	13. Grants and similar amounts paid				
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.				
	16. Salaries, other compensation, and employee benefits	729,740	774,074	44,334	
	17. Professional fundraising fees	86,222	77,542	-8,680	
	18. Other professional fees	83,639	77,091	-6,548	
	19. Occupancy, rent, utilities, and maintenance	52,285	43,657	-8,628	
	20. Depreciation and Depletion	60,854	77,101	16,247	
	21. Other expenses	695,845	650,021	-45,824	
	22. Total expenses. Add lines 13 through 21		1,708,585	1,699,486	-9,099
	23. Excess or (Deficit). Subtract line 22 from line 12		-7,074	-24,057	-16,983
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,701,511	1,675,429	-26,082	
	25. Total unrelated revenue				
	26. Total excludable revenue	28,803	32,236	3,433	
	27. Total assets	4,105,849	3,697,141	-408,708	
	28. Total liabilities	315,378	25,279	-290,099	
	29. Retained earnings	3,790,471	3,671,862	-118,609	
	30. Number of voting members of governing body	25	24		
	31. Number of independent voting members of governing body	25	24		
	32. Number of employees	15	12		
	33. Number of volunteers	3000	3000		

Form 990	Tax Return History	2015
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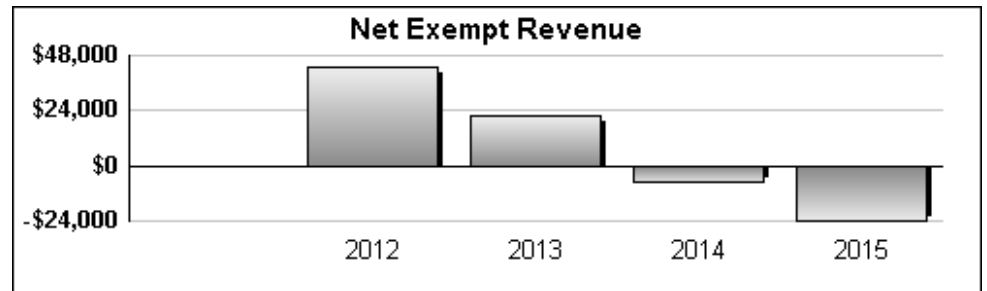
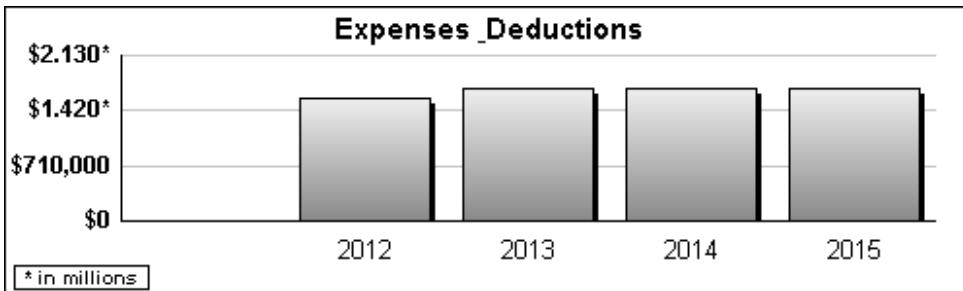
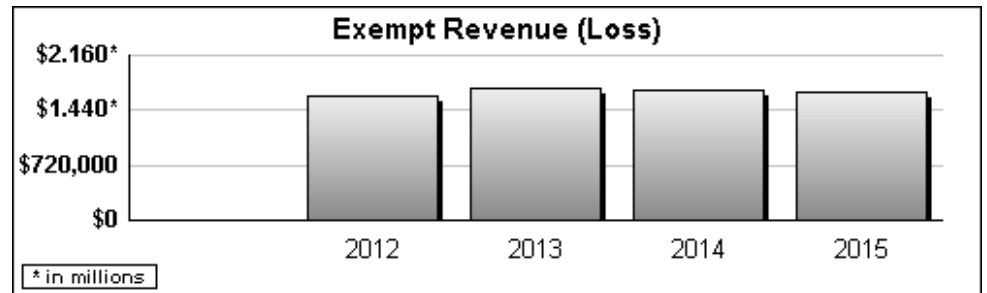
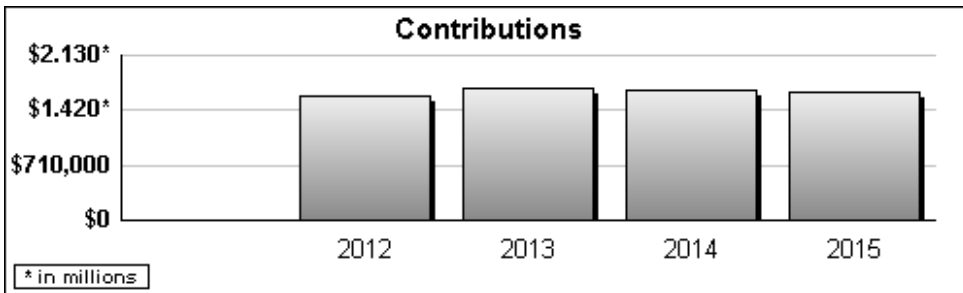
Name SPECIAL OLYMPICS RHODE ISLAND, INC.	Employer Identification Number 05-0377867
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	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		1,601,760	1,702,074	1,672,708	1,643,193	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income		19,932	16,520	28,803	32,236	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		1,621,692	1,718,594	1,701,511	1,675,429	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		622,172	639,704	729,740	774,074	
Professional fees		78,524	210,553	169,861	154,633	
Occupancy costs		38,332	39,181	52,285	43,657	
Depreciation and depletion		82,238	72,339	60,854	77,101	
Other expenses		756,822	734,754	695,845	650,021	
Total expenses		1,578,088	1,696,531	1,708,585	1,699,486	
Excess or (Deficit)		43,604	22,063	-7,074	-24,057	
Total exempt revenue		1,621,692	1,718,594	1,701,511	1,675,429	
Total unrelated revenue						
Total excludable revenue		1,621,692	16,520	28,803	32,236	
Total Assets		4,407,118	4,230,544	4,105,849	3,697,141	
Total Liabilities		689,595	413,686	315,378	25,279	
Net Fund Balances		3,717,523	3,816,858	3,790,471	3,671,862	

