Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010 or fiscal year beginning OCT 1 2010, and ending SEP 30 20 11

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

▶ See instructions.

OMB No. 1545-1878

2010

Name of exempt organization: DISABLED SPORTS USA

Employer identification number: 94-6174016

Name and title of officer:
KIRK M BAUER
EXECUTIVE DIRECTOR

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	3167596
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CST GROUP, CPAS, PC (**ERO firm name**) to enter my PIN 20191 (**Enter five numbers, but do not enter all zeros**)

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [signature] Executive Director   Date ▶ 8/9/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 54020320191 (**do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ [signature] CPA   Date ▶ 08/09/12

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

Form **8868** (Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization: DISABLED SPORTS USA

Employer identification number: 94-6174016

Number, street, and room or suite no. If a P.O. box, see instructions.: 451 HUNGERFORD DRIVE, NO. 100

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: ROCKVILLE, MD 20850

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ BILL SNYDER
451 HUNGERFORD DRIVE - ROCKVILLE, MD 20850
Telephone No. ▶ 301-217-0960 FAX No. ▶ 301-217-0968
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning OCT 1, 2010, and ending SEP 30, 2011.

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print. File by the extended due date for filing your return. See instructions

Name of exempt organization: DISABLED SPORTS USA

Employer identification number: 94-6174016

Number, street, and room or suite no. If a P.O. box, see instructions.: 451 HUNGERFORD DRIVE, NO. 100

City, town or post office, state, and ZIP code. For a foreign address see instructions.: ROCKVILLE, MD 20850

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ BILL SNYDER 451 HUNGERFORD DRIVE - ROCKVILLE, MD 20850

Telephone No.▶ 301-217-0960 FAX No. ▶ 301-217-0968

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2012 .

5 For calendar year ______ , or other tax year beginning OCT 1, 2010 , and ending SEP 30, 2011

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
AN ADDITIONAL EXTENSION OF TIME TO FILE IS RESPECTFULLY REQUESTED SINCE WE ARE STILL WAITING TO RECEIVE ALL THE NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Kirk M Bauer Title ▶ EXECUTIVE DIRECTOR Date ▶ 5-7-12

023842
01-16-12

07360430 759824 1686000 2010.05080 DISABLED SPORTS USA 16860001

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2010**

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

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

Department of the Treasury Internal Revenue Service | **Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 **and ending** SEP 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: DISABLED SPORTS USA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 451 HUNGERFORD DRIVE | Room/suite: 100

City or town, state or country, and ZIP + 4: ROCKVILLE, MD 20850

D Employer identification number: 94-6174016

E Telephone number: (301) 217-0960

G Gross receipts $ 3,167,596.

F Name and address of principal officer: KIRK M. BAUER SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DSUSA.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: 1967 | **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF DISABLED SPORTS USA IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	1013
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,788,958.	3,046,645.
	9	Program service revenue (Part VIII, line 2g)	93,169.	100,591.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,883.	20,360.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,889,010.	3,167,596.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	487,180.	549,007.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	664,577.	734,651.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 211,245.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,226,099.	1,332,739.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,377,856.	2,616,397.
	19	Revenue less expenses. Subtract line 18 from line 12	511,154.	551,199.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,557,468.	3,185,399.
	21	Total liabilities (Part X, line 26)	268,834.	394,860.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,288,634.	2,790,539.

Part II Signature Block

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

Sign Here ▶ Signature of officer | Date

▶ KIRK M. BAUER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
KENDALL COLEMAN, JR.		08/09/12		

Firm's name ▶ CST GROUP, CPAS, PC | Firm's EIN ▶

Firm's address ▶ 1800 ROBERT FULTON DRIVE, #100 RESTON, VA 20191-4346 | Phone no. 703-391-2000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ..... [X]

1 Briefly describe the organization's mission:
THE MISSION OF DISABLED SPORTS USA IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO DEVELOP INDEPENDENCE, CONFIDENCE AND FITNESS THROUGH PARTICIPATION IN COMMUNITY SPORTS, RECREATION AND EDUCATION PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,200,796. including grants of $ 454,316.) (Revenue $ 55,500.)
THE WOUNDED WARRIOR DISABLED SPORTS PROJECT: CONDUCTED BY DISABLED SPORTS USA, THE WWDSP PROVIDES SPORTS REHABILITATION PROGRAMS TO SEVERELY WOUNDED SERVICE MEMBERS SHORTLY AFTER THEY ARE WOUNDED. THE PROGRAM CONTINUES TO OFFER SERVICES WHEN THE WOUNDED WARRIOR IS RETURNED TO ACTIVE DUTY OR DISCHARGED TO CIVILIAN LIFE AS A DISABLED VETERAN. WOUNDED WARRIORS SERVED INCLUDE THOSE WITH PERMANENT, LIFE CHANGING INJURIES SUCH AS AMPUTATIONS, HEAD AND SPINAL INJURY AND BLINDNESS.

