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Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

Α	For the	2016 calenda	r year, or tax year beginning	, 2016, an	d ending			, 20
В	Check if ag	pplicable	C Name of organization			D Emplo	yer identif	ication number
	Address ch	hange	VARIETY WHEELCHAIR ARTS SPORTS ASSOC	<u> </u>		75	-237632	3
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Teleph	one numbe	er
	Initial retur	m				1		
	Final return	n/terminated	2420 IRVING BLVD		125	<u> </u>	_	
	Amended i	retum	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemption	
	Application	n pending	IRVING, TX 75061			Numbe	er 🕨	_
		ting Method				H Check ►	X if the o	organization is not
1	Website	e: > _			I	required to	attach Sch	nedule B
J	Tax-exe	mpt status (d	check only one) - 🗓 501(c)(3) ☐ 501(c)() ◀ (insert no)	4947(a)(1) c	r 527	(Form 990,	990-EZ, o	r 990-PF)
			☐ Corporation ☐ Trust ☐ Association	Other			-	
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$	200,000 or m	ore, or if tota	al assets		
-			r) are \$500,000 or more, file Form 990 instead of Form 990-E2		<u></u>		▶ \$	8,977
-	art I		e, Expenses, and Changes in Net Assets or F				ns for Pa	ort I)
<u> </u>	سينت		the organization used Schedule O to respond to any		•			´. x
(€	1			·			1	3,477
2	2		vice revenue including government fees and contracts				2	
300	3	-	dues and assessments				3	
Revenue SCANNED	4	Investment in	ncome				4	
	5a	Gross amou	nt from sale of assets other than inventory	5a				
	b		r other basis and sales expenses	5b				
	c	Gain or (loss		5c				
0	6	Gaming and						
W.	a	Gross incom						
e e				6a	. 1	5,500		
/ei	Ь	•	e from fundraising events (not including \$		of contribut			
æ			sing events reported on line 1) (attach Schedule G if the					
			gross income and contributions exceeds \$15,000)	. 6b	.			
	c		expenses from gaming and fundraising events					
			or (loss) from gaming and fundraising events (add lines 6a and					
	-	line 6c)					6d	5,500
	7a	•	of inventory, less returns and allowances	7a				
		Less. cost of						
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	•	ue (describe in Schedule O)	'			8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	8,977
	10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(P) 100 ==		10	4,750
	11	Benefits paid	I to or for members	KEC	EIVEL		11	
	12	•	er compensation, and amployee honefits	0		70	12	
Ses	13		fees and other payments to independent contractors	MAY.	1 6 2G17	.181	13	
Expenses	14		fees and other payments to independent contractors rent, utilities, and maintenance	I IVIA	~ CO 17	RS-OS	14	4,561
Ä	15	=	lications, postage, and shipping		**************************************	<u></u>	15	
	16		ses (describe in Schedule O)	UGU	EN. N		16	
	17	•	ses. Add lines 10 through 16			→	17	9,311
_	18		eficit) for the year (Subtract line 17 from line 9)				18	(334
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with			
\ss(, (maat agree			19	426,002
Net Assets	20	=	es in net assets or fund balances (explain in Schedule O)				20	
ž	21	_	r fund halances at end of year. Combine lines 18 through 20				21	425 669

For Paperwork Reduction Act Notice, see the separate instructions. EEA

Form 990-EZ (2016)

Page 2

Form 990-EZ (2016)

P	Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to res	enand to any avactic	on in this Port II			П
_	Check if the organization used Schedule O to les	pond to any questic		ginning of year	ΤĖ	(B) End of year
22	Cash, savings, and investments		(A) De	1,002	22	(B) Elid of year 668
			· · · · · 		 	
	5		· · · · ·	425,000	23	425,000
	Other assets (describe in Schedule O)	•	· · · 		-	0
	Total assets		···	426,002	25	425,668
	Total liabilities (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·	0	26	0
	Net assets or fund balances (line 27 of column (B) must agree w			426,002	27	425,668
P	Statement of Program Service Accomplishme	•	•		ŀ	Expenses
	Check if the organization used Schedule O to re			<u> </u>	(Re	quired for section
Wh	at is the organization's primary exempt purpose? YOUTH EVENT	'S AND VETERANS	<u> </u>		Ι,	(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for each	of its three largest pro	ogram services.		ł	anizations, optional for
	measured by expenses In a clear and concise manner, describe the	• .	•		1 -	ers)
per	sons benefited, and other relevant information for each program title	<u>. </u>				
28	SUPPORTED YOUTH SPORTS AND SCOUTS. HELPED	SUPPORT YOUTH	ART			
	GROUPS AND VETERANS					
					i	
	(Grants \$ 4,750) If this amount inc	cludes foreign grants, c	heck here	▶ □	288	4,56
29	CANNED FOOD DRIVES, CLOTHING DRIVES AND TO	YS DRIVES FOR	KIDS			
	CHRISTMAS					
	(Grants \$) if this amount inc	cludes foreign grants, c	heck here	▶ 🔲	298	ı
30						
					İ	
						Ţ
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶ □	318	,
32	Total program service expenses (add lines 28a through 31a)				32	4,56
_	art IV List of Officers, Directors, Trustees, and Key Employ				tions	
	Check if the organization used Schedule O to respond to	•	•			. ´ 🗇
			(c) Reportable	(d) Health benefits		
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	loyee	(e) Estimated amount of
	(-)	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensa		other compensation
ME	LODYE GREEN		STMA01	l deletted compensati		
PR.		4.00	(,	o	o
						
