

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2005**

Open to Public Inspection

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

**A For the 2005 calendar year, or tax year beginning 10/01/05, and ending 9/30/06**

<p><b>B</b> Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>Variety Club of Orlando, Inc.</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. Box 941467</b></p> <p>City or town, state or country, and ZIP + 4 <b>Maitland FL 32751</b></p>	<p><b>D</b> Employer identification no. <b>59-3030272</b></p> <p><b>E</b> Telephone number <b>407-739-6362</b></p> <p><b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash  <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)</p>
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■ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ [www.varietycluborlando.org](http://www.varietycluborlando.org)

**J Organization type**  
(check only one) ▶  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

H and I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No

(If "No," attach a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **160,285**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Direct public support <span style="float:right">1a <b>160,235</b></span></p> <p><b>b</b> Indirect public support <span style="float:right">1b</span></p> <p><b>c</b> Government contributions (grants) <span style="float:right">1c</span></p> <p><b>d</b> <b>Total</b> (add lines 1a through 1c) (cash \$ <b>160,235</b> noncash \$ ) <span style="float:right">1d <b>160,235</b></span></p> <p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <span style="float:right">2</span></p> <p><b>3</b> Membership dues and assessments <span style="float:right">3 <b>See Statement 1</b></span></p> <p><b>4</b> Interest on savings and temporary cash investments <span style="float:right">4 <b>50</b></span></p> <p><b>5</b> Dividends and interest from securities <span style="float:right">5</span></p> <p><b>6a</b> Gross rents <span style="float:right">6a</span></p> <p><b>b</b> Less: rental expenses <span style="float:right">6b</span></p> <p><b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) <span style="float:right">6c</span></p> <p><b>7</b> Other investment income (describe ) <span style="float:right">7</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">(A) Securities</td> <td style="width:50%; text-align:center;">(B) Other</td> </tr> <tr> <td style="width:50%;"><b>8a</b> Gross amount from sales of assets other than inventory <span style="float:right">8a</span></td> <td style="width:50%;"></td> </tr> <tr> <td><b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8b</span></td> <td></td> </tr> <tr> <td><b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8c</span></td> <td></td> </tr> <tr> <td colspan="2"><b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <span style="float:right">8d</span></td> </tr> </table> <p><b>9</b> Special events and activities (attach schedule). If any amount is from <b>gaming</b>, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) <span style="float:right">9a</span></p> <p><b>b</b> Less: direct expenses other than fundraising expenses <span style="float:right">9b</span></p> <p><b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) <span style="float:right">9c</span></p> <p><b>10a</b> Gross sales of inventory, less returns and allowances <span style="float:right">10a</span></p> <p><b>b</b> Less: cost of goods sold <span style="float:right">10b</span></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) <span style="float:right">10c</span></p> <p><b>11</b> Other revenue (from Part VII, line 103) <span style="float:right">11</span></p> <p><b>12</b> <b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) <span style="float:right">12 <b>160,285</b></span></p>	(A) Securities	(B) Other	<b>8a</b> Gross amount from sales of assets other than inventory <span style="float:right">8a</span>		<b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8b</span>		<b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8c</span>		<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <span style="float:right">8d</span>			
(A) Securities	(B) Other												
<b>8a</b> Gross amount from sales of assets other than inventory <span style="float:right">8a</span>													
<b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8b</span>													
<b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8c</span>													
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <span style="float:right">8d</span>													
Expenses	<b>13</b> Program services (from line 44, column (B)) <span style="float:right">13 <b>37,369</b></span>												
	<b>14</b> Management and general (from line 44, column (C)) <span style="float:right">14 <b>31,182</b></span>												
	<b>15</b> Fundraising (from line 44, column (D)) <span style="float:right">15 <b>89,660</b></span>												
	<b>17</b> <b>Total expenses</b> (add lines 16 and 44, column (A)) <span style="float:right">17 <b>158,211</b></span>												
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) <span style="float:right">18 <b>2,074</b></span>												
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <span style="float:right">19 <b>55,368</b></span>												
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <span style="float:right">20</span>												
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) <span style="float:right">21 <b>57,442</b></span>												