SINCE WWDSP PROJECT INCEPTION IN 2003, OVER 2400 OF THE MOST SEVERELY WOUNDED AND FAMILY MEMBERS HAVE BEEN SERVED WITH OVER 400 INSTRUCTIONAL EVENTS IN 20 DIFFERENT SPORTS CONDUCTED IN 14 STATES. SPORTS INCLUDE

4b (Code:) (Expenses $ 387,059. including grants of $ 17,785.) (Revenue $ 40,080.)
SKI SPECTACULAR: EACH YEAR FOR OVER 20 YEARS, DISABLED SPORTS USA HAS CONDUCTED AN ANNUAL NATIONAL WINTER SPORTS SYMPOSIUM THAT OFFERS INSTRUCTIONAL AND OTHER PROGRAMS IN ADAPTIVE WINTER SPORTS. EACH YEAR, THE SKI SPECTACULAR ATTRACTS OVER 800 PARTICIPANTS FROM OVER 30 STATES AND SEVERAL FOREIGN COUNTRIES, FOR A WEEK OF ACTIVITIES. THIS INCLUDES TRAINING OF LOCAL SKI INSTRUCTORS AND COACHES IN THE LATEST ADAPTIVE SKI TECHNIQUES FOR AMPUTEES, SPINAL AND HEAD INJURED, BLIND, THOSE WITH NEUROMUSCULAR DISABILITIES LIKE CEREBRAL PALSY AND DEVELOPMENTALLY DISABLED. IT ALSO INCLUDES RACE TRAINING CLINICS FOR YOUTH, WOUNDED WARRIORS AND OTHERS; LEARN TO SKI AND SNOWBOARD CLASSES; NORDIC SKI TRAINING; FUN RACES AND CHAPTER DEVELOPMENT SEMINARS.

4c (Code:) (Expenses $ 373,760. including grants of $ 30,386.) (Revenue $ 0.)
CHAPTER SERVICES: DISABLED SPORTS USA PROVIDES SERVICES TO ITS COMMUNITY BASED CHAPTERS OPERATING LOCALLY IN OVER 100 LOCATIONS IN 38 STATES. THESE SERVICES ARE DESIGNED TO ENABLE THE LOCAL COMMUNITY NON PROFIT CHAPTER TO PROVIDE SAFE AND EFFECTIVE SPORTS REHABILITATION PROGRAMS TO PEOPLE WITH DISABILITIES IN THEIR COMMUNITIES. SERVICES INCLUDE: INSTRUCTOR AND COACH TRAINING IN ADAPTIVE SPORTS; GRANTS TO OPERATE PROGRAMS AND PURCHASE ADAPTIVE EQUIPMENT; SEMINARS IN PROGRAM ADMINISTRATION, VOLUNTEER RECRUITMENT AND TRAINING, MARKETING, FUNDRAISING, AND RISK MANAGEMENT; INSURANCE; PROMOTION OF LOCAL ACTIVITIES ON A NATIONAL LEVEL AND OTHER ONGOING TECHNICAL ASSISTANCE.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 258,164. including grants of $ 46,520.) (Revenue $ 5,011.)

4e **Total program service expenses ▶** 2,219,779.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

032003
12-21-10

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☒ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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 account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ..... [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA,CT,FL,MD,MA,MN,NJ,NY,PA,SC,UT,VA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

BILL SNYDER - 301-217-0960

451 HUNGERFORD DRIVE, ROCKVILLE, MD 20850

SEE SCHEDULE O FOR FULL LIST OF STATES

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GREGG J. BAUMGARTEN BOARD MEMBER	4.00	X						0.	0.	0.
JOEL H. BERMAN BOARD MEMBER	4.00	X						0.	0.	0.
RALPH GREEN BOARD MEMBER	4.00	X						0.	0.	0.
ANJALI J. FORBER-PRATT BOARD MEMBER	4.00	X						0.	0.	0.
CAROL HARNETT BOARD MEMBER	4.00	X						0.	0.	0.
STEVEN D. GOODWIN SECOND VICE PRESIDENT	4.00	X		X				0.	0.	0.
JOHN B. LINCOLN BOARD MEMBER	4.00	X						0.	0.	0.
JEFF UNDERWOOD BOARD MEMBER	4.00	X						0.	0.	0.
BOB MESERVE PRESIDENT	4.00			X				0.	0.	0.
BOB HARNEY VICE PRESIDENT	4.00			X				0.	0.	0.
TODD SAJAUSKAS TREASURER/SECRETARY	4.00			X				0.	0.	0.
KIRK BAUER EXECUTIVE DIRECTOR	40.00			X				125,117.	0.	0.
WILLIAM SNYDER CHIEF FINANCIAL OFFICER	40.00			X				36,654.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	(D)	(E)	(F)
1b Sub-total ▶	161,771.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	161,771.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SPECIALTY INSURANCE, LLC P.O. BOX 293, DOSWELL, VA 23047	INSURANCE	168,511.
BEAVER RUN RESORT P.O. BOX 2115, BRECKENRIDGE, CO 80424	BANQUET SERVICES	123,343.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 25,250.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 500,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,521,395.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		3,046,645.			
Program Service Revenue		Business Code				
	2 a WWDSP DINNER	900099	55,500.	55,500.		
	b REGISTRATION FEES	900099	45,091.	45,091.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		100,591.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		15,785.			15,785.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities: / (ii) Other: 4,575.				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	(ii) Other: 4,575.				
	d Net gain or (loss) ▶		4,575.			4,575.
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions. ▶		3,167,596.	100,591.	0.	20,360.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	528,387.	528,387.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,620.	20,620.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,770.	118,738.	10,156.	25,876.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	500,430.	373,638.	93,830.	32,962.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	27,107.	22,495.	3,527.	1,085.
10 Payroll taxes	52,344.	40,107.	7,643.	4,594.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,300.	5,800.	17,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	74,210.	55,139.	8,381.	10,690.
12 Advertising and promotion	51,936.	43,752.	2,142.	6,042.
13 Office expenses	160,757.	107,866.	14,051.	38,840.
14 Information technology	13,031.	10,611.	2,043.	377.
15 Royalties				
16 Occupancy	59,775.	56,341.	3,434.	
17 Travel	428,249.	412,290.	8,949.	7,010.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	148,128.	89,028.		59,100.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,055.	20,055.		
23 Insurance	217,091.	204,708.	12,383.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ATHLETE EXPENSES	122,353.	97,744.	0.	24,609.
b DUES & SUBSCRIPTIONS	6,060.	5,076.	984.	0.
c TAXES & LICENSES	4,558.	4,498.	0.	60.
d MISCELLANEOUS	3,236.	2,886.	350.	0.
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,616,397.	2,219,779.	185,373.	211,245.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	50,342.	1	55,847.
	2	Savings and temporary cash investments	1,909,418.	2	2,122,863.
	3	Pledges and grants receivable, net	198,785.	3	117,538.
	4	Accounts receivable, net	22.	4	273.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	25,786.	9	25,695.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 549,087.			
	b	Less: accumulated depreciation — 10b: 186,727.	373,115.	10c	362,360.
	11	Investments - publicly traded securities		11	500,823.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,557,468.	16	3,185,399.
Liabilities	17	Accounts payable and accrued expenses	248,014.	17	273,015.
	18	Grants payable		18	
	19	Deferred revenue	20,820.	19	121,845.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	268,834.	26	394,860.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,900,374.	27	2,489,670.
	28	Temporarily restricted net assets	388,260.	28	300,869.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,288,634.	33	2,790,539.
	34	Total liabilities and net assets/fund balances	2,557,468.	34	3,185,399.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,167,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,616,397.
3	Revenue less expenses. Subtract line 2 from line 1	3	551,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,288,634.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-49,294.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,790,539.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 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. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization
DISABLED SPORTS USA

