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# **Short Form Return of Organization Exempt From Income Tax**

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

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

OMB No 1545-1150

2009

Open to Public Inspection

		he Treasury		► The or			ind of the year may use the return to satisfy state rep		ements			l	nspection
		e Service 2009 calend	ar vear			ve to use a copy of this		9, and end				<del></del>	. 20
_							oyer identification number						
	Address ch	•	Please	ľ	•	AIR ARTS/SPO	)RTS				-237		
_	lame chan	-	use IRS label or	<b>-</b>		k, if mail is not delivere		Room	1/suite	E Teleph			
	nitial return	•	print or type.				,						
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$\equiv$	Amended r		Specific Instruc-		state or country,					F Group	Exen	notion	
$\equiv$	pplication		tions.	TRVING.	TX 75061	1				Numb		•	
<u> </u>		· ·					itable trusts must	attach	G A	ccounting M			Cash Accrual
	455.		•			orm 990 or 990-E				Other (specify			, •25
												e ora	anization is <b>not</b>
1 1	<b>N</b> ebsite	: ▶										_	ule B (Form 990,
			(check o	nly one) - Î	X 501(c) ( 3	) ◀ (insert no	) 4947(a)(1) or	r	1	90-EZ, or 99			a.o
							ganization and its gi						25 000 A
		-	-				nooses to file a retu			-			20,000 / (
			_				0 or more, file Form				<u></u>	\$	14,738
	iri I						sets or Fund I						
<u></u>	1										1	<u> </u>	(1)
	2						acts				2	+	
	3										3	+-	
	4	Investment									4	-	
											1	+-	
											1	1	
_										5c	-		
R e	6		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)										
v e	1	· · ·						ining, Criscia	11016	_			
n	"		enue (not including \$ of contributions   fall   fal								,	1	
u e	h	•	•	expenses other than fundraising expenses 6b							1		
	1		income or (loss) from special events and activities (Subtract line 6b from line 6a)							<b>d</b> 6c		14,738	
· <b>@</b>	4	7a Gross sales of inventory, less returns and allowances							00	╁╌	11,730		
2010	b Less: cost of goods sold								1				
V	1		-				rom line 7a)				7 <sub>C</sub>		
೧೯೨	8	Other reven			i or inventory (		•			١.	8	+	
9	9		•		3 4 5c 6c 7						9	+-	14,738
<b>₽</b>	10		_								10	+-	17,863
_	11	Renefits nai	d to or fo	r memhere	a (attach sche		RE		· · · ·		11	+	1,,003
Q ×	12	Salaries of	o to or to	onestion s	and employee	hanafite	RE	CEIV	ĖD.	11.	12	+-	
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<b>≥</b> n	14					•	166.3.1	0 J.O. C		SO	14	——	·
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ý š	16		Constructions, postage, and snipping				16	+					
	17	Total exper	nses Δ	dd lines 10	through 16		<u> </u> OG	DEN.	UT		17	+	17,863
_	18										18	+-	(3,125
A	1			•		· · · · · · · · · · · · · · · · · · ·	column (A)) (must a					-	(3,7223
Ns e e t t	'										19	1	3,231
ťŧ	20		-	•	-	•					20	+	
S	t s 20 Other changes in net assets or fund balances (attach explanation)								21	+	106		
P	art II						) are \$1,250,000 or						
ا	<u> </u>				estructions for		, are \$1,200,000 or			Beginning of yea		J-00-E	(B) End of year
22	Cach	savinne an							(~)		231	22	(B) End of year 106
23									<u> </u>	<u> </u>		23	
24		Land and buildings					·	-	24	<del></del>			
25	Total	assete	CHDC P			<u> </u>		/	<u> </u>		231		106
26		liabilities (c							<u> </u>		$\overline{}$	26	
27		•					n line 21)		<del>  -</del>		231		106

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

EEA

75-2376323 Part V Other Information (Note the statement requirements in the instructions for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed 33 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of 34 34 Х 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 35a Χ 6033(e) notice, reporting, and proxy tax requirements? **b** If "Yes," has it filed a tax return on **Form 990-T** for this year? Χ 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N ............ 36 Х 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . > 37a X 37Ь **b** Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a Χ any such loans made in a prior year and still outstanding at the end of the period covered by this return? **b** If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . . . . . . . 39 Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on line 9 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: , section 4912 ▶ , section 4955 ▶ section 4911 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 X 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, **d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. 41 42 a The organization's books are in care of ▶ MELODYE GREEN Telephone no 75061 Located at ▶ 2420 IRVING BLVD, SUITE 125 IRVING, TX 71P + 4b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the US? Χ If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . . . ▶ No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Х Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Х

☐ Yes ☒ No
Form 990-EZ (2009)