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <b>Stmt 2</b> (cash \$ <u>2,784</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	2,784	2,784	
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule) _____	24			
25	Compensation of officers, directors, etc. _____	25			
26	Other salaries and wages _____	26	39,000	19,110	3,900
27	Pension plan contributions _____	27			
28	Other employee benefits _____	28			
29	Payroll taxes _____	29	3,206	1,571	321
30	Professional fundraising fees _____	30			
31	Accounting fees _____	31	6,600		6,600
32	Legal fees _____	32			
33	Supplies _____	33	10,248	5,758	1,836
34	Telephone _____	34	604		604
35	Postage and shipping _____	35	345	16	35
36	Occupancy _____	36	487		487
37	Equipment rental and maintenance _____	37			
38	Printing and publications _____	38	1,466		1,466
39	Travel _____	39	507		507
40	Conferences, conventions, and meetings _____	40	1,656		1,656
41	Interest _____	41			
42	Depreciation, depletion, etc. (attach schedule) _____	42			
43	Other expenses not covered above (itemize):				
a	<b>See Statement 3</b> _____	43a	91,308	8,130	15,236
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	_____	43e			
f	_____	43f			
g	_____	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	158,211	37,369	31,182

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **Providing mobility equipments to handicapped children**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

**a Oscar Night**

**Fundraising event to solicit donations for the purchase of wheelchairs, handicapped vehicles and mobility equipment for handicapped children.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**14,048**

**b Gold Heart Ball**

**Fundraising event to solicit donations for the purchase of wheelchairs, handicapped vehicles and mobility equipment for handicapped children.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**11,561**

**c Gold Heart Pin and Paper Heart Sales**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**6,044**

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**e Other program services (attach schedule) See Stmt 4**

(Grants and allocations \$ **2,784** ) If this amount includes foreign grants, check here ►

**5,716**

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**37,369**

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash-non-interest-bearing .....	<b>46,331</b>	45	<b>24,155</b>
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable .....	<b>5,200</b>		
	b Less: allowance for doubtful accounts .....		47c	<b>5,200</b>
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....	<b>32,979</b>	52	<b>21,764</b>
	53 Prepaid expenses and deferred charges .....		53	<b>2,463</b>
	54 Investments-securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments-land, buildings, and equipment: basis .....			
	b Less: accumulated depreciation (attach schedule) .....		55c	
56 Investments-other (attach schedule) .....		56		
57a Land, buildings, and equipment: basis .....				
b Less: accumulated depreciation (attach schedule) .....		57c		
58 Other assets (describe ► <b>See Statement 5</b> ) .....		58	<b>10,536</b>	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. ....	<b>84,510</b>	59	<b>64,118</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	<b>26,136</b>	60	<b>3,300</b>
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe ► <b>See Statement 6</b> ) .....	<b>3,006</b>	65	<b>3,376</b>
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	<b>29,142</b>	66	<b>6,676</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	<b>53,024</b>	67	<b>57,442</b>
	68 Temporarily restricted .....	<b>2,344</b>	68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	<b>55,368</b>	73	<b>57,442</b>
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. ....	<b>84,510</b>	74	<b>64,118</b>





Part VI Other Information (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>82a</b>			
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>83a</b>			
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
<b>83b</b>	N/A		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>84a</b>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>	N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
<b>85a</b>	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>85b</b>	N/A		
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	<b>85c</b>	
d	Section 162(e) lobbying and political expenditures	<b>85d</b>	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>85g</b>	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>85h</b>	N/A		
<b>86</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
b	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	<b>87a</b>	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <input style="float: right;" type="text" value="0"/>		<b>0</b>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input style="float: right;" type="text" value="0"/>		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <input type="text" value="None"/>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	<b>1</b>
<b>91a</b>	The books are in care of <input type="text" value="Kari Quast"/> Telephone no. <input type="text" value="407-739-6362"/> <input type="text" value="P O Box 941467"/> Located at <input type="text" value="Maitland, FL"/> ZIP + 4 <input type="text" value="32751"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>	<b>X</b>
c	If "Yes," enter the name of the foreign country <input type="text"/>		
d	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
e	At any time during the calendar year, did the organization maintain an office outside of the United States?	<b>91c</b>	<b>X</b>
f	If "Yes," enter the name of the foreign country <input type="text"/>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input style="float: right;" type="text" value="92"/>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					50
<b>95</b> Interest on savings and temporary cash investments .....					
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0		0	50
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					50

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

<b>Line No.</b> ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	<b>Provides for handicapped children's mobility needs through the purchase of wheelchairs, handicapped vehicles and other mobility equipment.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: **Robert Winters** Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: **5/15/07** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Hoskins & Barbery, CPA, LLC**  
**926 Lake Baldwin Ln**  
**Orlando, FL 32814**

Preparer's SSN or PTIN (See Gen. Instr. W): **P00535747** EIN: **20-1595883** Phone no.: **407-277-3000**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Variety Club of Orlando, Inc.