Employer identification number
94-6174016

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 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(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document? Yes	**(iv)** No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	**(v)** No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	**(vi)** No	**(vii)** Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(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.")	2138109.	2826029.	2026735.	2788958.	3059611.	12839442.
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	2138109.	2826029.	2026735.	2788958.	3059611.	12839442.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2379594.
6 **Public support.** Subtract line 5 from line 4.						10459848.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2138109.	2826029.	2026735.	2788958.	3059611.	12839442.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,484.	32,077.	26,777.	8,572.	15,785.	119,695.
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						12959137.

12 Gross receipts from related activities, etc. (see instructions) — 12 — 396,437.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) — 14 — 80.71 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 — 15 — 83.99 %

16a **33 1/3% support test - 2010.** 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 ▶ [X]

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2010

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AIG COMPANIES	525,000.	265,817.
ARIEL CORPORATION	400,000.	140,817.
THE HARTFORD	384,954.	125,771.
WOUNDED WARRIER PROJECT	1,290,555.	1,031,372.
USOC (UNITED STATES OLYMPIC COMMITTEE)	1,075,000.	815,817.

Total Excess Contributions to Schedule A, Part II, Line 5 .... 2,379,594.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2010

Name of the organization	**Employer identification number**
DISABLED SPORTS USA	94-6174016

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ________

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

Name of organization	Employer identification number
DISABLED SPORTS USA	94-6174016

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARIEL CORPORATION 35 BLACKJACK ROAD MOUNT VERNON, OH 43050	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	BANK OF AMERICA 135 SOUTH LASALLE STREET CHICAGO, IL 60603	$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	CHALLENGED ATHLETES FOUNDATION PO BOX 910769 SAN DIEGO, CA 92191	$ 84,637.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	THE HARTFORD 200 HOPMEADOW STREET SIMSBURY, CT 06089	$ 121,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	USOC - UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
DISABLED SPORTS USA	94-6174016

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BOB WOODRUFF FAMILY FOUNDATION PO BOX 955 BISTROW, VA 20136	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	WASH DEPOT HOLDINGS INC 14 SUMMER STREET, SUITE 302 MALDEN, MA 02148	$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	WELLPOINT FOUNDATION INC 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
DISABLED SPORTS USA	94-6174016

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
DISABLED SPORTS USA	94-6174016

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization DISABLED SPORTS USA

Employer identification number 94-6174016

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ______%

b Permanent endowment ▶ ______%

c Term endowment ▶ ______%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		334,925.		334,925.
b Buildings		30,600.	17,031.	13,569.
c Leasehold improvements				
d Equipment				
e Other		183,562.	169,696.	13,866.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				362,360.

Schedule D (Form 990) 2010

032052
12-20-10

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,167,596.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,616,397.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	551,199.
4	Net unrealized gains (losses) on investments	4	-49,294.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-49,294.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	501,905.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,591,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	460,287.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-36,328.		
e	Add lines **2a** through **2d**			2e	423,959.
3	Subtract line **2e** from line **1**			3	3,167,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,167,596.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,089,650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	460,287.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	12,966.		
e	Add lines **2a** through **2d**			2e	473,253.
3	Subtract line **2e** from line **1**			3	2,616,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,616,397.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED INVESTMENT LOSS INCLUDED IN REVENUE ON AUDITED

FINANCIAL STMTS. -49,294.

