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Department of the Treasury

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2010

Open to Public Inspection

Inte	mal Reven	ue Service	The organization may have to use a copy of this return to	satisfy state repo	orting requiremen	ıts		
			ar year, or tax year beginning		nd ending		,	20
_	Check if ap		C Name of organization			D Emplo	yer identif	ication number
Ō	Address ch		VARIETY WHEELCHAIR ARTS/SPORTS			•	-2376323	
퓜	Name char	-	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	 	one numbe	
三	initial return	•				_ ,,		•
뉘			2420 IRVING BLVD, SUITE 125]	1		
님	Terminated		City or town, state or country, and ZIP + 4		l	F Group	Exemption	
님	Amended r		IRVING, TX 75061			Numbe		
<u>_</u>	Application			-	· ïi	H Check ▶		rganization is not
		ting Method	X Cash		- - ∣'			
'.	Websit -				_ _	•	attach Sch	
			check only one) - X 501(c) (3) 501(c)() ◀ (insert no)	4947(a)(1)		(Form 990,		 _
			rganization is not a section 509(a)(3) supporting organization					
			990 return is not required though Form 990-N (e-postcard)	may be requ	irea (see inst	ructions) But	if the orga	nization chooses
			e to file a complete return	2000 000		4 4 1 4 - 41	2-41	
			7b, to line 9 to determine gross receipts. If gross receipts are					10 511
			elow) are \$500,000 or more, file Form 990 instead of Form 9					12,511
<u>P</u>	art i	Revenu	e, Expenses, and Changes in Net Assets or F	und Balar	ices (see	tne instructio	ns for Part	[] []
		Check if th	e organization used Schedule O to respond to any question	in this Part I	• • • • •	· · · · · · · ·		
	1	Contribution	s, gifts, grants, and similar amounts received · · · · · ·			• • • • •	1	7,661
	2	Program ser	vice revenue including government fees and contracts • •		• • • • • •	• • • • •	3	
	3	4 Investment income · · · · · · · · · · · · · · · · · · ·						
	-							
			nt from sale of assets other than inventory		<u> </u>		*	
			rother basis and sales expenses · · · · · · · · · · · · · · · · · ·					
	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b	rom line 5a)	• • • • • •		5c	
Ø R	6	Gaming and	fundraising events				- Sm. 24	
ကို e	а	a Gross income from gaming (attach Schedule G if greater than					- 14 A	
CAZZMU		\$15,000) •		· · · · 6a	ı			
爱 n	b	Gross incom	e from fundraising events (not including \$		of contributi	ons		
置 e	İ	from fundrai	sing events reported on line 1) (attach Schedule G if the		-			
		sum of such	gross income and contributions exceeds \$15,000) · · · ·	· · · · 61)	4,850		
NUC	C	Less direct	expenses from gaming and fundraising events	6	c],	
Z	d	Net income	or (loss) from gaming and fundraising events (add lines 6a a	ind 6b and si	ubtract		l	
S							6d	4,850
©	7a	Gross sales	of inventory, less returns and allowances	78	ı			
2(f goods sold			-	1.	
2019			or (loss) from sales of inventory (Subtract line 7b from line 7				7c	
	8	Other reven	ue (describe in Schedule O)				8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			🕨	9	12,511
. —	10		similar amounts paid (list in Schedule O) · · · · · · ·				10	11,684
-	11		to or for members		~ (11	
E	12	0-1			CEINED		12	
p e	13	Professiona	fees and other payments to independent contractors · ·	£		ာပ္တုံ	13	
n	14	Occupancy	ler compensation, and employee benefits	图MAY	1.8 2914	හි	14	
5 B	15	Printing, pul	plications, postage, and shipping	m)			15	
5	16		ses (describe in Schedule O)		/4.V.I. 1 t=	一點	16	
	17		uses. Add lines 10 through 16 · · · · · · · · · · · · · · · ·		JEN, UT		17	11,684
-	18		leficit) for the year (Subtract line 17 from line 9) · · · · ·				18	827
4	19		or fund balances at beginning of year (from line 27, column (2	
Į.	š		figure reported on prior year's return) · · · · · · · · · ·				19	106
1	20	Other chanc	les in net assets or fund balances (explain in Schedule O)				20	
	21	Net assets	or fund balances at end of year Combine lines 18 through 2)		🕨	21	933

or Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

EEA

					_	
	m 990-EZ (2010) VARIETY, WHEELCHAIR ARTS/S	SPORTS		75-	23763	323 Page 2
P	Balance Sheets. (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	any question in this P	art II · ·		• • • •	•••••
_				(A) Beginning of year	+	3) End of year
	Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·			106	22	933
	Land and buildings			0		0
	Other assets (describe in Schedule O)		• • • • •	0	+	0
	Total assets		• • • • •	106	25	933
	Total liabilities (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			106	+	933
	Net assets or fund balances (line 27 of column (B) must agree v				27	1
	Statement of Program Service Accomplish Check if the organization used Schedule O to respond to at its the organization's primary exempt purpose? YOUTH EVENT:	o any question in this F			501(Expenses pured for section c)(3) and 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt		nd concise	manner describe		nizations and section
	services provided, the number of persons benefited, and other rele					'(a)(1) trusts, optiona thers)
	VALENTINE PARTY FOR KIDS; E.RAY ELEMENTARY		ion program		10.0	T
	VETERANS FAIR; VA FAIR; YOUNG LIFE CAMP; TWO	U BASKETBALL		 _		
	(Grants \$ 11,684) If this amount inc	ludes foreign grants, cl	heck here	• • • • • • □	28a	o
29						
30	(Grants \$) If this amount inc	ludes foreign grants, cl	neck here	▶□	29a	
		ludes foreign grants, ch			30a	
31	Other program services (describe in Schedule O) · · · · · · ·		• • • • •		•	
		ludes foreign grants, cl			31a	
_	Total program service expenses (add lines 28a through 31a) •	· · · · · · · · · · · · · · · · · · ·	• • • • •	<u></u>	32	0
Pa	List of Officers, Directors, Trustees, and Key Employ					ns for Part IV)
	Check if the organization used Schedule O to respond to					• • • • • • • •
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Comp (If not enter	paid, empl benefit p	lans &	(e) Expense account and other allowances
_						
			-		-	
			-			
			1	1		

Pa	Tt V Other Information (Note the statement requirements in the instructions for Part V)			
	. Check if the organization used Schedule O to respond to any question in this Part V	• • • •		•
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
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, explain in Schedule O why the organization did not report the income on Form 990-T		, '`	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			1
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a	Х	L
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? • • • • • • • • • • • • • • • • • • •	35b	X	L
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		ľ
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • 37a		·	Ÿ
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	·		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •	_		
39	Section 501(c)(7) organizations Enter.		(A)	١
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	5,.2 -	** 15°	
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·	4.5	4	, ,
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	4.		
	section 4911 ▶, section 4912 ▶, section 4955 ▶	~j ~	- % - %	138 A
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 did it engage in an excess benefit transaction in a prior year that has not been		j	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	1 ~	* 3	. * *
	organization managers or disqualified persons during the year under sections 4912,	* ***	, · ·	7
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	,	1900	- S
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		* *	**
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ MELODYE GREEN Telephone no ▶			
	Located at ▶ 2420 IRVING BLVD, SUITE 125 IRVING, TX ZIP+4 ▶ 750	61		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		_X_
	If "Yes," enter the name of the foreign country.		\$	43 3
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		, s	, , .
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		<u>X</u>
	If "Yes," enter the name of the foreign country		_	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		• • •	L
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •	L		
4 -	5 10 10 10 10 10 10 10 10 10 10 10 10 10		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44a		<u>X</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		_X_
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> X</u>
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<i>.</i>	
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		

Form 990-EZ (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization **Public Charity Status and Public Support**

► Attach to Form 990 or Form 990-EZ.

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

▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

VARIETY WHEELCHAIR ARTS/SPORTS 75-2376323 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) 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 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) R 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III-Functionally integrated d Type III-Other a Type I b Type II 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 f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) 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? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(W) h Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your support? (see instructions) Yes Yes No (A) (B) (C) (D) Total