Employer identification number  
59-3030272

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), **(5)**, or **(6)**, if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	188,971	179,255	143,559	122,674	634,459
16 Membership fees received	6,493	13,475	12,197	4,338	36,503
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>Stmt 8</b>				80	80
23 Total of lines 15 through 22	195,464	192,730	155,756	127,092	671,042
24 Line 23 minus line 17	195,464	192,730	155,756	127,092	671,042
25 Enter 1% of line 23	1,955	1,927	1,558	1,271	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0 (2003) 0 (2002) 0 (2001) 0					0
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0 (2003) 0 (2002) 0 (2001) 0					0
c Add: Amounts from column (e) for lines: 15 634,459 16 36,503 17 _____ 20 _____ 21 _____					
d Add: Line 27a total. _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					670,962
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					671,042
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.9881 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>			
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines through <b>c h.</b> ) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines through <b>c h.</b> ) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

**Schedule of Contributors**

OMB No. 1545-0047

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

**2005**

Name of organization

Employer identification number

**Variety Club of Orlando, Inc.**

**59-3030272**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 organizations 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-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

**Variety Club of Orlando, Inc.**

Employer identification number

**59-3030272**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<b>Albertsons, Inc.</b> 7400 Lake Mary Parkway Lake Mary FL 32746	\$ <u>9,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Federal Statements**

**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Membership dues	\$ 50
Total	\$ <u>50</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Explantn</u>	<u>FMV Explantn</u>
Adopt a Katrina Family					\$ 2,784	\$	\$		
Total					\$ 2,784	\$ 0	\$ 0		

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Advertising	20,900	500	400	20,000
Auto expense	1,811		1,811	
Bank Charges	1,669		1,669	
Dues and Subscriptions	361		361	
Liability insurance	8,703		4,209	4,494
Licenses and permits	225		225	
Repairs and Maintenance	17		17	
Special Events	43,448			43,448
Sunshine Coaches	7,630	7,630		
Website expenses	406		406	
Miscellaneous	384		384	
Penalties	678		678	
Meals and meetings	76		76	
National Dues	5,000		5,000	
Total	<u>\$ 91,308</u>	<u>\$ 8,130</u>	<u>\$ 15,236</u>	<u>\$ 67,942</u>

**Statement 4 - Form 990, Part III, Line e - Other Program Services**

Description

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Various events and fundraising activities

**Federal Statements****Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Due from Operating Fund	\$	\$ 1,936
Deposit		8,600
Total	\$ <u>0</u>	\$ <u>10,536</u>

**Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Other current liabilities	\$ 3,006	\$ 1,440
Due to Heart Fund		1,936
Total	\$ <u>3,006</u>	\$ <u>3,376</u>

**Federal Statements****Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name	Address		Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title				
Roland Acosta	2500 Maitland Center Parkway Maitland FL 32751	Director	5	0	0	0
David L Beame	120 E Concord St Orlando FL 32801	Director	5	0	0	0
Mili Boreham	30 W 63rd St New York NY 10023	Director	5	0	0	0
Allan Draves	1616 Wycliff Dr Orlando FL 32803	Director	5	0	0	0
Donna Draves	120 E Concord St Orlando FL 32801	Director	5	0	0	0
Bill Ellis	7531 Currency Dr Orlando FL 32809	Director	5	0	0	0
Tom Endre	2341 Lake Debra Dr Orlando FL 32835	V President	15	0	0	0
Margaret Langfield	4121 Napa Ct Orlando FL 32817	Director	5	0	0	0
David McKenna	6649 Amory Ct Winter Park FL 32792	Director	5	0	0	0
Gerald Melville	701 International Parkway Lake Mary FL 32746	Director	5	0	0	0
Walt Rubel	75 Valley Stream Parkway Malvern PA 19355	Director	5	0	0	0
Nani Sadowski	518 W. Princeton St Orlando FL 32804	Director	5	0	0	0
Nina Warren	P O Box 547778 Orlando FL 32854	Director	5	0	0	0
Larissa Welch	3325 Horseshoe Dr Longwood FL 32779	Director	5	0	0	0
Stacey Williams	490 E South St Orlando FL 32801	Director	5	0	0	0
Robert Winters	520 N Semoran Blvd Orlando FL 32807	President	15	0	0	0
Bryn Yemm	8182 Windover Way Titusville FL 32780	Director	5	0	0	0

**Federal Statements****Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name	Address						
	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses	
Frank Zanca	Orlando FL 32837	2387 Whispering Maple Dr Director	5	0	0	0	
Kari Quast	Maitland FL 32751	P O Box 941467 Ex. Director	45	45,000	0	0	
Stuart Furman	Winter Park FL 32789	2001 S. Orlando Ave Treasurer	5	0	0	0	

**Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>      80</u>
Total	\$ <u>          0</u>	\$ <u>          0</u>	\$ <u>          0</u>	\$ <u>      80</u>