REIMBURSED EXPENSES THAT WERE INCLUDED IN INCOME ON AUDIT

RESPORT 12,966.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -36,328.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

REIMBURSED EXPENSES THAT WERE INCLUDED IN INCOME ON AUDIT

RESPORT 12,966.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: DISABLED SPORTS USA

Employer identification number: 94-6174016

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY PLUS 855 HANOVER ST. #497 MANCHESTER, NH 03104	04-3367707	501(C)(3)	7,500.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
ADAPTIVE ACTION SPORTS 2458 WEST SHORE DRIVE LUMMI ISLAND, WA 98262	65-1245737	501(C)(3)	8,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
ADAPTIVE ADVENTURES (CHICAGO) 2616 WILMETTE AVE WILMETTE, IL 60091	84-1512653	501(C)(3)	20,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS CENTER OF CRESTED BUTTE - PO BOX 1639 - CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	15,250.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES ADAPTIVE WINTER AND
ADAPTIVE SPORTS FOUNDATION PO BOX 266, 100 SILVERMAN WAY WINDHAM, NY 12496	14-1823155	501(C)(3)	10,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	501(C)(3)	20,850.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

2 Enter total number of section 501(c)(3) and government organizations ▶ 38.

3 Enter total number of other organizations ▶

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	10,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	16,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DISABLED SPORTS USA, FAR WEST 2600 ALPINE MEADOWS ROAD ALPINE MEADOWS, CA 96146	68-0024920	501(C)(3)	20,174.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NATIONAL SPORTS CENTER FOR THE DISABLED - PO BOX 1290 - WINTER PARK, CO 80482	84-0738419	501(C)(3)	18,785.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND DISABLED SPORTS PO BOX 26 LINCOLN, NH 03251	02-0460732	501(C)(3)	28,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
PGA FOUNDATION, INC. PO BOX 109601 PALM BEACH GARDENS, FL 33410	59-1809626	501(C)(3)	10,124.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
SPORTS ASSOCIATION GAYLORD HOSPITAL - BOX 400 - WALLINGFORD, CT 06492	06-0646649	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
STRIDE ADAPTIVE SPORTS 476 NORTH GREENBUSH ROAD #9 RENSSELAER, NY 12144	14-1732830	501(C)(3)	10,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SUDS DIVING, INC. 1090 VERMONT AVE, NW WASHINGTON, DC 20005	26-1315733	501(C)(3)	12,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM RIVER RUNNER PO BOX 1290 CABIN JOHN, MD 20818	20-3838651	501(C)(3)	18,125.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 TELLURIDE, CO 81435	84-1337870	501(C)(3)	11,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
UCO SPORTS AND RECREATION 100 N. UNIVERISTY DRIVE, BOX 99 EDMOND, OK 73034	73-6017987	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
WINTERGREEN ADAPTIVE SPORTS PO BOX 578 LOVINGSTON, VA 22936	54-1818204	501(C)(3)	13,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81301	94-2938093	501(C)(3)	10,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ARIZONA DISABLED SPORTS 59 EAST BROADWAY ROAD MESA, AZ 85210	86-0643471	501(C)(3)	10,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NATIONAL ABILITY CENTER PO BOX 682799 PARK CITY, UT 84068	94-3025807	501(C)(3)	9,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND HANDICAPPED SPORTS ASSOCIATION - PO BOX 2135 - NEWBURY, NH 03255	23-7398657	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
OUTDOORS FOR ALL FOUNDATIONS 6344 NE 74TH STREET, SUITE 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	13,715.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION COMFORT PO BOX 4010 LARGO VISTA, TX 78645	86-1123065	501(C)(3)	12,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
SUN VALLEY ADAPTIVE PO BOX 6791 KETCHUM, ID 83340	82-0512146	501(C)(3)	15,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
THE ADAPTIVE ADVENTURES SPORTS COALITION - 1139 DODD REHABILITATION HOSPITAL, 480 MEDICAL CENTER DRIVE - COLUMBUS,	31-1561944	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
UNITED STATES ADAPTIVE RECREATION CENTER - PO BOX 2897 - BIG BEAR LAKE, CA 92315	95-3872771	501(C)(3)	7,700.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CHALLENGE ALASKA 3350 COMMERCIAL DR. SUITE 208 ANCHORAGE, AL 99501	92-0080897	501(C)(3)	35,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
COLORADO DISCOVER ABILITY PO BOX 1924 GRAND JUNCTION, CO 81502	84-1569050	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
FRIENDS OF STOWE ADAPTIVE SPORTS INC. - PO BOX 483 - HYDE PARK, VT 05655	27-4015887	501(C)(3)	25,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
LAKESHORE FOUNDATION 4000 RIDGEWAY DR. BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
LEAPS OF FAITH DISABLED WATERSKIERS - 90 HOUSATONIC DR. - SANDY HOOK, CT 06482	06-1513214	501(C)(3)	6,225.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAINE ADAPTIVE SPORTS & RECREATION 8 SUNDANCE LN. NEWRY, ME 04261	01-0388818	501(C)(3)	14,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NORTHEAST PASSAGE UNH-F 4 LIBRARY WAY HEWITT HALL DURHAM, NH 03824	02-0448237	501(C)(3)	20,128.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPARC, SPORTS ARTS AND REC OF CHATTANOOGA - 6638 DECLARATION DR. - HIXSON, TN 37343	62-1515151	501(C)(3)	5,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TWO TOP MOUNTAIN ADAPTIVE SPORTS FOUNDATION - 10914 CLAYLICK RD. - MERCERSBURG, PA 17236	26-0466490	501(C)(3)	25,870.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
US HANDCYCLING PO BOX 3538 EVERGREEN, CO 80437	84-1491335	501(C)(3)	15,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ATHLETE TRAINING GRANT	5	20,620.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE AWARDED TO CHAPTER ORGANIZATIONS, WHICH MUST OFFER PROOF OF 501(C)(3) STATUS, INSURANCE COVERAGE, MEMBERSHIP BASE AND TRAINED/CERTIFIED INSTRUCTION. DS USA REQUIRES DETAILED REPORTING TO BE COMPLETED AND SUBMITTED BY EVERY GRANT RECIPIENT, WHICH INCLUDES A BREAKDOWN OF PROJECT EXPENSES, IN-KIND DONATIONS, A LIST OF OTHER SPONSORS, A LIST OF PARTICIPANTS, AND DETAILS ON OTHER PROJECT OUTCOMES. GRANT RECIPIENTS ARE ALSO REQUESTED TO PROVIDE RECEIPTS FOR EXPENDITURES.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ADAPTIVE SPORTS CENTER OF CRESTED BUTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open To Public Inspection