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EEA

75-2376323

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u> </u>	<u>. D</u>
	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide 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			l
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	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		1	1
	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	ļ	X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter			(
а	Initiation fees and capital contributions included on line 9	Į	[
b	Gross receipts, included on line 9, for public use of club facilities		1	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		1	
	section 4911 ▶		1	
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	}		ł
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40.		v
	that has not been 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1	
	on organization managers or disqualified persons during the year under sections 4912,		[
	4955, and 4958			
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization		1	
•	transaction? If "Yes," complete Form 8886-T	40e	1	X
41	List the states with which a copy of this return is filed			ــــــــــــــــــــــــــــــــــــــ
	The organization's books are in care of ► MELODYE GREEN Telephone no ►			
720	Located at ▶ 2420 IRVING BLVD, IRVING, TX ZIP+4 ▶ 75061			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			********
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	1		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	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	<u> </u>		
		(100000	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44a	ļ	<u> X</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44b	↓	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ŧ	
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
b	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," Form 990 and Schedule R may need to be completed instead of		† ` `	1,,
	Form 990-EZ (see instructions)	45b	<u> </u>	X

Form 9	90-EZ (201	6) VARIETY WHEELCH	AIR ARTS SPORTS		75-2	2376323	F	Page 4
							Yes	No
46		organization engage, directly or indirectly, in	· =	ties on behalf of or in opp	osition		Ī	
F-5		dates for public office? If "Yes," complete S			<u> </u>	46		X
Par		Section 501(c)(3) organizations		47 40h 50			!	
		All section 501(c)(3) organizations 50 and 51.	must answer questi	ions 47-490 and 52,	and complete the t	ables for i	mes	
		Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			П
		onesk ii trie organization asea eer	icadic O to respond	to any question in		· · · ·	Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the	tax		1.00	
	year? If	"Yes," complete Schedule C, Part II				47	١.	Х
48	Is the or	rganization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	complete Schedule E		48		X
49a		organization make any transfers to an exem	•	organization? .		. 49a	<u> </u>	X
b		was the related organization a section 527	-			49b	<u> </u>	<u> </u>
50	-	te this table for the organization's five higher						
	employe	ees) who each received more than \$100,000	or compensation from th	ie organization. If there is				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimate		
		(a) Name and the or coor employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co	tion	
NON	B							
						1		
						ļ		
						 		
				<u> </u>				
f		imber of other employees paid over \$100,00			-			
51	•	te this table for the organization's five higher to of compensation from the organization. If	•		n received more than			
	Ψ100,00	o of compensation from the organization. If	there is notic, effer 140					
	(a)	Name and business address of each independent contra	actor	(b) Type of service	e (c) Compensatio	n	
				 				
			· · · · · · · · · · · · · · · · · · ·					
								
52		imber of other independent contractors each organization complete Schedule A? Note: A	<u> </u>					
-		red Schedule A		, , , , , , , , , , , , , , , , , , ,		► X Yes	П	No
Under		of perjury, I declare that I have examined this reti					_=_	
true, c	correct, an	d complete Declaration of preparer (other than o	fficer) is based on all informa	ation of which preparer has a	any knowledge			
۵.				}				
Sign		Signature of officer	Xh	h	Date			
Her		MELODYE GREEN, PRES Type or print name and title	000	n	5-11-	7)		
			Preparer's Algnatura]	Date	Check if	PTIN		
Paid		Judy Roberts	MINKE	05-04-20	[-	P015178	395	
Prep		Firm's name > Judy Roberts Tax	Services Inc		Firm's EIN			
Use	Only	Firm's address > 329 Oaks Trail	Ste 223					
		Garland TX 7504:				907-8201		
May EEA	me IKS c	liscuss this return with the preparer shown a	ipove? See instructions	<u></u>	 	Form 99	_=_	No (2016)
CCA						- com 99	U-C4	40101

