EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue Service

For the 2018 calendar year, or tax year beginning and ending

Name of organization

SPECIAL OLYMPICS MONTANA, INC.

Doing business as

Room/suite

P.O. BOX 3507

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

GREAT FALLS, MT 59403

Employer identification number

81-0367064

Telephone number

(406) 268-6759

Gross receipts

3,714,648

Is this a group return for subordinates?

No

Are all subordinates included?

No

Website

WWW.SOMT.ORG

Tax-exempt status:

X 501(c)(3)

501(c)( ) (insert no.)

4947(a)(1) or 527

Name and address of principal officer:

ROBERT NORBIE

SAME AS C ABOVE

Year of formation: 1970

State of legal domicile: MT

Summary

1 Briefly describe the organization's mission or most significant activities:

The mission of Special Olympics is to provide year-round sports training and athletic competition in

Activities & Governance

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

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

10

21

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

10

20

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5

29

6 Total number of volunteers (estimate if necessary)

6

5750

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

0

7b Net unrelated business taxable income from Form 990-T, line 38

0

Revenue

8 Contributions and grants (Part VIII, line 1a)

Prior Year

5,352,150

Current Year

2,677,654

9 Program service revenue (Part VIII, line 2a)

23,146

24,729

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

199,721

192,854

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)

681,038

517,378

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

6,256,055

3,412,615

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)

1,293,824

1,318,209

16a Professional fundraising fees (Part IX, column (A), line 11e)

173,182

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)

1,332,291

1,338,943

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

2,626,115

2,657,152

19 Revenue less expenses. Subtract line 18 from line 12

3,629,940

755,463

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 person (other than officer) is based on all information of which preparer has any knowledge.

Signature of preparer

DREW RIEKER, CPA

Preparer's name

Print/Type preparer's name

Date

PTIN

Electronically signed

Preparer

JUNKERMER, CLARK, CAMPANELLA, STEVENS, PC

Preparer's signature

801-0348775

Use Only

Firm's name

Firm's EIN

Firm's address

Phone number

GREAT FALLS, MT 59403

406-761-2820

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)
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:
THE MISSION OF SPECIAL OLYMPICS IS TO PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLIGENCE DISABILITIES, GIVING THEM CONTINUING OPPORTUNITIES TO DEVELOP PHYSICAL FITNESS, DEMONSTRATE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code _______) (Expenses $ 2,204,182, including grants of $ ) (Revenue $ 24,729 )
SPECIAL OLYMPICS MONTANA, INC HELD STATE GAME EVENTS FOR PERSONS 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 ▶ 2,204,182. ▶

Form 990 (2018)
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A .................................................................................................................. 1 X

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   .................................................................................................................................................. 2 X

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for
   public office? If "Yes," complete Schedule C, Part I .................................................................................. 3 X

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect
   during the tax year? If "Yes," complete Schedule C, Part II .......................................................................... 4 X

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or
   similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .................. 5 X

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to
   provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the
   environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ...................... 7 X

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
   Schedule D, Part III .................................................................................................................................. 8 X

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for
   amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
   If "Yes," complete Schedule D, Part IV ....................................................................................................... 9 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 ............................................. 10 X

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X
    as applicable.

   a. Did the organization report an amount for land, buildings and equipment in Part X, line 102? If "Yes," complete Schedule D, Part VI 11a X

   b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total
      assets reported in Part X, line 167? If "Yes," complete Schedule D, Part VII ............................................. 11b X

   c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total
      assets reported in Part X, line 167? If "Yes," complete Schedule D, Part VIII ............................................. 11c X

   d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in
      Part X, line 167? If "Yes," complete Schedule D, Part IX .......................................................................... 11d X

   e. Did the organization report an amount for other liabilities in Part X, line 257? If "Yes," complete Schedule D, Part X 11e X

   f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
      the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
     Schedule D, Parts XI and XII ...................................................................................................................... 12a 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 12b X

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ................. 13 X

14a. Did the organization maintain an office, employees, or agents outside of the United States? 14a X

   b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business,
      investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000
      or more? If "Yes," complete Schedule F, Parts I and IV ....................................................................... 14b X

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any
    foreign organization? If "Yes," complete Schedule F, Parts II and IV ........................................................... 15 X

16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or
    for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ..................................................... 16 X

17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX,
    column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ............................................................... 17 X

18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines
    1c and 8a? If "Yes," complete Schedule G, Part II ..................................................................................... 18 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 ................................................................................................................... 19 X