Name of the organization: DISABLED SPORTS USA
Employer identification number 94-6174016

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule L (Form 990 or 990-EZ) 2010**

032131 12-21-10

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
KIRK BAUER	KIRK BAUER IS THE E	12,395.	THE EXECUTI		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KIRK BAUER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KIRK BAUER IS THE EXECUTIVE DIRECTOR OF DISABLED SPORTS USA.

(C) AMOUNT OF TRANSACTION $ 12,395.

(D) DESCRIPTION OF TRANSACTION: THE EXECUTIVE DIRECTOR LEASES AN

APARTMENT TO THE ORGANIZATION TO HOUSE INTERNS AND VISITING COACHES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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
DISABLED SPORTS USA	94-6174016

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS WITH DISABILITIES TO DEVELOP INDEPENDENCE, CONFIDENCE AND FITNESS THROUGH PARTICIPATION IN COMMUNITY SPORTS, RECREATION AND EDUCATION PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THOSE ON THE PARALYMPICS AGENDA PLUS RECREATIONAL SPORTS SUCH AS SCUBA, HORSEBACK RIDING, GOLF, OUTRIGGER CANOEING, KAYAKING, SNOW SKIING/BOARDING, NORDIC SKIING, WATER SKIING, SAILING, CYCLING, ROCK AND MOUNTAIN CLIMBING, FISHING AND HUNTING.

SERVICES ARE PROVIDED FREE OF COST TO THE WOUNDED WARRIOR AND A FAMILY MEMBER WHICH INCLUDES TRANSPORTATION, LODGING, MEALS, ADAPTIVE SPORTS EQUIPMENT AND INSTRUCTORS TRAINED IN ADAPTIVE SPORTS. DSUSA PARTNERS WITH 42 LOCAL DSUSA CHAPTERS AND 20 OTHER NATIONAL ADAPTIVE SPORTS ORGANIZATIONS AS WELL AS THOUSANDS OF VOLUNTEERS TO CONDUCT THE WOUNDED WARRIOR DISABLED SPORTS PROJECT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SKITOUR AND SUMMERFEST: DISABLED SPORTS USA ALSO SUPPORTS A NATIONWIDE SERIES OF "LEARN TO", RACE TRAINING AND INSTRUCTOR TRAINING CLINICS HELD BY LOCAL DSUSA CHAPTER IN STATES THROUGHOUT THE USA. THIS INCLUDES "SKITOUR" FOR WINTER SPORTS AND "SUMMERFEST" FOR SUMMER SPORTS. SPORTS INCLUDE: ALPINE AND NORDIC SKIING, SNOWBOARDING, SNOW SHOEING; GOLF, WATER SKIING, KAYAKING, SAILING, OUTRIGGER CANOEING, RAFTING, SCUBA, EQUESTRIAN, CYCLING, ROCK CLIMBING, AND OTHER ACTIVITIES. DISABILITIES

Name of the organization: DISABLED SPORTS USA

Employer identification number: 94-6174016

SERVED INCLUDE THOSE WITH AMPUTATIONS, SPINAL AND HEAD INJURY, NEUROMUSCULAR DISABILITIES SUCH AS MULTIPLE SCLEROSIS, CEREBRAL PALSY AND MUSCULAR DYSTROPHY AND DEVELOPMENTAL DISABILITIES.

EXPENSES $ 258,164. INCLUDING GRANTS OF $ 46,520. REVENUE $ 5,011.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS IS PROVIDED WITH THE FORM 990 (WHICH WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM) FOR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST REVEAL ANY CONFLICTS OF INTEREST ANNUALLY AT THE SPRING BOARD MEETING AND STATE IT FOR THE RECORD.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES ABBOT, LANGER ASSOCIATION SURVEYS (ALL NONPROFIT ORGANIZATIONS, SMALL ORGANIZATIONS [$100,000 - $10,000,000]) TO DETERMINE COMPENSATION AMOUNTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,CT,FL,MD,MA,MN,NJ,NY,PA,SC,UT,VA,WA

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

Name of the organization: DISABLED SPORTS USA

Employer identification number: 94-6174016

NET UNREALIZED LOSSES ON INVESTMENTS: -49,294.