Part	VI Section 501(c)(3) organizations	and section 4947(a)(1	) nonexempt c	haritable trusts only.	All section	
	501(c)(3) organizations and section 4947(a)	(1) nonexempt charitable trus	sts must answer que	estions 46-49b		
_	and complete the tables for lines 50 and 51.					
46 C	Did the organization engage in direct or indirect pol	itical campaign activities on b	ehalf of or in opposi	tion to	Y	es No
	candidates for public office? If "Yes," complete Sci			<b></b>	. 46	X
<b>47</b> [	Old the organization engage in lobbying activities?	If "Yes," complete Schedule	C, Part II		. 47	X
48 I:	s the organization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes," co	mplete Schedule E		. 48	X
<b>49</b> a [	Old the organization make any transfers to an exer	npt non-charitable related org	anization?		. 49a	X
<b>b</b> I	f "Yes," was the related organization a section 527	organization?			. 49b	
46   47   48   49 a   50   6   6   6   6   6   6   6   6   6	Complete this table for the organization's five highe	est compensated employees	other than officers,	directors, trustees and key		
ε	employees) who each received more than \$100,00	0 of compensation from the c	rganization. If there	is none, enter "None "		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and
NONE						
						,
					<del> </del>	
			_		<del> </del>	
51 (	Total number of other employees paid over \$100,0 Complete this table for the organization's five higher \$100,000 of compensation from the organization.	est compensated independen		ach received more than		
	(a) Name and address of each independent contractor pair	d more than \$100,000	(b) 7	Type of service	(c) Compensa	tion
<del></del>		<del></del>				-
d ¬	Total number of other independent contractors eac	th receiving over \$100,000	▶			
	·					
Sign	Under penalties of penury, I declare that I have e and befiel, it is true correct, and complete Declar Signature of officer	xamined this retum, including accomp aration of preparer (other than officer)	oanying schedules and sta is based on all information	atements, and to the best of my known of which preparer has any knowled	rledge ge 	
HEIE	Type or print name and title					
Paid	Preparer's signature		Date 08-10-10	Check if self- employed	dentifying No (Se	ie inst )
Prepai	rer's Firm's name (or yours H J EVER	ETT, P C		EIN >		
Use O	nly if self-employed), 18601 LB	J FREEWAY, SUITE 6	20			
	address, and ZIP + 4	TY 75150		Phone no - 972 - 9	907-8201	

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

75-2376323 VARIETY WHEELCHAIR ARTS/SPORTS Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) q 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III-Other c Type III-Functionally integrated a Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? ........ 11œ(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ........... 11g(iu) Provide the following information about the supported organization(s). h (v) Did you notify (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Is the organization organization in col in col (i) listed in your support (described on lines 1-9 the organization in above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions) ) Yes No Yes Yes No No

Total

Sched	ule A (Form 990 or 990-EZ) 2009 VARI	ETY WHEELCHA	AIR ARTS/SPO	RTS		75-237632	
Pai	support Schedule for Or	ganizations D	escribed in S	ections 170(b	)(1)(A)(iv) and	i 170(b)(1)(A)(v	i)
	(Complete only if you checked the						
Sec	tion A. Public Support		-				
	ndar year (or fiscal year beginning in) ▶	(a) 2005	( <b>b</b> ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		
5	The portion of total contributions by each						
	person (other than a governmental unit or		•		1		
	publicly supported organization) included						ł
	on line 1 that exceeds 2% of the amount		<b>‡</b>		1		
	shown on line 11, column (f)		ļ				
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (	see instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>	th, or fifth tax year	as a section 501(	(c)(3) • • • • • • • • • • • • •	▶□
Sec	ction C. Computation of Public St	upport Percer	ntage				
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Schee	dule A, Part II, line	14			. 15	%
16a	33 1/3% support test - 2009. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, cl	neck this box	_
	and stop here. The organization qualifies a	s a publicly suppo	rted organization				▶ 🔲
Ь	33 1/3% support test - 2008. If the organia	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or mo	re, check this	
	box and stop here. The organization qualif	ies as a publicly su	ipported organizat	ion			▶ 🗌
17a	10%-facts-and-circumstances test - 20	<b>09.</b> If the organizat	tion did not check	a box on line 13, 10	6a, or 16b, and lin	e 14 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b> e	<b>ere.</b> Explaın ın Pa	rt IV how the	_
	organization meets the "facts-and-circumst	ances" test. The or	ganızation qualıfıe	s as a publicly sup	ported organization	on	▶ 🗌
b	10%-facts-and-circumstances test - 20	08. If the organizat	tion did not check	a box on line 13, 1	6a, 16b, or 17a, a	nd line 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