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X

   b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X

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 21 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

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

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

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

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

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

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

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

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 I

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable

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

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

Form 990 (2018)
Section A. Governing Body and Management

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>21</td>
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</table>

1b Enter the number of voting members included in line 1a, above, who are independent

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>20</td>
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</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td></td>
<td>X</td>
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</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

6 Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

7b Did any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>8a</td>
<td>X</td>
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</table>

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>8b</td>
<td>X</td>
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</table>

b Each committee with authority to act on behalf of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

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

10a Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>X</td>
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</table>

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td>X</td>
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</tbody>
</table>

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>12c</td>
<td>X</td>
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</table>

13 Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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14 Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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<td>X</td>
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</table>

15 Did the organization have written document retention and destruction policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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<td>X</td>
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</table>

15a The organization's CEO, Executive Director, or top management official.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>15a</td>
<td>X</td>
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</tbody>
</table>

15b Other officers or key employees of the organization.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15b</td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a</td>
<td>X</td>
</tr>
</tbody>
</table>

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures or similar arrangements under federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Section C. Disclosure

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

<table>
<thead>
<tr>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) 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.

THE ORGANIZATION (406) 268-6759
P.O. BOX 3507, GREAT FALLS, MT 59403
### 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 (C), (D), and (E) 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JOHN PAREES</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) KRIS JONES</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>VICE CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) RICK REISIG</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) KATHY RICE</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) BOB NORBIE</td>
<td>40.00</td>
<td>X</td>
<td>X</td>
<td>158,639</td>
<td>0.0</td>
</tr>
<tr>
<td>EX-OFFICIO / PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) SCOTT BLACK</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) MICHAEL COMBO</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) GARY FULMER</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) RON HOOPER</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) STACEY JOHNSTON-GLEASON</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) SCOTT LIND</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) BILL LOMBARDI</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) LAURIE MONNEY</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) RENEW NEWMAN</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) JAMES O' DAY</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) LESLIE OAKLAND</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) DARYL SEYMOUR</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>(A) Average hours per week (list any hours for related organizations below line)</th>
<th>(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Representative compensation from the organization (W-2/1099-MISC)</th>
<th>(D) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(E) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERT SOUTZA</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRIS SPIKER</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NINA STEPHAN</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUMAN TOLSON</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHONDA MCCARTY</td>
<td>40.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAT MCCANNY</td>
<td>40.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 297,005.00 0.00 0.00

c Total from continuation sheets to Part VII, Section A: 0.00 0.00 0.00

d Total (add lines 1b and c): 297,005.00 0.00 0.00

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: 1

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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
### Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>3,182.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>2,202,459.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td>362,481.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>2,677,654.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a GAMES REVENUE</td>
<td>624100</td>
</tr>
<tr>
<td>2b</td>
<td>24,729.</td>
</tr>
<tr>
<td>2c</td>
<td>24,729.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2d</td>
</tr>
<tr>
<td>2e</td>
</tr>
<tr>
<td>2f All other program service revenue</td>
</tr>
<tr>
<td>2g Total, Add lines 2a-2f</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Real</td>
</tr>
<tr>
<td>(i) Personal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: rental expenses</td>
</tr>
<tr>
<td>Rental income or (loss)</td>
</tr>
<tr>
<td>Net rental income or (loss)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Securities</td>
</tr>
<tr>
<td>(ii) Other</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ 472,013. of contributions reported on line 1c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part IV, line 18</td>
</tr>
<tr>
<td>8a</td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
</tr>
<tr>
<td>11b</td>
</tr>
<tr>
<td>11c</td>
</tr>
<tr>
<td>11d All other revenue</td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
</tr>
<tr>
<td>11f</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Total revenue, See instructions</td>
</tr>
<tr>
<td>3,412,615.</td>
</tr>
<tr>
<td>24,729.</td>
</tr>
<tr>
<td>0.710,232.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
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</tr>
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<td>5</td>
</tr>
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</tr>
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<td>7</td>
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</tr>
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<td>10</td>
</tr>
<tr>
<td>11</td>
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<td>12</td>
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<td>13</td>
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<td>19</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>26</td>
</tr>
<tr>
<td>Assets</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>1 Cash - non-interest-bearing</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
</tr>
<tr>
<td>14 Intangible assets</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>143,669</td>
<td>169,739</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td>529</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>109,540</td>
<td>103,114</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>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</td>
<td>59,992</td>
<td>66,878</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>313,201</td>
<td>340,260</td>
</tr>
</tbody>
</table>

| Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34. |   |   |
| 27 Unrestricted net assets | 2,182,459 | 2,617,491 |
| 28 Temporarily restricted net assets | 1,379,586 | 1,142,190 |
| 29 Permanently restricted net assets | 3,538,696 | 3,765,860 |
| Organizations that do not follow SFAS 117 (ASC 958), check here [ ] and complete lines 30 through 34. |   |   |
| 30 Capital stock or trust principal, or current funds |   |   |
| 31 Paid-in or capital surplus, or land, building, or equipment fund |   |   |
| 32 Retained earnings, endowment, accumulated income, or other funds |   |   |
| 33 Total net assets or fund balances | 7,100,741 | 7,525,541 |
| 34 Total liabilities and net assets or fund balances | 7,413,942 | 7,865,801 |
### Part XI | Reconciliation of Net Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule D)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

- Accounting method used to prepare the Form 990:  
  - [ ] Cash  
  - [X] Accrual  
  - [ ] Other  

- Were the organization’s financial statements compiled or reviewed by an independent accountant?  
  - [ ] Yes  
  - [X] No  

- Were the organization’s financial statements audited by an independent accountant?  
  - [ ] Yes  
  - [X] No  

- 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?  
  - [ ] Yes  
  - [X] No  

- 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.
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.

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

Name of the organization

SPECIAL OLYMPICS MONTANA, INC.

Employer identification number

81-0367064

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 12, check only one box.)

1. ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2. ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3. ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4. ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the hospital's name, city, and state:

☐ 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)(v). (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)(vii). (Complete Part II.)

9. ☐ An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)


12. ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12b, and 12c.

a. ☐ Type I. A supporting organization, 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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>2,861,635</td>
<td>2,247,875</td>
<td>3,148,785</td>
<td>5,415,271</td>
<td>2,677,654</td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td>2,861,635</td>
<td>2,247,875</td>
<td>3,148,785</td>
<td>5,415,271</td>
<td>2,677,654</td>
</tr>
<tr>
<td>5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td>2,861,635</td>
<td>2,247,875</td>
<td>3,148,785</td>
<td>5,415,271</td>
<td>2,677,654</td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public support percentages for 2016 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>85.12</td>
</tr>
<tr>
<td>15. Public support percentages from 2017 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84.78</td>
</tr>
</tbody>
</table>

16a. 3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a. 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total, Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Public support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total support. (Add lines 9, 10a, 10b, 11, 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2018</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Public support percentage for 2017 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2018</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Investment income percentage for 2017 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a. 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b. 33 1/3% support tests - 2017. If the organization did not check the 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization’s governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described in (a) above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;No,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;No,&quot; 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).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part VI the role the organization's supported organizations played in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(a) to which the organization was responsive? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 Parent of Supported Organizations. Answer (a) and (b) below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Schedule A (Form 990 or 990-EZ) 2018

#### SPECIAL OLYMPICS MONTANA, INC.

**Part V**

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

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

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

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

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

---

Schedule A (Form 990 or 990-EZ) 2018
<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3. Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4. Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5. Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6. Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7. Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9. Distributable amount for 2018 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10. Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Excess distributions carryover, if any, for 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. From 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Applied to 2018 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Remainder. Subtract lines 3g, 3h, and 3i from 3i.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Applied to 2018 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Excess from 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Excess from 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VII Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 17a; 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 1w; 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)
SPECIAL OLYMPICS MONTANA, INC.

Organization type (check one):

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(4) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

☐ 501(c)(3) taxable private foundation

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

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (a) Form 990, Part VIII, line 1h; or (b) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

LHA, For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
### Part I: Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$100,000</td>
<td><strong>X</strong> Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
</tbody>
</table>
|     |                           |                     | Noncash            |-

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>$125,000</td>
<td><strong>X</strong> Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
</tbody>
</table>
|     |                           |                     | Noncash            |-

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td>$68,153</td>
<td><strong>X</strong> Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
</tbody>
</table>
|     |                           |                     | Noncash            |-

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td>$69,310</td>
<td><strong>X</strong> Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>$180,240</td>
<td><strong>X</strong> Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong> Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
</tbody>
</table>
**SPECIAL OLYMPICS MONTANA, INC.**