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

	(Complete only if you checked the Part III' If the organization fails to					er 	
Sac	tion A. Public Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 · · · · ·						
5	The portion of total contributions by each	, · · · · · · · · · · · · · · · · · · ·	Ø 0 ° €% .	y/ 1 %	`}	7 y ×,r	
	person (other than a governmental unit or	*	· 1. 1 · · · · · · · · · · · · · · · · ·	1 1/2 1 1/2	(本)	٠,٠ ٤	
	publicly supported organization) included	遠心、 失 () (c)	War of the	S	へ <u>食</u> エ ・	in Agric with	
	on line 1 that exceeds 2% of the amount		1000	· 🐞 🔅 · 🔞		4	
	shown on line 11, column (f)					l l	
6	Public support. Subtract line 5 from In 4		ž. ž.		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
	tion B. Total Support	1:	10			<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 .				#5" # # 17		
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 her	e • • • • • • • • • • • • • • • • • • •	• • • • • • • •	irth, or fifth tax yea	r as a section 50	(c)(3)	···· >
Sec	tion C. Computation of Public Su	<u> ipport Percen</u>	tage				
14	Public support percentage for 2010 (line 6						%
15	Public support percentage from 2009 Sch						%
16a	33 1/3% support test - 2010. If the organ	ization did not che	ck the box on line 1	3, and line 14 is 3	3 1/3% or more, o	check this box	
	and stop here. The organization qualifies	as a publicly supp	orted organization				• • • • • • • • • • • • • • • • • • •
b	33 1/3% support test - 2009. If the organ						
	box and stop here. The organization qual						• • • • • • □
17a	10%-facts-and-circumstances test - 201						
	more, and if the organization meets the "fa						. —
	organization meets the "facts-and-circums						· · · · · ▶□
b	10%-facts-and-circumstances test - 200						
	more, and if the organization meets the "f						. —
	organization meets the "facts-and-circums	stances" test. The	organızatıon qualıfi	es as a publicly su	ipported organizat	ion · · · · · ·	• • • • • ▶ 📋

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

Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support				<u></u>		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or faci- lities furnished in any activity that is related						
	to the organization's tax-exempt purpose	6,272	2,000	867,849		7,661	883,782
3	Gross receipts from activities that are not						
·	an unrelated trade or bus under sec 513					1	
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 · · · · · ·	6,272	2,000	867,849		7,661	883,782
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						883,782
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · ·	6,272	2,000	867,849		7,661	883,782
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					9,684	9,684
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · ·			<u> </u>		9,684	9,684
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	Total support. (Add lines 9, 10c, 11, and 12)	6,272	2,000	867,849		17,345	893,466
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	· · · · · ▶ □
Se	ction C. Computation of Public Su						 _
15	Public support percentage for 2010 (line 8, c	٠,,	•			15	98.92 %
16	Public support percentage from 2009 Sched	ule A, Part III, line	15	· · · · · · · · · ·	• • • • • • • • •	16	100.00 %
<u>Sec</u>	ction D. Computation of Investmer Investment income percentage for 2010 (line	t Income Per	centage	column (f)) · · ·	• • • • • • • • •	17	1.08 %
18	Investment income percentage from 2009 S					18	
	33 1/3% support tests - 2010. If the organiz 17 is not more than 33 1/3%, check this box	zation did not ched	ck the box on line 1	4, and line 15 is n	nore than 33 1/3%	, and line	· · · · ▶ 🕱
b	33 1/3% support tests - 2009. If the organiz line 18 is not more than 33 1/3%, check this	ation did not chec box and stop her	ck a box on line 14 re. The organizatio	or line 19a, and lii n qualifies as a pu	ne 16 is more than blicly supported o	n 33 1/3%, and rganization	
20	Private Foundation: If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instructi	ons · · · · ·	· · · · · ▶ 📋

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	s Complete Part III			
Name	of organization			Employer i	dentification number
VA	RIETY WHEELCHAIR ARTS/SPORT	s		75-231	76323
Pa	rtil A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization	's direct and indirect political campaign	activities in Part I	V • • • • • • • •	
2	Political expenditures · · · · · · ·			· · · · · · • > \$	
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			
					-
		<u>ization is exempt under secti</u>			
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur	red by organization managers under se	ection 4955 · · ·	· · · · · · · • *	
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this year	7	• • • • • • • • • • • • • • • • • • • •	· · _ Yes _ No
4a	Was a correction made?				· · 🗌 Yes 📗 No
b	If "Yes," describe in Part IV				
	rtil-C. Complete if the organ	ization is exempt under section	<u>on 501(c), exc</u>	ept section 501(c)(3)
1	Enter the amount directly expended by the				
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organization				
	527 exempt function activities • • • • •			• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add				
	line 17b • • • • • • • • • • • • • • • • • • •				
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employ				
	organization made payments. For each	•	•	•	
	the amount of political contributions rece	, , ,	•	•	
	as a separate segregated fund or a politi	ical action committee (PAC). If addition	al space is neede	d, provide information in l	Part IV
	(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
					political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
					_
(5)					
(e)	·		<u> </u>		
(6)					

Sche	nedule C (Form 990 or 990-EZ) 2010 VARIETY WHEELCHAIR ARTS/SPORTS					6323 Page 2
Pa	art II-A Complete if the organization	on is exempt ur	der section 50	I(c)(3) and filed	l Form 5768 (ele	ction under
	section 501(h)). Check In the filing organization belongs	to an affiliated group				
	Check In the filing organization checked	•		nnty		
<u>-</u>		bbying Expenditure		ppiy		
	(The term "expenditures"	(a) Filing organization's totals	(b) Affiliated group totals			
1a					Organization's totals	group totals
b			,			
C		• •	• •			
d		-				
u	• • • •					
ŧ	Total exempt purpose expenditures (add lines	•		• • • • • • • • •		
•	Lobbying nontaxable amount Enter the amount columns	it from the following	table in both			
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amour	nt is :	'20 A A	· 1 (~)
	Not over \$500,000	20% of the an	nount on line 1e			, i
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	\$100,000 plus 15% of the excess over \$500,000			***
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		· 6 4
	Over \$17,000,000	\$1,000,000			abet.	
g	Grassroots nontaxable amount (enter 25% of I	ne 1f) · · · · ·				
h	Subtract line 1g from line 1a If zero or less, er	iter -0- • • • • •		• • • • • • • •		
i	Subtract line 1f from line 1c If zero or less, ent	er-0- • • • • •				
j	If there is an amount other than zero on either	line 1h or line 1i, did	the organization file	Form 4720		
	reporting section 4911 tax for this year? • •	<u> </u>		• • • • • • • • • • • • • • • • • • • •		Yes No
	(Some organizations tha	I-Year Averaging P t made a section 50 ow. See the instruc)1(h) election do no	ot have to complete		
_	Lobb	ying Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
					 	

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))		(A)		j			
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))	The state of the s	and the state of t					
f	Grassroots lobbying expenditures							

Pa	rt II-B . Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled F	orm	5768		•
	(election under section 501(h)).				(b)	
		Yes	No	Α	Amoun	nt
1	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					
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		Χ	. •	*	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? • • • • • • •		X	<u> </u>		
С	Media advertisements? • • • • • • • • • • • • • • • • • • •		Χ			
ď	Mailings to members, legislators, or the public?		Χ			
е	Publications, or published or broadcast statements?		Χ			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? • • • • • • • • • • • • • • • • • • •		_X			
i	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·					
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? • • • • • • • • • • • • • • • • • • •	-30		<u></u>		<u></u>
b	If "Yes," enter the amount of any tax incurred under section 4912	0 *	r			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 • • • • • • • • • • • • • • • • • • •	<u></u>			~	٠ - ر
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • • • • • • • • • • • • • • • •			<u>*-</u>		
<u></u> Ra	rtill-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), o 	rsec	tion		T
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •	• • •	• • •	1	 	↓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •	• • •	• • •	2	ļ	┼
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<u> </u>	Щ.
⊪Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes."	ne 3 is	ans		d	
1	Dues, assessments and similar amounts from members · · · · · · · · · · · · · · · · · · ·	• • •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	İ	~ ,\$\$^*,***			
	political expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·	•••	2a			
b	Carryover from last year · · · · · · · · · · · · · · · · · · ·	•••	2b			
С	Total · · · · · · · · · · · · · · · · · · ·	• • •	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · ·	•••	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			ı		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			ļ		
	and political expenditure next year? • • • • • • • • • • • • • • • • • • •		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Com	**TIV: Supplemental Information plete 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, liplete this part for any additional information	ne 1ı A	lso,			
			-			
						_

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number VARIETY WHEELCHAIR ARTS/SPORTS 75-2376323 01. List of grants and similar amounts paid (Part I, line 10) ACTIVITY YOUNG LIFE CAMP GRANTEE VETERANS FAIR; E.RAY ELEMENTARY KIDS REFUGE CAMP; FIRE VICTIM; **ADDRESS** AMOUNT 5,000 ACTIVITY RICHLAND COLLEGE SCHOLARSHIP; GRANTEE SKYWARD BOUND RANCH; KIDS CHRISMAS **ADDRESS** PARTY; AMOUNT 5,000 ACTIVITY KIDS VALENTINE PARTY; TWU BASKETBALL GRANTEE CAMP; AMOUNT 1,684

EEA