	(Complete only if you checked the	box on line 9 of Pa	rt I.)				
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	( <b>b</b> ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	289,270	6,272	2,000	867,849		1,165,391
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	289,270	6,272	2,000	867,849		1,165,391
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·			
	Public support (Subtract line 7c from line 6.)	,					1,165,391
	ction B. Total Support	, , , , , , , , , , , , , , , , , , ,	·····			<del>,.</del>	1 (3
	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	289,270	6,272	2,000	867,849		1,165,391
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					·- · · · · · · · · · · · · · · · · · ·	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						1,165,391
	First five years. If the Form 990 is for the or organization, check this box and stop here	· <u></u>					▶ □
	ction C. Computation of Public Su		<del></del>				
	Public support percentage for 2009 (line 8, co					15	100.00 %
	Public support percentage from 2008 Schedu			<u>.</u>		16	%
	tion D. Computation of Investme				<del></del>		
17	Investment income percentage for 2009 (line		•			17	%
18	Investment income percentage from 2008 Sc	hedule A, Part III, li	ne 17		[	18	%
	33 1/3% support tests - 2009. If the organia 17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the organia	and <b>stop here</b> . The	organization qual	fies as a publicly s	upported organizat	ion	▶ 🏻
_	line 18 is not more than 33 1/3%, check this t						▶ □
20	Private Foundation: If the organization did r	not check a box on	line 14, 19a, or 19t	o, check this box ar	nd see instructions		▶ 🔲

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

# **Political Campaign and Lobbying Activities**

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizations:	Complete Part III.			
Nar	ne of organization		_	Employer ide	entification number
VA	RIETY WHEELCHAIR ARTS/SPORT			75-237	
Pa	rt I-A Complete if the organ	ization is exempt under sec	tion 501(c) or	is a section 527 org	anization.
1	Provide a description of the organization's	• • • •			
2	Political expenditures				
3	Volunteer hours				
Pa		ization is exempt under sec			
1	Enter the amount of any excise tax incurre				
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955				
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	. Yes No
b	If "Yes," describe in Part IV.		.: 504/		0/
		ization is exempt under sec		cept section 501(c)(	3).
1	Enter the amount directly expended by the	e filing organization for section 527 ex	empt function		
	activities			· · · · · · · · •   \$	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add I				
	line 17b				
4	Did the filing organization file Form 1120-				
5	State the names, addresses and employe				
	were made. For each organization listed,				
	contributions received that were promptly	•			ateo
	fund or a political action committee (PAC)	. If additional space is needed, provid	e mormation in Par	IIV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
			1		political organization If none, enter -0-
-		******	<del>                                     </del>		
	<del></del>		-		
					-
					<u> </u>
					1

Sche	edule C (Form 990 or 990-EZ) 2009 VARIETY WHEEL	CHAIR ARTS/S	SPORTS		75-2376	323 Page 2	
P	art II-A Complete if the organization	is exempt u	nder section 50	1(c)(3) and filed	l Form 5768 (ele	ection	
	under section 501(h)).					<del></del>	
A	Check ▶ ☐ If the filing organization belongs to a						
B	Check ► ☐ if the filing organization checked box			y	<del>,</del>		
	•	ring Expenditure			(a) Filing	(b) Affiliated	
	(The term "expenditures" m	<u>.</u>			organization's totals	group totals	
1a	, , ,						
b	rotal toody my experience to misconice a regional						
C						-	
d						<del></del>	
e f	Total onompt purpose on political to (also in to t						
'	Lobbying nontexable amount. Enter the amount he	m the following ta	bie in both				
	columns.	1					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		nontaxable amount nount on line 1e	t is :	]		
	Over \$500,000 but not over \$1,000,000		15% of the excess o	vor \$500 000	[ ]		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o	·			
	Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000		5% of the excess ov				
	Over \$17,000,000	\$1,000,000	070 01 110 020000 01	υ ψ1,000,000.			
g							
h							
i							
i	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting						
ĺ	section 4911 tax for this year?					Yes No	
	(Some organizations that m	ade a section 50	Period Under Section (1(h) election do not tions for lines 2a th	have to complete	all of the five .)		
					·		
	Lobbyii	ng Expenditures	During 4-Year Aver	raging Period			
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

VARIETY WHEELCHAIR ARTS/SPORTS 75-2376323 Page 3 Schedule C (Form 990 or 990-EZ) 2009 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of X X Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X X X Publications, or published or broadcast statements? e Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Х q X h Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ..... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Yes Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes.' Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

### 2009 PG 01 **Federal Supporting Statements** Employer Identification Number Name(s) as shown on return ¿ 75-2376323 VARIETY WHEELCHAIR ARTS/SPORTS FORM 990EZ, PART I, LINE 10 STATEMENT #122 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE RELATIONSHIP TRUOMA ACTIVITY FOOD AND CLOTHES TO HOMELESS YOUTH 14,197 HOMELESS YOUTH GRANTEE ADDRESS TOYS/CLOTHES TO DISADVANTAGED YOUTH 3,666 ACTIVITY DISADVANTAGED YOUTH GRANTEE ADDRESS DISTRIBUTION TO EXEMPT GROUPS ACTIVITY GRANTEE EXEMPT ORGANIZATIONS ADDRESS FOR SCHOOL-SUPPLIES AND CLOTHES ACTIVITY DISADVANTAGED YOUTH GRANTEE ADDRESS 17,863 TOTAL

# Federal Supporting Statements Name(s) as shown on return to the sho

FORM 990EZ, PART IV COMPENSATION EXPLANATION

STATEMENT #A01

**NAME** 

MELODYE GREEN

**EXPLANATION** 

NONE