**81-0367064**

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>CAPITAL WORLD GROWTH &amp; INCOME CL A STOCK</td>
<td>$ 69,310</td>
<td>12/31/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>FIRST INTERSTATE BANK STOCK</td>
<td>$ 180,240</td>
<td>12/31/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee
**Supplemental Financial Statements**

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
   - Yes [ ]
   - No [ ]

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
   - Yes [ ]
   - No [ ]

**Part II** Conservation Easements.

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - [ ] Preservation of land for public use (e.g., recreation or education)
   - [ ] Preservation of a historically important land area
   - [ ] Protection of natural habitat
   - [ ] Preservation of a certified historic structure
   - [ ] Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the easement it holds?
   - Yes [ ]
   - No [ ]

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

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

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

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

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

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

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

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenue included on Form 990, Part VIII, line 1
   - [ ]
   
   (ii) Assets included in Form 990, Part X
   - [ ]

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

   a. Revenue included on Form 990, Part VIII, line 1
   - [ ]

   b. Assets included in Form 990, Part X
   - [ ]

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

Schedule D (Form 990) 2018

82051 10-29-18
**Schedule D (Form 990) 2018**  
**SPECIAL OLYMPICS MONTANA, INC.**  
**81-0367064 Page 2**

**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 | 1c |
| d. Additions during the year | 1d |
| e. Distributions during the year | 1e |
| f. Ending balance | 1f |

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

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

1a. Beginning of year balance  
   3,695,667.  
   1,221,196.  
   500,026.  
   493,913.  
   399,446.

b. Contributions  
   335,347.  
   2,398,759.  
   712,983.  
   20,189.  
   99,633.

c. Net investment earnings, gains, and losses  
   -130,551.  
   157,718.  
   39,002.  
   -10,767.  
   1,338.

d. Grants or scholarships

e. Other expenditures for facilities and programs  
   96,782.  
   82,006.  
   30,815.  
   3,369.  
   6,594.

f. Administrative expenses  

| g. End of year balance | 3.695,667.  
|                        | 1,221,196.  
|                        | 500,026.  
|                        | 493,913.  
|                        | 399,446.  

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment  
   b. Permanent endowment  
   c. Temporarily restricted endowment  
   Board designated or quasi-endowment  
   Permanent endowment  
   Temporarily restricted endowment  
   1.85 %  
   97.47 %  
   0.68 %  

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  
   Yes  
   No  
   ii. Related organizations  
   Yes  
   No

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

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

**Part VI**  
**Land, Buildings, and Equipment.**

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>33,278.</td>
<td></td>
<td>33,278.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>160,747.</td>
<td>92,626.</td>
<td>68,121.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  
   269,140.  

Schedule D (Form 990) 2018

E2652 10-29-18

26
### Part VII: Investments - Other Securities

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

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII: Investments - Program Related

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

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX: Other Assets

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

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X: Other Liabilities

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

1. **Description of liability**

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) ANNUITIES PAYABLE</td>
<td>66,878</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1</th>
<th>3,439,605</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
<td>-333,872</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td>279,271</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td>0</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>3,209</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>-51,392</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>3,489,997</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td>-78,382</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>-78,382</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
<td>3,412,615</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>3,014,805</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td>279,271</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
<td>0</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>78,382</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>357,653</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>2,657,152</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td>0</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
<td>2,657,152</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information

*Provide the descriptions required for Part II, lines 3, 5, and 6; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.*

---

**PART V, LINE 4:**

SPECIAL OLYMPICS MONTANA, INC.'S ENDOWMENT CONSISTS OF FUNDS RECEIVED FROM ANY DONORS AND ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

---

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

INCREASE IN VALUE OF LIFE INSURANCE 3,209.

---

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

AMENITIES EXPENSES -27,070.

FUNDRAISING EXPENSES -51,312.
<table>
<thead>
<tr>
<th>Rounding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL TO SCHEDULE D, PART XI, LINE 4B</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>PART XII, LINE 2D - OTHER ADJUSTMENTS:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>GAMING EXPENSES</strong></td>
</tr>
<tr>
<td><strong>27,070.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>FUNDRAISING EXPENSES</strong></td>
</tr>
<tr>
<td><strong>51,312.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>TOTAL TO SCHEDULE D, PART XII, LINE 2D</strong></td>
</tr>
<tr>
<td><strong>78,382.</strong></td>
</tr>
</tbody>
</table>
## Part I  Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 8a.

Attach to Form 990 or Form 990-EZ.