THE BOARD OF DIRECTORS' RESPONSIBILITY AS IT RELATES TO OVERSIGHT OF THE AUDIT IS CONSISTENT WITH THE PRIOR YEAR.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	LAND	12/30/09	L		HY		334,925.				334,925.			0.	
	COMPUTER EQUIPMENT														
17	COMPUTER EQUIPMENT	05/18/05	SL	5.00	HY	16	1,198.				1,198.	1,198.		0.	1,198.
25	COMPUTER	02/24/06	SL	5.00	HY	16	1,150.				1,150.	1,054.		96.	1,150.
26	COMPUTER	03/16/06	SL	5.00	HY	16	789.				789.	724.		65.	789.
27	COMPUTER	03/16/06	SL	5.00	HY	16	2,965.				2,965.	2,718.		247.	2,965.
28	COMPUTER	07/24/06	SL	5.00	HY	16	649.				649.	542.		107.	649.
31	DELL LAPTOP (JULIA)	04/17/07	200DB	5.00	HY	17	950.				950.	786.		109.	895.
45	COMPUTER EQUIPMENT (DELL CORE)	03/15/07	200DB	5.00	HY	17	2,650.				2,650.	2,192.		305.	2,497.
46	DELL LAPTOP (DUE CORE)	12/11/06	200DB	5.00	HY	17	1,395.				1,395.	1,154.		161.	1,315.
48	ADOBE ACROBAT SOFTWARE	02/12/07	SL	3.00	HY	16	1,485.				1,485.	1,485.		0.	1,485.
49	SOFTWARE	07/22/07	SL	3.00	HY	16	612.				612.	612.		0.	612.
53	ADOBE INDESIGN CS3	03/02/08	SL	3.00	HY	16	695.			348.	347.	299.		48.	347.
54	LICENSES FOR SIMULATENOUS DATABASE	04/16/08	SL	3.00	HY	16	1,936.			968.	968.	807.		161.	968.
55	SONICWALL EMAIL SECURITY APPLIANCE	06/06/08	SL	3.00	HY	16	1,630.			815.	815.	635.		181.	816.
58	DELL DESKTOP OPTIPLEX 210L	06/29/08	200DB	5.00	HY	17	750.			375.	375.	267.		43.	310.
60	LAPTOP-1 GB MB	09/03/08	200DB	5.00	HY	17	1,383.			692.	691.	492.		80.	572.
61	LAPTOP-1 GB MB	09/03/08	200DB	5.00	HY	17	1,240.			620.	620.	441.		72.	513.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
62	MICROSOFT OFFICE PROFESSIONAL	09/17/08	SL	3.00	HY	16	500.			250.	250.	173.		76.	249.
63	ADOBE PHOTOSHOP	09/22/08	SL	3.00	HY	16	694.			347.	347.	242.		106.	348.
71	PURCHASE AND CONFIGURATION OF (1) LAPTOP FOR REMOTE USE	02/03/10	200DB	5.00	HY	17	1,050.			525.	525.	105.		168.	273.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERVER: INTEL XEON CPU	06/18/10	200DB	5.00	HY	17	8,600.			4,300.	4,300.	860.		1,376.	2,236.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	06/18/10	SL	3.00	HY	16	2,385.			1,193.	1,192.	132.		397.	529.
74	DELL LATITUDE E SERIES LAPTOP FOR JULIA	07/23/10	200DB	5.00	HY	17	987.			494.	493.	99.		158.	257.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEON CPU, 8GB OF RAM	08/10/10	200DB	5.00	HY	17	500.			250.	250.	50.		80.	130.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITOR FOR SERVER RACK	08/10/10	200DB	5.00	HY	17	1,099.			550.	549.	110.		176.	286.
77	DELL LATITUDE E SERIES LAPTOP W/ WINDOWS 7 PRO, 4GB	08/10/10	200DB	5.00	HY	17	988.			494.	494.	99.		158.	257.
84	WEBSITE REDSIGN	09/15/11	SL	3.00	HY	16	3,500.				3,500.			97.	97.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT						41,780.			12,221.	29,559.	17,276.		4,467.	21,743.
	OFFICE EQUIPMENT														
18	FURNITURE	02/01/05	SL	5.00	HY	16	1,010.				1,010.	1,010.		0.	1,010.
24	CARPETING	03/04/05	SL	5.00	HY	16	2,762.				2,762.	2,762.		0.	2,762.
34	OFFICE FURNITURE	06/14/07	200DB	7.00	HY	17	505.				505.	347.		45.	392.
35	FILE CABINET, DESK, ETC.	07/02/07	200DB	7.00	HY	17	827.				827.	569.		74.	643.
47	DRAWERS, DRESSER, LAMP	05/07/07	200DB	7.00	HY	17	560.				560.	385.		50.	435.