SCHEDULE A

(Form 990 of 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization Employer identification number VARIETY WHEELCHAIR ARTS SPORTS 75-2376323 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.) 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 (Form 990 or 990-EZ)) 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 4 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

VARIETY WHEELCHAIR ARTS SPORTS 75-2376323 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . 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) Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2016 (a) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ (b) 2013 (c) 2014 (d) 2015 Amounts from line 4 . R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 . . 33 1/3% support test - 2016. 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 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. 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 \Box

b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	34,601	5,895	2,513	13,454	8,977	65,440
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	33,7002	3,033	2,313	237.10	5,311	33,110
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	500	2,200	2,000			4,700
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	35,101	8,095	4,513	13,454	8,977	70,140
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)						70,140
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6	35,101	8,095	4,513	13,454	8,977	70,140
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	35,101	8,095	4,513	13,454	8,977	70,140
14	First five years. If the Form 990 is for the organization, check this box and stop here	-		or fifth tax year as) 	• 🗆
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8, co)		15	100.00 %
16	Public support percentage from 2015 Schedu			<u> </u>	<u> </u>	16	100.00 %
<u>Se</u>	ction D. Computation of Investme				·		
17	Investment income percentage for 2016 (line			umn (f))		17	0.00 %
18	Investment income percentage from 2015 Sc	hedule A, Part III, lii	ne 17			18	0.00 %
19a	33 1/3% support tests - 2016. If the organization of the support tests - 2016. If the organization is not more than 33 1/3%, check this box at						• 🗓
b	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box and	d see instructions	<u> </u>	▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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.
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Pa	art V.	<u> </u>	
_		Vac	No
	F	Yes	No
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	3b	<u> </u>	
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	10b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		V	N.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	r	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	, ,,,,,,			
2	Did the organization operate for the benefit of any supported organization other than the supported			į
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			į
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			į
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
		•	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			į
	or management of the supporting organization was vested in the same persons that controlled or managed			; !
	the supported organization(s).	1		
seci	ion D. All Type III Supporting Organizations		V	A1 -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	v .		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	`		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ı
			: '	
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			:
	organization(s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	1		I
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			i
	significant voice in the organization's investment policies and in directing the use of the organization's			i
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			<u> </u>
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	; instru	iction	is).
b				
c		tv (see	ınetri	ıctions
	Activities Test. Answer (a) and (b) below.	<i>y</i> (000	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ļ	
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		·····
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			į
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		ı

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zatio	ons must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(ориона)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		+
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or	†- <u>-</u> -		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		· · · · · · · · · · · · · · · · · · ·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	П		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	-	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-inte	grated Type III support	ing organization (see
instructions).			

	t V . Type III Non-Functionally Integrated 509(a)(3		inations (sontinued)	76323 Page 7
	tion D - Distributions	of Supporting Organ	izations (continued)	C
-				Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	n purposes or supported]	
		o of supported organiza	tions.	
	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organiza	ations	
	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	o organization is roomer		
0	(provide details in Part VI). See instructions.	ie organization is respor	isive	
	Distributable amount for 2016 from Section C, line 6			
10				<u> </u>
	Line 8 amount divided by Line 9 amount	T	/::\	/::i\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013 .			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			,
	Applied to underdistributions of prior years			. , , ,
<u>h</u>	Applied to 2016 distributable amount			
<u>_</u>	Carryover from 2011 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years	,		
	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			=
	and 4c.			<u>.</u>
8	Breakdown of line 7:			
a				-
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			*

e Excess from 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
•	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

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," on 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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III					
	e of organization				Employer	identification nu	mber
VA	RIETY WHEELCHAIR ARTS SPORT	rs			75-2376	5323	
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or	is a section	527 orga	nization.	
1	Provide a description of the organization'	s direct and indirect political campaign ac	tivities in Part IV	(see instruction	s for		
	definition of "political campaign activities")					
2	Political campaign activity expenditures (see instructions)			> \$		
3	Volunteer hours for political campaign ac		<u> </u>				
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).				
1	Enter the amount of any excise tax incurr	ed by the organization under section 495	5 .		. 🕨 \$		
2	Enter the amount of any excise tax incur		on 4955				
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year?				. 🗌 Yes	☐ No
4a	Was a correction made?					. 🗌 Yes	☐ No
b	If "Yes," describe in Part IV	<u>-</u>					
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), ex	cept sectio	n 501(c)(3).	
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function				
					▶ \$		
2	Enter the amount of the filing organization	_					
				· · ·	. > \$		
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form 11	20-POL,				
					▶ \$		
4	Did the filing organization file Form 1120						☐ No
5	Enter the names, addresses and employed						
	organization made payments For each o						
	the amount of political contributions recei			-			
	as a separate segregated fund or a politic	cal action committee (PAC) if additional	space is needed,	provide informa	tion in Parti	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount		(e) Amount of po	
				filing organ		contributions rece promptly and di	
					,	delivered to a se	parate
		1				political organiza none, enter -	
				 			
(1)		<u> </u>		ļ		ļ	
				 -		 	
(2)		}					
							
(3)						1	
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(4)		h				\	
				 			
(5)							
				1			
(6)						1	

chedu	ule C (Form 990 or 990-EZ) 2016 VARIETY WHEELC	HAIR ARTS S	PORTS		75-23763	
	t II-A. Complete if the organization	is exempt un	der section 50°	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).			_		
\ C	heck if the filing organization belongs to an	affiliated group (a	and list in Part IV eac	h affiliated group me	ember's	
	name, address, EIN, expenses, and					
3 C	theck > if the filing organization checked box	A and "limited cor	ntrol" provisions appl	y		
	Limits on Lobbyi				(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts pai	d or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opini					
b	Total lobbying expenditures to influence a legislative body (direct lobbying)					
С	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е		Total exempt purpose expenditures (add lines 1c and 1d)				
f	Lobbying nontaxable amount. Enter the amount from		ole in both			
	columns				l	
Γ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
Ī	Not over \$500,000	20% of the am	ount on line 1e.			
T	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	ver \$500,000		
ļ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess o	ver \$1,000,000		
Ţ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over	er \$1,500,000.	!	
Ī	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line 1	f)				
h	Subtract line 1g from line 1a If zero or less, enter -)				
i	Subtract line 1f from line 1c If zero or less, enter -0					
j	If there is an amount other than zero on either line 1	h or line 1i, did th	e organization file Fo	rm 4 7 20		
	reporting section 4911 tax for this year?	<u> </u>	<u>.</u>	<u> </u>		Yes No
			ng Period Under			
	(Some organizations that made a sec					ns below.
	See t	he separate in	structions for lin	ies 2a through 2	f.)	
		<u>,. </u>				
	Lobbyir	g Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
			<u></u>		 	
2a	Lobbying nontaxable amount					
þ	Lobbying ceiling amount				1	
	(150% of line 2a, column (e))				 	
С	Total lobbying expenditures		i		1	
			<u> </u>		 	
d	Grassroots nontaxable amount					
					 	
е	Grassroots ceiling amount (150% of line 2d, column (e))		•	<u>:</u>		
	(150 % Of fine 20, Column (e))		Ŧ	<u> </u>	 	
f	Grassroots lobbying expenditures					
FFA			<u> </u>	1	Schedule C (Fo	rm 990 or 990-EZ) 2016

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Sched	tule C (Form 990 or 990-EZ) 2016 VARIETY WHEELCHAIR ARTS SPORTS	75-	2376	323 Page 3
Pa	rt II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT	filed I	Form	5768
	(election under section 501(h)).			
Eor	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
		163	110	
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?		Х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
:	Other activities?		X	
			^	
J	Total. Add lines 1c through 1i		7.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or se	ection
	501(c)(6).			
				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
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pnor year?			3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c	:)(5).	or se	ection
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (
	answered "Yes."			· · · · · · · · · · · · · · · · · · ·
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
_	political expenses for which the section 527(f) tax was paid).			
9	Current year		22	
a h			2a	
0	·		2b	
C	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			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pa	rt IV Supplemental Information			
Prov	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, li	nes 1 a	ınd	
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information			
				
		-		
EEA		Sche	dule C /	Form 990 or 990-EZ) 2016
		00118	~ [01 030764] £010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

VARIETY WHEELCHAIR ARTS	75-2376323		
01. List of grants and s	imilar amounts paid (Part I, line 10)		
Grantee	DWELLING WITH DIGNITY		
Amount	250		
Grantee	TORNADO VICTIMS		
Amount	250		
Grantee	AMERICAN FREEDOM		
Amount	250		
Grantee	SPECIAL OLYMPICS		
Amount	750		
Grantee	IRVING ELITE BASKETBALL TEAM		
Amount	100		
Grantee	NEEDY FAMILY		
Amount	1,000		
Grantee	YOUTH BASEBALL ASSOCIATION		
Amount	150		
Grantee	DUNCANVILLE POLICE ASSOCIATION		
Amount	250		

Name of the erganization		Employer identification number
VARIETY WHEELCHAIR ARTS SPORTS		75-2376323
Grantee	SKYEWARD BOUND RANCH	
Amount	500	
		
Grantee	SPECIAL OLYMPICS	
Amount	750	<u></u>
Crantoo	YOUTH GOLF TOUR	
Grantee	TOUTH GOLF TOUR	
Amount	500	
		