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

### Name of the organization
SPECIAL OLYMPICS MONTANA, INC.

### Employer identification number
81-0367064

---

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

   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [x] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

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

   - [x] Yes
   - [ ] No

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

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Did fundraiser have charity defined contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE HERITAGE COMPANY – 2402 ELMWOOD AVENUE SUITE 500</td>
<td>TELEMARKETING</td>
<td>Yes</td>
<td>69,870</td>
<td>36,711</td>
<td>33,159</td>
</tr>
</tbody>
</table>

---

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.

   -
   -
   -
   -
### Part II: Fundraising Events

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>TORCH RUN</th>
<th>PENGUIN PLUNGE</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>86,798</td>
<td>47,989</td>
<td>390,077</td>
<td>524,864</td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions</td>
<td>33,947</td>
<td>47,989</td>
<td>390,077</td>
<td>472,013</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>52,851</td>
<td>52,851</td>
<td>52,851</td>
<td>52,851</td>
</tr>
</tbody>
</table>

### Part III: Gaming

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td>542,909</td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td>26,570</td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Volunteer labor

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: MT

a Is the organization licensed to conduct gaming activities in each of these states? 

[ ] Yes [x] No

b If "No," explain: MONTANA DOES NOT REQUIRE ORGANIZATIONS CONDUCTING RAFFLES TO BE LICENSED OR TO OBTAIN A PERMIT. THE ORGANIZATION FOLLOWS MONTANA LAW.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 

[ ] Yes [x] 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  
   ☐ Yes  ☒ No  13a  %
   b. An outside facility  
   ☐ Yes  ☒ No  13b  %

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

Name: PAT MCCREANEY, SPECIAL OLYMPICS MONTANA, INC.
Address: 710 1ST AVE N - GREAT FALLS, MT 59401

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

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

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

Name:
Address:

16 Gaming manager information:

Name:

Gaming manager compensation ▶ $ __________
Description of services provided ▶

☐ Director/officer  ☐ Employee  ☐ Independent contractor

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

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

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

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

(I) NAME OF FUNDRAISER: THE HERITAGE COMPANY

(I) ADDRESS OF FUNDRAISER:

2402 WILDWOOD AVENUE, SUITE 500, NORTH LITTLE ROCK, AR 72120

32083 10-03-18
Schedule G (Form 990 or 990-EZ) 2018
**SCHEDULE J (Form 990)**

**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for Instructions and the latest information.

**Name of the organization:** SPECIAL OLYMPICS MONTANA, INC.

**Employer Identification number:** 81-0367064

**Part I: Questions Regarding Compensation**

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

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

2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

<table>
<thead>
<tr>
<th>Method Used by the Filing Organization</th>
<th>Compensation committee</th>
<th>Independent compensation consultant</th>
<th>Written employment contract</th>
<th>Compensation survey or study</th>
<th>Approval by the board or compensation committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Receive a severance payment or change-of-control payment?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c. Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Contingent on Revenues</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Any related organization?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Contingent on Earnings</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Any related organization?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(c)?

**HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VI.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOB MORGIE</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EX-OFFICIO / PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 158,639</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>0</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(i)</td>
<td>(ii)</td>
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</tr>
<tr>
<td></td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
PART I, LINE 3:

A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND THEN REPORTS TO THE EXECUTIVE COMMITTEE. THEY ARE SUPPLIED WITH SALARY INFORMATION THAT COMPARES THOSE OF SIMILAR ROLES AND IN SIMILAR REGIONS. TOP MANAGEMENT ARE ALSO GIVEN ANNUAL REVIEWS AND THE COO COMPARES THE SALARY DATA OF THOSE EMPLOYEES WITH OTHERS OF SIMILAR ROLES AND IN SIMILAR REGIONS.
## SCHEDULE M (Form 990)

### Noncash Contributions

**2018**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Open to Public Inspection**

### Part I: Types of Property

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check if applicable</td>
<td>Number of contributions or items contributed</td>
<td>Noncash contribution amounts reported on Form 990, Part VIII, line 1g</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