50	EOS DIGITAL REBEL XTI CAMERA	10/27/07	200DB	5.00	HY	17	913.				913.	650.		105.	755.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
51	CDW DIRECT PROJECTOR	11/29/07	200DB	5.00	HY	17	1,266.				1,266.	901.		146.	1,047.
52	HP LASERJET 550 DTN PRINTER	01/12/08	200DB	5.00	HY	17	4,340.			2,170.	2,170.	1,545.		250.	1,795.
57	PRINTER	06/29/08	200DB	5.00	HY	17	599.			300.	299.	213.		34.	247.
64	CANON REBEL XSI CAMERA	09/30/08	200DB	5.00	HY	17	750.			375.	375.	267.		43.	310.
79	VIDEO EQUIPMENT - TELEVISION	10/16/09	200DB	5.00	HY	17	2,354.			1,177.	1,177.	235.		377.	612.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM + UNIFIED	06/18/10	200DB	5.00	HY	17	6,000.			3,000.	3,000.	600.		960.	1,560.
81	CISCO IP PHONES 7940	06/18/10	200DB	5.00	HY	17	1,590.			795.	795.	159.		254.	413.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	08/10/10	200DB	5.00	HY	17	478.			239.	239.	48.		76.	124.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT FOR 10 PREVIOUS	08/10/10	200DB	5.00	HY	17	600.			300.	300.	60.		96.	156.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT						24,554.			8,356.	16,198.	9,751.		2,510.	12,261.
	SPORTS EQUIPMENT														
12	INVACARE XLT JR. BICYCLE	06/30/03	SL	7.00	HY	16	3,353.				3,353.	3,353.		0.	3,353.
19	OUTRIGGER CANOES (2)	04/27/05	SL	5.00	HY	16	21,000.				21,000.	21,000.		0.	21,000.
20	OUTRIGGER PADDLES	03/02/05	SL	5.00	HY	16	1,800.				1,800.	1,800.		0.	1,800.
21	OUTRIGGER COVERS	05/09/05	SL	5.00	HY	16	1,620.				1,620.	1,620.		0.	1,620.
29	GOLF CART ATLAS	07/20/06	SL	7.00	HY	16	3,590.				3,590.	2,137.		513.	2,650.
36	SPORTS EQUIPMENT	03/14/07	200DB	5.00	HY	17	507.				507.	419.		59.	478.
37	SPORTS EQUIPMENT	03/16/07	200DB	5.00	HY	17	377.				377.	312.		43.	355.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	SPORTS EQUIPMENT	06/27/07	200DB	5.00	HY	17	1,474.				1,474.	1,220.		169.	1,389.
39	SPORTS EQUIPMENT	07/19/07	200DB	5.00	HY	17	1,001.				1,001.	828.		115.	943.
59	VIPAMAT TECHNOLOGIE, WHEELCHAIR	08/31/08	200DB	5.00	HY	17	2,443.			1,222.	1,221.	869.		141.	1,010.
70	ADAPTIVE ROPE PULLEY SYSTEM	11/13/08	200DB	5.00	MQ	17	1,507.			754.	753.	460.		117.	577.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT						38,672.			1,976.	36,696.	34,018.		1,157.	35,175.
	BUILDING														
9	TIMESHARE	12/30/94	SL	27.50	MM	16	20,600.				20,600.	11,886.		749.	12,635.
10	TIME SHARE	09/18/99	SL	27.50	MM	16	10,000.				10,000.	4,032.		364.	4,396.
	* 990 PAGE 10 TOTAL - BUILDING						30,600.				30,600.	15,918.		1,113.	17,031.
	TRANSPORTATION EQUIPMENT														
22	2004 FORD E350 VAN	03/09/05	SL	5.00	HY	16	22,565.				22,565.	22,565.		0.	22,565.
23	FREIGHTLINER VAN	04/25/05	SL	5.00	HY	16	7,204.				7,204.	7,204.		0.	7,204.
30	DODGE	05/19/06	SL	5.00	HY	16	39,522.				39,522.	34,909.		4,613.	39,522.
69	UTILITY TRAILER	07/02/09	200DB	5.00	MQ	17	3,465.			1,733.	1,732.	745.		395.	1,140.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						72,756.			1,733.	71,023.	65,423.		5,008.	70,431.
	LEASEHOLD IMPROVEMENTS														
85	NETWORK CABLING	01/31/11	SL	15.00	HY	19E	5,800.			5,800.				5,800.	
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						5,800.			5,800.	0.	0.		5,800.	0.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						549,087.			30,086.	519,001.	142,386.		20,055.	156,641.