Form 990T	Tax Return History	2015
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Name SPECIAL OLYMPICS RHODE ISLAND, INC.	Employer Identification Number 05-0377867
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

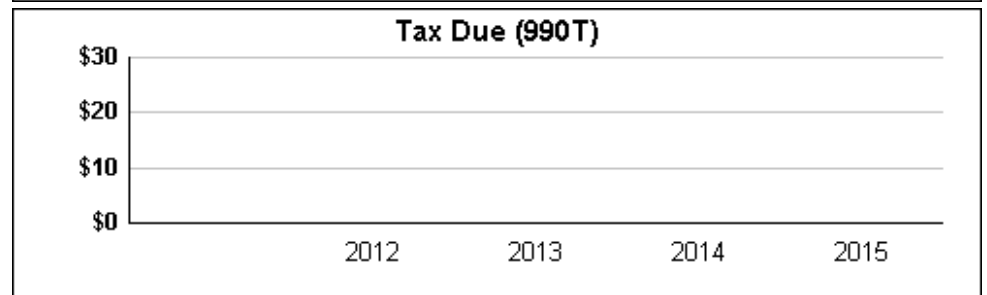
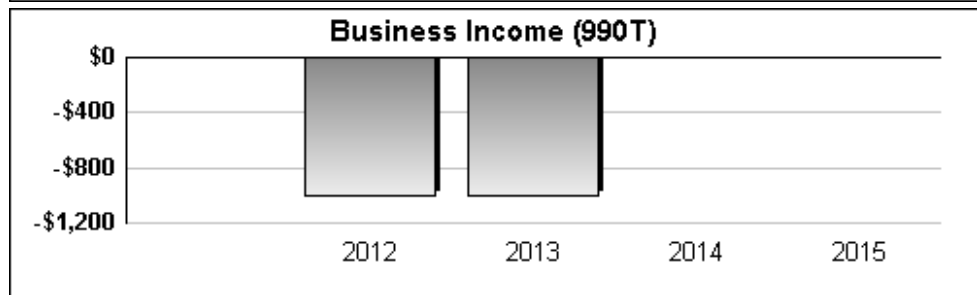
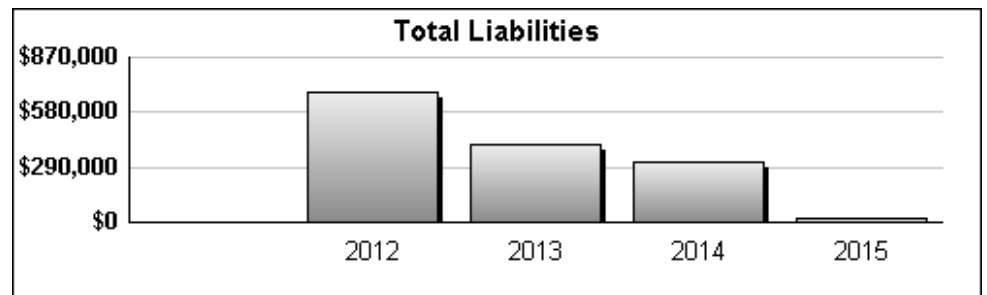
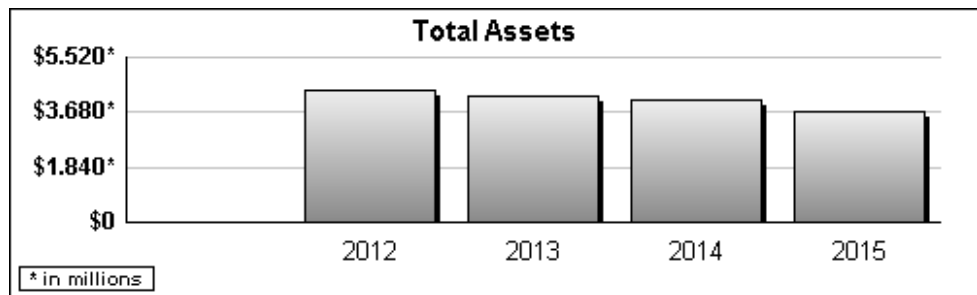


Form 990T	Tax Return History	2015
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Name SPECIAL OLYMPICS RHODE ISLAND, INC.	Employer Identification Number 05-0377867
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest-Savings, Short-term	\$ 707		14			
Interest Income			14			
Total	<u>\$ 707</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 31,529		14			
Total	<u>\$ 31,529</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Contracted Services	\$ 23,404	\$ 23,404	\$	\$
Outside Services	2,383			2,383
Outside Contracted Services	42,304		42,304	
Total	\$ 68,091	\$ 23,404	\$ 42,304	\$ 2,383

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Miscellaneous Expense	\$ 14,131	\$	\$ 7,850	\$ 6,281
Equip Rental	13,054	11,155	683	1,216
Automobile Expense/Mileage	12,110	9,688	1,211	1,211
Fees	11,943	11,943		
Processing Fees - C. Card	10,957			10,957
Telephone, Telecommunicat	9,993	7,495	899	1,599
Registration Fees	8,829	2,000		6,829
Student Projects	8,171	8,171		
Bad Debt Expense	8,000		8,000	
Professional Development	7,862	7,862		
Processing Fees	7,842	44	5	7,793
College Project	6,824	6,824		
Incentives	6,609	6,609		
Lifeguards, Event Mainten	6,541	6,541		
Direct School Support	5,948	5,948		
Other Taxes	5,904	4,428	531	945
Teacher Projects	4,807	4,807		
Miscellaneous Fundraising	4,557			4,557
Participant Gifts	4,368	4,368		
Entertainment	4,300			4,300
Gifts	3,960	3,960		
Automobile Expense	3,300	3,300		
Auto Mileage	2,808			2,808
Officiating	2,700	2,700		
Meals	2,536	2,536		

Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses (continued)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Background Checks	\$ 2,282	\$	\$ 2,282	\$
Volunteer Services	1,675		1,600	75
Dues	1,295		1,295	
Officials	1,255	1,255		
Bank Charges	570	428	51	91
Transportation	422	422		
Volunteer Support	300	300		
Total	<u>\$ 185,853</u>	<u>\$ 112,784</u>	<u>\$ 24,407</u>	<u>\$ 48,662</u>

RISPECOLY SPECIAL OLYMPICS RHODE ISLAND, INC.

05-0377867

Federal Statements

FYE: 12/31/2015

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Special Olympics International	\$ 32,739
Unified Fund Program	32,330
PROJECT UNIFIED	134,960
State Community Service Grant	60,624
OTHER	1,105,534
MISC EVENTS	
Cash Contribution	<u>277,006</u>
Total	<u>\$ 1,643,193</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Project Unified	\$ 324,403	\$ 149,716
Champlin Foundation	264,135	89,448
Total	<u>\$ 588,538</u>	<u>\$ 239,164</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest-Savings, Short-term	\$ 707
Interest Income	
DIVIDENDS	31,529
Total	\$ <u>32,236</u>

Schedule A, Part II, Line 12

Description	Amount
MISC EVENTS	\$
Total	\$ <u>0</u>