39

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

**Yes** | **No**
---|---
30a | X

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

**Yes** | **No**
---|---
31 | X

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

**Yes** | **No**
---|---
32a | X

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

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

Schedule M (Form 990) 2018

43241 10-18-18

37
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH
INTELLECTUAL DISABILITIES, GIVING THEM CONTINUING OPPORTUNITIES TO
DEVELOP PHYSICAL FITNESS, DEMONSTRATE COURAGE, EXPERIENCE JOY AND
PARTICIPATE IN A SHARING OF GIFTS, SKILLS AND FRIENDSHIP WITH THEIR
FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES AND THE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COURAGE, EXPERIENCE JOY AND PARTICIPATE IN A SHARING OF GIFTS, SKILLS
AND FRIENDSHIP WITH THEIR FAMILIES, OTHER SPECIAL OLYMPICS ATHLETES AND
THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING THE
RETURN. THE FINANCE COMMITTEE REPORTS TO THE BOARD OF DIRECTORS, WHO ARE
PROVIDED THE FILED 990 FOR FINAL APPROVAL AS PER THE RECOMMENDATION OF THE
FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:
SPECIAL OLYMPICS MONTANA, INC HAS A WRITTEN CONFLICT OF INTEREST POLICY.
THE CONFLICT OF INTEREST DISCLOSURE FORM IS READ AND SIGNED BY STAFF AND
THE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:
A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL PERFORMANCE
REVIEW OF THE CEO AND THEN REPORTS TO THE EXECUTIVE COMMITTEE. THEY ARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)
832211 10-10-18
SUPPLIED WITH SALARY INFORMATION THAT COMPARES THOSE OF SIMILAR ROLES AND
IN SIMILAR REGIONS. TOP MANAGEMENT ARE ALSO GIVEN ANNUAL REVIEWS AND THE
200 COMPARES THE SALARY DATA OF THOSE EMPLOYEES WITH OTHERS OF SIMILAR
ROLES AND IN SIMILAR REGIONS.

FORM 990, PART VI, SECTION C, LINE 19:
SPECIAL OLYMPICS MONTANA, INC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY AVAILABLE TO THE PUBLIC UPON WRITTEN OR VERBAL REQUEST.
AUDITED FINANCIAL STATEMENTS AND THE 990 ARE POSTED ON SPECIAL OLYMPICS
MONTANA, INC.'S OWN WEBSITE (SOMT.ORG).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
INCREASE IN LIFE INSURANCE VALUE 3,209.
Form 8868
Application for Automatic Extension of Time To File an
Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or print
Name of exempt organization or other filer, see instructions.

SPECIAL OLYMPICS MONTANA, INC.
Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 3507
City, town or post office, state, and ZIP code. For a foreign address, see instructions.
GREAT FALLS, MT 59403

Enter filer’s identifying number

Employer identification number (EIN) or
81-0367064
Social security number (SSN)

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

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

THE ORGANIZATION

• The books are in the care of

P.O. BOX 3507 - GREAT FALLS, MT 59403

Telephone No. (406) 268-6759
Fax No.

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

• If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) 11125. If this is for the whole group, check this box

I request an automatic 6 month extension of time until

NOVEMBER 15, 2019

, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

☑ calendar year 2018 or
calendar year beginning 0, 2019, and ending 0.

2
If the tax year entered in line 1 is for less than 12 months, check reason:
□ Initial return
□ Final return
□ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
3a $ 0

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
3b $ 0

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.
3c $ 0

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

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

Form 8868 (Rev. 1-2019)

40.1
**Form 8879-EO**

**Name of exempt organization**
SPECIAL OLYMPICS MONTANA, INC.

**Employer identification number**
81-0367064

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

- 1a Form 990 check here: X
- 1b Total revenue, if any (Form 990, Part VIII, column A, line 12): $3,412,615.
- 2a Form 990-EZ check here: 
- 2b Total revenue, if any (Form 990-EZ, line 9):
- 3a Form 1120-POL check here: 
- 3b Total tax (Form 1120-POL, line 22):
- 4a Form 990-PF check here: 
- 4b Tax based on investment income (Form 990-PF, Part VI, line 5):
- 5a Form 8888 check here: 
- 5b Balance Due (Form 8888, line 3c):

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my immediate 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 transaction, (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**
- X I authorize JUNKERMIER, CLARK, CAMPANELLA, STEVENS, PC to enter my PIN: 12505

**EEO firm name**

**Enter five numbers, but do not enter all zeros**

**As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.**

**Office's signature**:

**Date**: 4/25/19

### 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.

**81044801040**

**Do not enter all zeros**

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

**ER0's signature**: 

**Date**: 04/29/19

**ER0 Must Retain This Form - See Instructions**

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

**LHA For Paperwork Reduction Act Notice, see instructions.**

Form 8879-EO (2018)