028111
05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

990

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2010

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
DISABLED SPORTS USA	FORM 990 PAGE 10	94-6174016

Part I Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	5,800.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,820.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	6,435.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	20,055.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

(a) Type of property (list vehicles first)	**(b)** Date placed in service	**(c)** Business/ investment use percentage	**(d)** Cost or other basis	**(e)** Basis for depreciation (business/investment use only)	**(f)** Recovery period	**(g)** Method/ Convention	**(h)** Depreciation deduction	**(i)** Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

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

	(a) Vehicle		**(b)** Vehicle		**(c)** Vehicle		**(d)** Vehicle		**(e)** Vehicle		**(f)** Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*		

Part VI **Amortization**

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
78	LAND	123009	L			334,925.			334,925.			0.
	COMPUTER EQUIPMENT											
17	COMPUTER EQUIPMENT	051805	SL	5.00	16	1,198.			1,198.	1,198.		0.
25	COMPUTER	022406	SL	5.00	16	1,150.			1,150.	1,054.		96.
26	COMPUTER	031606	SL	5.00	16	789.			789.	724.		65.
27	COMPUTER	031606	SL	5.00	16	2,965.			2,965.	2,718.		247.
28	COMPUTER	072406	SL	5.00	16	649.			649.	542.		107.
31	DELL LAPTOP (JULIA)	041707	200DB	5.00	17	950.			950.	786.		109.
45	COMPUTER EQUIPMENT (DELL CORE)	031507	200DB	5.00	17	2,650.			2,650.	2,192.		305.
46	DELL LAPTOP (DUE CORE)	121106	200DB	5.00	17	1,395.			1,395.	1,154.		161.
48	ADOBE ACROBAT SOFTWARE	021207	SL	3.00	16	1,485.			1,485.	1,485.		0.
49	SOFTWARE	072207	SL	3.00	16	612.			612.	612.		0.
53	ADOBE INDESIGN CS3	030208	SL	3.00	16	695.		348.	347.	299.		48.
54	LICENSES FOR SIMULATENOUS DATABA	041608	SL	3.00	16	1,936.		968.	968.	807.		161.
55	SONICWALL EMAIL SECURITY APPLIANCE	060608	SL	3.00	16	1,630.		815.	815.	635.		181.
58	DELL DESKTOP OPTIPLEX 210L	062908	200DB	5.00	17	750.		375.	375.	267.		43.
60	LAPTOP-1 GB MB	090308	200DB	5.00	17	1,383.		692.	691.	492.		80.
61	LAPTOP-1 GB MB	090308	200DB	5.00	17	1,240.		620.	620.	441.		72.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
62	MICROSOFT OFFICE PROFESSIONAL	091708	SL	3.00	16	500.		250.	250.	173.		76.
63	ADOBE PHOTOSHOP	092208	SL	3.00	16	694.		347.	347.	242.		106.
71	PURCHASE AND CONFIGURATION OF (1	020310	200DB	5.00	17	1,050.		525.	525.	105.		168.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERV	061810	200DB	5.00	17	8,600.		4,300.	4,300.	860.		1,376.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	061810	SL	3.00	16	2,385.		1,193.	1,192.	132.		397.
74	DELL LATITUDE E SERIES LAPTOP FOR J	072310	200DB	5.00	17	987.		494.	493.	99.		158.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEO	081010	200DB	5.00	17	500.		250.	250.	50.		80.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITO	081010	200DB	5.00	17	1,099.		550.	549.	110.		176.
77	DELL LATITUDE E SERIES LAPTOP W/ WI	081010	200DB	5.00	17	988.		494.	494.	99.		158.
84	WEBSITE REDSIGN	091511	SL	3.00	16	3,500.			3,500.			97.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					41,780.		12,221.	29,559.	17,276.		4,467.
	OFFICE EQUIPMENT											
18	FURNITURE	020105	SL	5.00	16	1,010.			1,010.	1,010.		0.
24	CARPETING	030405	SL	5.00	16	2,762.			2,762.	2,762.		0.
34	OFFICE FURNITURE	061407	200DB	7.00	17	505.			505.	347.		45.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	17	827.			827.	569.		74.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	17	560.			560.	385.		50.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	17	913.			913.	650.		105.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	CDW DIRECT PROJECTOR	112907	200DB	5.00	17	1,266.			1,266.	901.		146.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	17	4,340.		2,170.	2,170.	1,545.		250.
57	PRINTER	062908	200DB	5.00	17	599.		300.	299.	213.		34.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	17	750.		375.	375.	267.		43.
79	VIDEO EQUIPMENT - TELEVISION	101609	200DB	5.00	17	2,354.		1,177.	1,177.	235.		377.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM	061810	200DB	5.00	17	6,000.		3,000.	3,000.	600.		960.
81	CISCO IP PHONES 7940	061810	200DB	5.00	17	1,590.		795.	795.	159.		254.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONA	081010	200DB	5.00	17	478.		239.	239.	48.		76.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT	081010	200DB	5.00	17	600.		300.	300.	60.		96.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT					24,554.		8,356.	16,198.	9,751.		2,510.
	SPORTS EQUIPMENT											
12	INVACARE XLT JR. BICYCLE	063003	SL	7.00	16	3,353.			3,353.	3,353.		0.
19	OUTRIGGER CANOES (2)	042705	SL	5.00	16	21,000.			21,000.	21,000.		0.
20	OUTRIGGER PADDLES	030205	SL	5.00	16	1,800.			1,800.	1,800.		0.
21	OUTRIGGER COVERS	050905	SL	5.00	16	1,620.			1,620.	1,620.		0.
29	GOLF CART ATLAS	072006	SL	7.00	16	3,590.			3,590.	2,137.		513.
36	SPORTS EQUIPMENT	031407	200DB	5.00	17	507.			507.	419.		59.
37	SPORTS EQUIPMENT	031607	200DB	5.00	17	377.			377.	312.		43.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
38	SPORTS EQUIPMENT	062707	200DB	5.00	17	1,474.			1,474.	1,220.		169.
39	SPORTS EQUIPMENT	071907	200DB	5.00	17	1,001.			1,001.	828.		115.
59	VIPAMAT TECHNOLOGIE, WHEELCHAIR	083108	200DB	5.00	17	2,443.		1,222.	1,221.	869.		141.
70	ADAPTIVE ROPE PULLEY SYSTEM	111308	200DB	5.00	17	1,507.		754.	753.	460.		117.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT					38,672.		1,976.	36,696.	34,018.		1,157.
	BUILDING											
9	TIMESHARE	123094	SL	27.50	16	20,600.			20,600.	11,886.		749.
10	TIME SHARE	091899	SL	27.50	16	10,000.			10,000.	4,032.		364.
	* 990 PAGE 10 TOTAL - BUILDING					30,600.			30,600.	15,918.		1,113.
	TRANSPORTATION EQUIPMENT											
22	2004 FORD E350 VAN	030905	SL	5.00	16	22,565.			22,565.	22,565.		0.
23	FREIGHTLINER VAN	042505	SL	5.00	16	7,204.			7,204.	7,204.		0.
30	DODGE	051906	SL	5.00	16	39,522.			39,522.	34,909.		4,613.
69	UTILITY TRAILER	070209	200DB	5.00	17	3,465.		1,733.	1,732.	745.		395.
	* 990 PAGE 10 TOTAL - TRANSPORTATION E					72,756.		1,733.	71,023.	65,423.		5,008.
	LEASEHOLD IMPROVEMENTS											
85	NETWORK CABLING	013111	SL	15.00	19E	5,800.		5,800.				5,800.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROV					5,800.		5,800.	0.	0.		5,800.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL 990 PAGE 10 DEPR					549,087.		30,086.	519,001.	142,386.		20,055.

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05-01-10

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction