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Department of the Treasury Internal Revenue Service

SCANNED MAR 1 2 2012

Return of Organization Exempt From Income Tax

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

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 Open to Public Inspection

Α	For th	e 2009 cal	endar year, or tax year b	eginning $\operatorname{OCT}\ 1$, 2	2009 _and	lending S	EP 30, 2010		
В	Check if applicab	le Please use IRS	C Name of organization				D Employer identif	ication number	
Г	Addre	ess label or	VARIETY CLUB	OF TEXAS - TEN	IT 17				
	Name chang	type	Doing Business As			75-0630233			
	Initial return) See		P.O. box if mail is not delivered t	to street address)	Room/suite	E Telephone number		
Ļ	Termi	Instruc-	11300 N CENTE	RAL EXPY		602		346-0920	
Ļ	Amen returr Appli	וי	City or town, state or c				G Gross receipts \$	854,176.	
L	tion pend			75243	TIECHED	H(a) Is this a group i			
		F Nar	ne and address of principa	al officer RANDALL L.	HESTER		for affiliates?	Yes X No	
_	-		E AS C ABOVE	4047(-)	(4) T507		H(b) Are all affiliates in		
			us: X 501(c)(3) W.VARIETYTEXA	(insert no) 4947(a)	(1) or 527		1	a list (see instructions)	
			on: X Corporation	Trust Association	Other >	I Vear	H(c) Group exemption 1936	M State of legal domicile: TX	
	art I	Summ		i i i data [] //aaooiation [[L Tour	oriormation. ±550	IVI State of legal dofficie. 222	
_	T 4			mission or most significant ac	tivities VARI	ETY IS	COMMITTED	TO	
Governance	'	PROMO	TING AND PROT	FECTING THE HEA	ALTH AND	WELL-E			
ā	2			anization discontinued its op					
S e	3		-	governing body (Part VI, line			3	15	
Ğ	4		•	mbers of the governing body	•		4	15	
S	5		ber of employees (Part V,				5	2	
viţi.	6	Total num	ber of volunteers (estimat	te if necessary)			6	100	
Activities &	7a	Total gros	s unrelated business reve	enue from Part VIII, column (6	C), line 12		7 a		
_		Net unrela	ated business taxable inco	ome from Form 990-T, line 34	<u> </u>		7b		
						<u> </u>	Prior Year	Current Year	
Revenue	8	Contribut	ions and grants (Part VIII,	line 1h)	<u> </u>	178,887	186,869.		
	9	-	service revenue (Part VIII,	2 064	1 014				
e Š	10		nt income (Part VIII, colum	• • • • • • • • • • • • • • • • • • • •		<u> </u>	2,064		
	11		enue (Part VIII, column (A)	341,333. 522,284.					
_	12			11 (must equal Part VIII, colu	umn (A), line 12)		379,092		
	13		• •	Part IX, column (A), lines 1-3)		-	3/3,034	333,233.	
	14	•	oald to or for members (Pa		(A) lm 5 10	, 	75,446.	100,610.	
Expenses	15		•	loyee benefits (Part IX, colun	nn (A), lines 5-10,	' <u>├</u>	73,440	100,010.	
nec	loa		nal fundraising fees (Part l draising expenses (Part IX,		15,6	510. H			
X	[penses (Part IX, column (A	• • • • • •			51,736	68,013.	
	18			nyst equ <u>al Part IX, column (A)</u>	الموريل (25)		506,274		
	19			ine 18 from tine FIVE			16,010		
Net Assets or	<u> </u>	110101100	1000 0/10001 0001 0001			Ве	eginning of Current Year		
ets	E 20	Total ass	ets (Part X, line 16)	8 550 0 1 0000	RS-OSC		506,048		
ASS.	21		lities (Part X, line 26)	FEB 2 1 2012	6		211,543		
Sel	E 22		s or fund balances Subtr	, ,			294,505	313,694.	
P	art II	-	ture Block	OGDEN II	<u> </u>				
_		Under pena and comple	alties of perjury, I declare that I have te Declaration of preparer (other the	e examined this return, including according to the charge of the contraction of the contr	cheanying schedules of which preparer has	and statements, s any knowledge	and to the best of my knowle	dge and belief, it is true, correct,	
		1. 🗸	///who	1 hattal			21/10	2 4/2	
Si	gn		ymw	1/14/1/			700 V	WIL	
He	ere	1'	nature of officer		DIDECEO		Dale /		
			NOALL L. HEST	TER, EXECUTIVE	DIRECTOR	<u> </u>			
_		+	· / / /	17	Date	TCh	eck if Prepa	arer's identifying number	
Paid Preparer's self-								nstructions)	
Predarer's							EIN >		
Us	e Only	yours if self-employ	- \ CI \ a \ Date \	CENTRAL EXPY	STE 300		EIN P	· · · · · · · · · · · · · · · · · · ·	
1								(972) 387-4300	
M	av the			parer shown above? (see inst	ructions)		T Hono no.	X Yes No	
1410	A7 1110	.,	iotaiii miai aio piop						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2009)

	990 (2009) VARIETY CLUB OF TEXAS - TENT 17 75-0630233 Page 2
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. VARIETY IS COMMITTED TO PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF CHILDREN ALL ACROSS TEXAS.
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 \$ 100,000. including grants of \$)(Revenue \$) VARIETY EQUESTRIAN CENTER(UNDER DEVELOPMENT) - PARTNERSHIP BETWEEN
	VARIETY AND PEACEABLE KINGDOM RETREAT FOR CHILDREN IN TEMPLE, TX TO
	CREATE A MINIMAL MOBILITY THERAPEUTIC HORSEBACK RIDING PROGRAM FOR
	SPECIAL NEEDS CHILDREN ATTENDING THE RESIDENTIAL CAMP. A TENATIVE COMPLETION DATE OF THE CENTER HAS BEEN ESTABLISHED AS THE SUMMER 2014.
4b	(Code:)(Expenses \$ 222,589 · including grants of \$)(Revenue \$) HEART OF VARIETY FUND - ASSISTS CHILDREN WITH THEIR MEDICAL NEEDS FOR
	IMPROVING MOBILITY WITH WHEELCHAIRS, WALKERS, AND VEHICULAR MODIFICATIONS. CHILDREN RECEIVE EDUCATIONAL EQUIPMENT, PRODUCTS, AND
	SERVICES FOR LEARNING DISABILITIES.
	FAMILIES RECEIVED EQUIPMENT AND/OR SUPPLIES: 35
4c	(Code:) (Expenses \$ 8,420 · including grants of \$) (Revenue \$) SPECIAL NEEDS SCREENING SERIES - PROGRAM IN WHICH VARIETY SCREENS
	FIRST-RUN, FAMILY FRIENDLY FILMS FOR CHILDREN WITH SPECIAL NEEDS.
	FILMS ARE SHOWN IN A RAISED LIGHTING AND LOWERED SOUND VOLUME THEATRE.
	CHILDREN ATTENDED: 1,355
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 294, 781. including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$ 625,790.

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x				
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X				
2 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		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and						
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
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	_		v			
	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?	40		х			
44	If "Yes," complete Schedule D, Part V	10	<u> </u>				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI.						
•	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.		1				
•	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						
•	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.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			,			
•	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? If "Yes," complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		 			
	Schedule D, Parts XI, XII, and XIII.	12		X			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X						
40	- Tooly destributing destribution of the state of the sta	13		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		+			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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, Part II	15	1	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, Part III	16		X			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		l			
	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,"			x			
~~	complete Schedule G, Part III	19 20		X			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990				
		. 0011	555	(=003)			

Form 990 (2009) VARIETY CLUB OF TE 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		i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7,7
	Schedule J	23		<u> </u>
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			х
	Schedule K If "No", go to line 25	24a 24b		 ^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24D		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			x
	Schedule L, Part III	27		
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).	28a		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
C	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	Х	
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			٠,,
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	 ^
34	Was the organization related to any tax-exempt or taxable entity?	34	x	
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
33	If "Yes," complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		t
	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	L	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	<u>L</u>
		Form	990	(200a)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No

			1 1 65	140
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	늵		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	띡	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	١.		
	(gambling) winnings to prize winners?	10	+	+-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2	1	
_	The for the definition year of the first of	-1	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$+^{\Delta}$	+
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			x
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>^</u>
	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			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	+	12
Þ	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
- -	Financial Accounts.		.	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	- 30	' - 	+**
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	50	.	İ
6-	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	13	'	+
Фa		 6a	.	x
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-00	+	+==
U	were not tax deductible?	6t	.	
7	Organizations that may receive deductible contributions under section 170(c).		+-	1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	&	-	ł
•	provided to the payor?	72	x	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	77	†
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
ŭ	to file Form 8282?	70	.	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ī	benefit contract?	76	,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	,	X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71		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			1
	at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			1 .
а	Did the organization make any taxable distributions under section 4966?	98	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	91	<u> </u>	
10	Section 501(c)(7) organizations. Enter		i	
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)	_ _	_	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
				1 /0000

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.

Sec	tion A. Governing Body and Management								
_			Yes	No					
1a	Enter the number of voting members of the governing body								
b	Enter the number of voting members that are independent 1b 15								
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 organizational documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6		Х					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7 <u>a</u>		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:								
а	The governing body?	8a	X	<u> </u>					
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			l					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	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,		ŀ						
	and branches to ensure their operations are consistent with those of the organization?	10b	_	X					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		<u> </u>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		х						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40.		X					
	to conflicts?	12b	\vdash	<u> </u>					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		х					
40	In Schedule O how this is done	12c	Х	122					
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14	X	-					
14 15	·	17	 -						
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?								
9	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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
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.								
	X 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, a	nd fina	ancial						
	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	ition: 🕽	-						
	RANDALL L. HESTER - 214-346-0920								
	11300 N CENTRAL EXPY, STE 602, DALLAS, TX 75243								

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

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. Use Schedule J-2 if additional space is needed

- 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. 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	ر ا		Pos			ı. A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	that apply) Real Property of the compensation of the compensati		the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
PAUL LEDBETTER	4.00									
DIRECTOR	4.00	X	ļ.,			L		0.	0.	0.
MARY CRUMP		l							_	0
DIRECTOR	4.00	X	<u> </u>			ļ.,		0.	0.	0.
KAREN SCOGGINS									0	_
DIRECTOR	4.00	X	L		L.		L	0.	0.	0.
RANDALL HESTER		l <u></u>								_
IMM PAST CHIEF BARKER	4.00	X		<u> </u>	L_	<u> </u>	_	0.	0.	0.
KEVIN MITCHELL					İ				_	_
PAST CHIEF BARKER	4.00	Х		_	_	_		0.	0.	0.
RONALD STERLING	4 00	,,	İ						_	_
DIRECTOR	4.00	X	_	<u> </u>	_	<u> </u>	-	0.	0.	0.
REIN RABAKUKK	4 00	١.,	İ						_	,
PAST CHIEF BARKER	4.00	X	_	<u> </u>	<u> </u>	┢	<u> </u>	0.	0.	0.
VALERIE SHORTALL	4.00	x						0.	0.	0.
DIRECTOR NANCY TERRELL	4.00	^		├	H	-	├	· · · · · ·	<u> </u>	· ·
PAST CHIEF BARKER	4.00	x						0.	0.	0.
SUZANNE USSERY	7.00	<u> </u>	┢	┢	┢	\vdash	┝			
PAST CHIEF BARKER	4.00	x						0.	0.	0.
DARLA KERICO	1.00	 	H	\vdash	┝	\vdash	\vdash			
DIRECTOR	4.00	$ \mathbf{x} $						0.	0.	0.
THOMAS STEPHENSON	2100		Н	\vdash		1				. <u> </u>
DIRECTOR	4.00	$ \mathbf{x} $	l					0.	0.	0.
LAWRENCE W. HOOD, JR.		\vdash								
EXECUTIVE DIREC	40.00			X				79,380.	0.	0.
JOAN HODGE		T			\vdash	T				
TREASURER	4.00	l		X				0.	0.	0.
MICHAEL JENKINS		Π								
2ND VICE PRES	4.00			X				0.	0.	0.
DARLA MUELLER					Ī					
SECRETARY	4.00			Х				0.	0.	0.
BRIAN SCHULTZ										l
CHIEF BARKER	4.00	1	1	X				0.	0.	0.

5-0630233 Page 8							
nued)							
E)		(F)					
	l – .						

Form 990 (2009) VARIETY (75-063	023	3	Page 8
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			_		
(A) Name and title	(B) Average hours	(ct		Posi all t	tion	appl	y)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	othe compen from organiz and re organiz		sation he ation ated
TONY ADAMSON						H				+-		
1ST VICE PRES	4.00			X				0.	(0.		0.
										<u> </u>		
										+		
										+		
1b Total		<u> </u>				┰		79,380.				0.
Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wh	no r	eceived more than \$100	0,000 in reportable		Ye	0 s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			, ke	y en	plo	yee,	or h	nighest compensated e	mployee on		,	X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•							•	the organization		.	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion						rices rendered to			x
the organization? If "Yes," complete Sched	luie J for such	pers	on						·····		<u> </u>	<u> </u>
Complete this table for your five highest contained the organization NONE	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensatio	on from	
(A) Name and business	address							(B) Description of	services	Com	(C) pensa	ion
		_										
O Table webserful					Al- ·			J. a. b. a. v. a. b. a. b. a. b. a. b. a. b. a. b. a. b. a. b. a. b. a. b. a.	To a see the co			
Total number of independent contractors (\$100,000 in compensation from the organi	_	iot II	mite	:a to		se lis 0	stec	abovej who received r	nore than			

932009 02-04-10 Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, Bb, 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	378,228.	378,228.		
2	Grants and other assistance to individuals in	155,071.	155,071.		
_	the U.S. See Part IV, line 22	133,071.	155,071.		
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	79,360.	51,670.	19,778.	7,912.
6	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	14,600.	9,515.	3,633.	1,452.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits		4 222	4 5 5 5	
10	Payroll taxes	6,650.	4,323.	1,662.	665.
11	Fees for services (non-employees):				
а	Management				
b	Legal	11 550		11 550	
C	Accounting	11,559.		11,559.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g 12	Other Advertising and promotion	8,372.	3,618.	1,253.	3,501.
12 13	Office expenses	0,3,2,	3,010.	1,2331	3,3011
14	Information technology				
15	Royalties				
16	Occupancy	10,725.	6,971.	2,681.	1,073.
17	Travel	6,188.	3,725.	2,463.	<u>.</u>
18	Payments of travel or entertainment expenses	·			·-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	850.		850.	
20	Interest	4,299.		4,299.	
21	Payments to affiliates	5,000.		5,000.	
22	Depreciation, depletion, and amortization	380.	247.	95.	38.
23	Insurance	1,447.		1,447.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	6,000.	6,000.		
a	CONSULTING TELEPHONE AND INTERNET	4,233.	2,752.	1,058.	423.
b	MISCELLANEOUS	2,313.	1,237.	890.	186.
C	BANK FEES	1,844.	1,43/•	1,844.	100.
d	SUPPLIES	1,493.	970.	373.	150.
e •		3,310.	1,463.	1,637.	210.
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	701,922.	625,790.	60,522.	15,610.
26	Joint costs. Check here J If following		323,7331		
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
_					= 000 (assa)

Part X | Balance Sheet (A) Beginning of year (B) End of year 374,286. 283,158. 1 Cash · non-interest-bearing 75,011. 75,000. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 107,500. 160,100. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule I Notes and loans receivable, net 7 Assets 8 Inventones for sale or use 37,500. 45,275. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,900 basis. Complete Part VI of Schedule D 10a 1,810. 470. 90. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 909. 2,409. 15 15 Other assets. See Part IV, line 11 506,048. 655,660. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,298. 14,816. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 7,245. 27,150. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 200,000. 300,000. 25 25 Other liabilities. Complete Part X of Schedule D 211,543. 341,966. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 189,636. 237,689. 27 27 Unrestricted net assets 104,869. 76,005. 28 28 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 313,694. 294,505. 33 33 Total net assets or fund balances 655,660. 506,048. 34 Total liabilities and net assets/fund balances

Form **990** (2009)

Fon	m S	990 (2009) VARIETY CLUB OF TEXAS - TENT 17 75-0630	<u>233</u>	Pag	ge 12
Pa	art	XI Financial Statements and Reporting			
$\overline{}$				Yes	No
1	,	Accounting method used to prepare the Form 990: Cash X Accrual Other	, "		
	1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
28	a '	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
ŀ	٠ ط	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1		
		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 I	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1		
	(consolidated basis, separate basis, or both:			
		Separate basis	-		
3	a A	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	Į.		
	,	Act and OMB Circular A-133?	За		X
ı	b I	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
			I	i	

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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.

20047

Open to Public

Employer identification number Name of the organization 75-0630233 VARIETY CLUB OF TEXAS - TENT 17 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: In organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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. b Type II c Type III - Functionally integrated d L Type III Other ا Type ا By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 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) Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of orgañizátion in col organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Nο Yes No No Yes

	edule A (Form 990 or 990-EZ) 2009 V	ARIETY CL	UB OF TEX	AS - TENT	1 /	/5-063	
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	1 170(b)(1)(A)(v	/i)
	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I)				
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(5) 2000	(4) 2001	(4) 2000	(0) = 000	
•	membership fees received. (Do not				i		
	include any "unusual grants.")	65,547.	236 241	154,600.	178,887.	190,139.	825,414.
2	Tax revenues levied for the organ-	03,347.	230,2110	131,0001	1,0,00,1	230,2331	020,121
~	· · · · · · · · · · · · · · · · · · ·						
	ization's benefit and either paid to		1				
_	or expended on its behalf						
3	The value of services or facilities					•	
	furnished by a governmental unit to						
	the organization without charge	CF	226 241	154 600	170 007	100 130	825,414.
	Total. Add lines 1 through 3	65,547.	236,241.	154,600.	178,887.	190,139.	825,414.
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly				,	i	
	supported organization) included	`				-	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		•				
	column (f)	`					282,301.
6	Public support. Subtract line 5 from line 4						543,113.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	65,547.	236,241.	154,600.	178,887.	190,139.	825,414.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,284.	5,072.	3,676.	2,065.	1,014.	14,111.
۵	Net income from unrelated business			· · · · · · · · · · · · · · · · · · ·	·	··· ·	<u> </u>
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				-		
IU	or loss from the sale of capital						
	'		904.				904.
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10						840,429.
	· · · · · · · · · · · · · · · · ·	oto (000 instance)	ons)	<u> </u>	i	12 2	,205,473.
	Gross receipts from related activities, First five years. If the Form 990 is for			مه ماخواه سم ماخور بما اس			7200,1701
13			s iirst, secona, triii	d, louitii, oi mitri ta	ax year as a section	11 30 1(0)(3)	ightharpoonup
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (column (fl)		14	64.62 %
	Public support percentage from 2008		•	Column (1))		15	64.50 %
	33 1/3% support test - 2009. If the o	· ·	•	line 13 and line 1	1./ ic 33 1/3% or m		
102					14 15 33 1/3/0 01 11	iore, crieck triis be	» X
	stop here. The organization qualifies				line 15 io 22 1/20/	or more, check th	•
	33 1/3% support test - 2008.If the o	•		•	line 15 is 33 1/370	or more, check ti	IIS DOX
	and stop here. The organization qual		• • •		40 4040		▶ ∟
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					π IV now the orgai	nization
	meets the "facts-and-circumstances"	•	•		=		100/
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						e
	organization mosts the "facts and circ	oumotanooc" toct	The organization	nualifiae ae a nubli	icly supported ara	anization	▶ !

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 (Subtractline 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total (a) 2005 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 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.) Total support (Add lines 9, 10c, 11, and 12) 5

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 50°	1(c)(3) organization,
	check this box and stop here		
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19	a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than	33 1/3	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	ation	▶□
	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is m	ore th	an 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 supp	orted	organization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	struct	tions
	Col	a dul	A /Form 000 or 000 EZ) 2006

Schedule A (Form 990 or 990-EZ) 2009 VARIETY C	LUB OF TEXAS -	- TENT 17	75-063023	3 Page 4
Schedule A (Form 990 or 990-EZ) 2009 VARIETY C Part IV Supplemental Information. Complet	e this part to provide the ex	planations required	by Part II, line 10; Part II, line 17a	or 17b;
and Part III, line 12. Provide any other addition	onal information. See instruc	tions.		
	<u> </u>			
SCHEDULE A, PART II, LINE 10,	EXPLANATION I	FOR OTHER	INCOME:	
				
MISC INCOME				
		_		
				_
				-
		· -		
				
	.			
				-
	 			
		· <u>- · · · · · · · · · · · · · · · · · ·</u>		-
			-	
<u> </u>				
		<u></u>		

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 Open to Public Inspection

Name of the organization

VARIETY CLUB OF TEXAS - TENT 17

Employer identification number 75-0630233

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 adv	ised 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 a	idvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	, ,	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	ne organization during the tax
	year -		
4	Number of states where property subject to conservation ea	•	f
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ū	and section 170(h)(4)(B)(ii)?	vo dationy and requirements of decition in	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expen-	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f 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, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	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, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, 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 tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2009 VARIETY	CLUB OF T	EXAS	- TEN	г 17			75-06	30233	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Othe	er Simila	ar Asse	ts (continu	ed)
.3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the f	ollowing tha	at are a s	ignificant i	use of its	collection it	tems
	(check all that apply)									
а	Public exhibition	C	ı □ ı	oan or exch	ange progra	ams				
b	Scholarly research	•	, 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further th	e organizati	ion's exe	mpt purpo	se in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete ıf org	anızatıon an	swered "Ye	s" to For	m 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					_			
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributions	s or other as	ssets not	ncluded	_	_	
	on Form 990, Part X?							L	」Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	€ 21?						」Yes	└── No
	If "Yes," explain the arrangement in Part XIV.				_	_				
Par	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" to For				 	г _	
		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance		ļ							
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities						**		İ	
	and programs		ļ							
f	Administrative expenses		<u> </u>		·					
g	End of year balance									
2	Provide the estimated percentage of the year	ir end balance held								
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
		%						_		
3a	Are there endowment funds not in the posse	ession of the organia	zation tha	at are held a	nd administ	erea for t	ine organi	zation	L.	
	by:									es No
	(i) unrelated organizations								3a(i)	- -
	(ii) related organizations		0	to to DO					3a(ii)	
	If "Yes" to 3a(ii), are the related organization.								3b	
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Part Y line	10			-	
1 4							coumulate	od	(d) Book v	ralue.
	Description of investment	(a) Cost or obasis (invest		(b) Cost basis (ccumulate preciation		(U) DOOK (raiue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	*			1,900.		1,8	10.		90.
	Other				<u>.</u>	<u> </u>				
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line 1	0(c))			▶		90.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	ee Form 990, Part X, Iır	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
	 			· · · · · · · · · · · · · · · · · · ·
	 			
	 			
	+			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	 	- 		
Part VIII Investments - Program Related.	See Form 990 Part X I	line 13.		
			(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		t or end-of-year mar	
<u> </u>				
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	 			-
Part IX Other Assets. See Form 990, Part X, In			^	
	i) Description	-		(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
Table (Column (b) must equal form 000 Part V and (D) to	no 15)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X				<u> </u>
1 (a) Description of liability	G III 0 20	(b) Amount		
Federal income taxes		, ,		
GRANTS TO OTHERS		300,000.		
		300 000		
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25.) 🔻 🕨	300,000.		

Sche	dule D (Form 990) 2009 VARIETY CLUB OF TEXAS - TEN					630233	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finai	ncial S	<u>taten</u>	nents		
•1	Total revenue (Form 990, Part VIII, column (A), line 12)		1				,112.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2				,922.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			19	,190.
4	Net unrealized gains (losses) on investments		4				
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				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			19	,190.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	enue p	er Re	turn		4.45
1	Total revenue, gains, and other support per audited financial statements			L	1	857	,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	3,2	71.	i		
С	Recovenes of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	3	<u>,271.</u>
3	Subtract line 2e from line 1				3	854	,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b <1	33,00	54.	-		
С	Add lines 4a and 4b				4c		,064.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		,112.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses	per l	Retur	rn	
1	Total expenses and losses per audited financial statements				1	838	,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			Γ			
а	Donated services and use of facilities	2a	3,2	71.	1		
b	Prior year adjustments	2b					
С	Other losses	2c	•		- 1		
ď	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				2e	3	,271.
3	Subtract line 2e from line 1				3	834	<u>,986.</u>
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			l		
h	Other (Describe in Part XIV.)	4b <1	33,0	54.	-		
	Add lines 4a and 4b	<u></u>			4c	<133	,064.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			F	5		,922.
	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	. lines 1a and 4: f	Part IV. III	nes 1b	and 2	b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						,
	RT X: THE ORGANIZATION IS A NONPROFIT ORGAN						
===					-		
FRO	OM FEDERAL INCOME TAX UNDER SECTION 501(C)	(3) OF TH	E IN	reri	JAL	REVENU	E
		· - ,					
COI	DE. ACCORDINGLY, NO PROVISION FOR FEDERAL	INCOME T	AX I	S RI	EPOF	RTED IN	THE
ACC	COMPANYING CONSOLIDATED FINANCIAL STATEMENT	rs.					
				_			-
PA	RT XII LN 4B: SPECIAL EVENTS EXPENSES		_				
PAI	RT XIII LN 4B: SPECIAL EVENTS EXPENSES						

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number

VARIETY	CLUB OF TEXAS - T	RNT.	17		1/5-0630	<u> </u>
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-ga govern using o ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	orcor	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	kempt from registrat	ion or licensing.
		·				
		_				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events ${ t GOLF}$ CINEMA (add col (a) through 2 TOURNAMENT PASSPORTS col. (c)) (event type) (total number) (event type) 7,940 48,603. 211,018. 154,475 Gross receipts 2 Less. Charitable contributions 7,940. 211,018. 48,603. 154,475 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 16,230 78,473. 1,368. 96,071 Other direct expenses 96,071 10 Direct expense summary. Add lines 4 through 9 in column (d) 114,947. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes No No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 VARIETY CLUB OF TEXAS - TENT 17 75-063	<u>U23</u>	<u>ა</u> Pa	ige 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility 13a %			
	An outside facility <u>13b</u> <u>%</u>			'
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >		·	
45-	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	-	
108	Does the organization have a contract with a third party from whom the organization receives gaming revenue:	150		
ŀ	olf "Yes," enter the amount of gaming revenue received by the organization > 1 and the amount			,
_	of gaming revenue retained by the third party \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name &		İ	
	Name			
	Gaming manager compensation ▶ \$			
	Calming Harlager Compensation P 4	1		
	Description of services provided	ı	,	
		İ		
		1		
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	<u> </u>	
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$	l		L .

Schedule I (Form 990) 2009 **≗** □ **Employer identification number** 75-0630233 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant SOLD HEART PROFITS or assistance QUESTRIAN CENTER X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 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 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 non-cash assistance (g) Description of Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. valuation (book, FMV, appraisal, (f) Method of Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 208,530. (d) Amount of 100,000 cash grant 3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. TENT 17 (c) IRC section if applicable 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations VARIETY CLUB OF TEXAS 25-1794405 74-2635211 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Q VARIETY-THE CHILDREN'S CHARITY THE UNITED STATES, INC. - 4601 WILSHIRE BLVD., STE 260 - LOS or government Name of the organization ANGELES, CA 90010 PEACEABLE KINGDOM TEMPLE, TX 76503 Department of the Treasury Internal Revenue Service SCHEDULE PO BOX 844 (Form 990) Part i Part II

Page 2

Schedule I (Form 990) 2009 VARIETY CLUB OF TEXAS – TENT 17

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.

Use Part IV and Schedule I-1 (Form 990) 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
FINANCIAL NEED ASSISTANCE, TICKETS TO SPORTING EVENTS, BIKES AND VARIOUS OTHER MERCHANDISE	3619	108,402.	. 699, 84	NH.I	TICKETS TO SPORTING EVENTS, BIKES AND VARIOUS OTHER MERCHANDISE.
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the informatio	n required in Part I,	line 2, and any other	additional information	
	STANDARD APP	APPLICATION LOCATED	OCATED ON	тнЕ	
ORGANIZATION'S WEBSITE IS COMPLETED	ED BY THE	APPLICANT.		A REVIEW COMMITTEE	
l	THE APPLICATIONS	S AND MAKES	S RECOMMENDATIONS	DATIONS TO	
	ULTIMATELY DETERMINES		FUNDING. THE	EXECUTIVE	
CTOR KEEPS A REPORT SHO	EACH INDIV		CASE AND HOW	HOW MUCH WAS	

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2009

Open To Public Inspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2009

	RIETY C									<u> 5-06</u>	<u> 3023</u>	3	
Part I Excess Benefit	Transaction	ons (sectio	n 501(c)(3) and sectio	n 501(c)(4)	organizatio	ns only).					
Complete if the orga	nization ansv	vered	"Yes"	on Form	990, Part IV,	lıne 25a or	25b, or For	m 990-E	Z, Part	V, line 40	b		_
1 (a) Name of die	au aliford move				(b) Description of transaction					(c) Corr	ected?		
(a) Name of dis	qualified pers	5011			(b) Description of transaction		Yes		No				
													
2 Enter the amount of tax impo	osed on the c	organi	zation	manager	s or disqualif	ied person	s during the	year un	der				
section 4958										> \$			
3 Enter the amount of tax, if ar	ny, on line 2,	above	, reıml	bursed by	y the organiz	ation				▶ \$			
Part II Loans to and/o	r From Int	oros	tod [Person									
						h== 00 ==	Farm 000 F	7 0-41	/ line 21	0.0			
Complete if the orga (a) Name of interested	(b) Loan t					ĭ			/, line 30	oa. (f) App	oroved	(a) W	ritten
person and purpose	the organ				inal principal mount	(a) Baia	(d) Balance due (e) In default?			by bo	ard or nttee?		ment?
	То	Fr	om	1				Yes	No	Yes	No.	Yes	No
	 	<u> </u>	OIII					1.00		1.00			
· · · · · ·	+					1		1					
						İ		i -					
								1					
						1							
Total					▶ \$								
Part III Grants or Assis	tance Ber	nefiti	ng Ir	nterest	ed Person	ıs.							
Complete if the orga	inization ansv	wered	"Yes"	on Form	990, Part IV	line 27.							
(a) Name of interested	person			(b) Relat	tionship betw			and			nount an assistar	d type o	f
			ļ		- trie o	rganization					assistai		
								_					
					-				+				
									+-				
									 -				
									_				
Part IV Business Trans	actions Ir	volv	ing l	nterest	ed Persor	ıs.		·					
Complete if the orga			_				8b. or 28c						
(a) Name of interested					nip between		(c) Amo	ount of	(d)	Descrip	tion of		aring of
(4)	h				nd the organi		transa		` `	transact			zation's nues?
			1									Yes	No
BRIAN SCHULTZ			CHI	EF B	ARKER (F ORG	8	3,420	.STU	JDIO	MOVI		X
						<u>.</u>			4_				
			<u> </u>				ļ		<u> </u>				
			I				I		- 1			1	i

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VARIETY CLUB OF TEXAS - TENT 17

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Employer identification number 75-0630233

Schedule M (Form 990) 2009

Par	ti Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermın	ıng	
		applicable	Continuations	roini 990, rait viii, iiile 19	leveni	ues 		
1	Art - Works of art							
2	Art - Historical treasures	-						
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		44,044.	COST ESTIMA	TE/	FMV	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -			·				
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	1	5,750.	COST ESTIMA	TE/	FMV	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	<u> </u>	_	2 071	000m =0m=1/1	· — 7		,
25	Other (SERVICES)	X	3	3,271.	COST ESTIMA	YTE/	F.M.V	
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>		<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organ			1 1				
	for which the organization completed Form 82	283, Part IV, I	Jonee Acknowled	gment 29		-	V	N _a
20-	Diverse the year did the average term account			named in Dark Library 4 00 M	and the contract to a led from		Yes	No
SUa	During the year, did the organization receive to at least three years from the date of the initial	-						
		CONTINUUTION	, and which is not	required to be used for exe	ript purposes for	30a		х
h	the entire holding period? If "Yes," describe the arrangement in Part II.					30a		 -
31	Does the organization have a gift acceptance	policy that re	an ures the review	of any non-standard contri	nutions?	31		x
	Does the organization hire or use third parties		•	•				<u> </u>
JEd	contributions?	on related Of	gariizations to soi	icit, process, or seminoricasi	1	32a		х
h	If "Yes," describe in Part II.					320		
33	If the organization did not report revenues in	column (c) fo	r a type of propert	v for which column (a) is ch	ecked			
	describe in Part II.		typo or propert	, .c. milon column (a) is on	,			

LHA

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization 75-0630233 VARIETY CLUB OF TEXAS - TENT 17 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACROSS TEXAS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BIKES FOR KIDS - PROGRAM IN WHICH CHILDREN ARE PRESENTED WITH A BICYCLE OF THEIR OWN ALONG WITH A SAFETY HELMET, LOCK AND CHAIN. CHILDREN ARE SELECTED BASED UPON NEED, SCHOOL PERFORMANCE AND MORE. CHILDREN RECEIVED BICYCLES: EXPENSES \$ 4172. INCLUDING GRANTS OF \$ 0. REVENUE S 0. TAKE 'EM OUT TO THE BALLGAME - PROGRAM IN WHICH VARIETY PARTNERS WITH PROFESSIONAL BASEBALL TEAMS ACROSS TEXAS TO PROVIDE FAMILY OUTINGS FOR CHILDREN TO WATCH LIVE GAMES. CHILDREN ATTENDED: 810 EXPENSES \$ 16375. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. AMOUNT EXPENDED RELATED TO THE ACTIVITIES AND SUPPORT OF CHILDREN WITH ADDITIONAL PROGRAMS INCLUDE: MENTAL, EMOTIONAL OR PHYSICAL HANDICAPS. RANGER BALLGAME TICKETS, HOLIDAY PARTY, SCHOOL SUPPLIES, DONATIONS, TRANSPORTATION. EXPENSES \$ 65704. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. OTHER TENTS - THE DISTRIBUTION OF NET PROFITS OF GOLD HEART SALES TO SELECT THEATRES GOLD HEART VARIOUS VARIETY TENTS ACROSS THE NATION.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

VARIETY CLUB OF TEXAS - TENT 17

Employer identification number 75-0630233

SALES ARE ACCOUNTED FOR AT TENT 17. UPON FINAL ACCOUNTING, THE PROFITS
ARE DISTRIBUTED TO THE RESPECTIVE TENT FOR ITS CHARITABLE PURPOSES.
EXPENSES \$ 208530. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS,
SIGNS, AND MAILS THE FORM 990. THE BOARD MEMBERS HAVE A COPY OF THE FORM
990 AVAILABLE FOR REVIEW.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.
PART XI LN 2C
THE EXECUTIVE DIRECTOR ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: BRIAN SCHULTZ
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
CHIEF BARKER OF ORGANIZATION / PRESIDENT OF STUDIO MOVIE GRILL
(C) AMOUNT OF TRANSACTION \$ 8420.
(D) DESCRIPTION OF TRANSACTION: STUDIO MOVIE GRILL IS A VENDOR OF
VARIETY CLUB

Department of the Treasury Internal Revenue Service SCHEDULE R Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection 2009

OMB No 1545-0047

Employer identification number 75-0630233

Direct controlling

entity

End-of-year assets <u>e</u> Total income € ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ▶ Attach to Form 990. - TENT Primary activity VARIETY CLUB OF TEXAS Name, address, and EIN of disregarded entity Name of the organization Part

Schedule R (Form 990) 2009 Direct controlling VARIETY CLUB OF entity FEXAS-TENT 17 status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) Ē Legal domicile (state or foreign country) 3 TEXAS SUPPORTS ACTIVITIES OF VARIETY CLUB OF TEXAS Primary activity 9 VARIETY FOUNDATION OF TEXAS - 75-6032813 Name, address, and EIN of related organization STE 602 11300 N CENTRAL EXPY, DALLAS, TX 75243

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Part II

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932161 02-04-10

75-0630233

Page 2

Schedule R (Form 990) 2009 VARIETY CLUB OF TEXAS - TENT 17

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(j) BI General or managing partner? 4ule partner? 065) Yes No			 ore related	(h) Percentage	ownership						
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			 had one or m	(g) Share of	end-of-year assets						
(h) Disproportion- ate allocations? Yes No			 14 because it	(f) Share of total			-				
(g) Share of end-of-year assets			Part IV, line 3			_			1		
(f) Share of total income		-	to Form 990,	(e)	(C corp, S corp, or trust)						
			wered "Yes"	(d)	entity						
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		I	Janization ans		(state or foreign country)						
			 te if the orc		(sta for cou		-				
(d) Direct controlling entity			Trust (Complet	(b)	וומוץ מכנועונץ						
(c) Legal domicile (state or foreign country)			poration or 'x year.)	<u> </u>				1 1		<u></u>	1
(b) Primary activity			ianizations Taxable as a Corl poration or trust during the ta	2	2 _						
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a)	naine, address, and Env of related organization						

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		Yes	٩ N
To During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<u>. </u>	1a	×
	•	1b	×
	<u>'</u>	tد X	
		10	×
		1e	×
f Sale of assets to other organization(s)		14	×
g Purchase of assets from other organization(s)	<u>' </u>	1g	×
h Exchange of assets	<u>` 1</u>	=	× ;
i Lease of facilities, equipment, or other assets to other organization(s)	<u> </u>	=	4
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×
k Performance of services or membership or fundraising solicitations for other organization(s)	<u> </u>	¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	4 >
	<u> </u>	Ē,	د >
n Sharing of paid employees	<u> </u>	=	4
o Rembursement paid to other organization for expenses	1.1	10	×
p Reimbursement paid by other organization for expenses	<u>`</u> 1	10	×
q Other transfer of cash or property to other organization(s)	<u>. 1</u>	₽ ,	4 >
		<u>_</u>	4
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction unless that	all estiloids		
(a) Name of other organization(s) type	(b) Transaction Amoutype (a-r)	(c) Amount involved	-
(1) VARIETY FOUNDATION OF TEXAS	٥	6,0	000
(2)			1
(6)	-		
(4)			
(5)			-
(9)			
932163 02-04-10	Schedule R (Form 990) 2009	Form 990)	2009

75-0630233

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Schedule R (Form 990) 2009 VARIETY CLUB OF TEXAS - TENT 17

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity		(d) Are all partners	<u>∞</u>	(f) Dispropor- tionate	(g) Code V-UBI	(h) General or managing
of entity		(state or foreign country)	organizations?	year assets		of Schedule K-1 (Form 1065)	- 1 1
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Schedule R (Form 990) 2009

2009 DEPRECIATION AND AMORTIZATION REPORT

Ë L	EM S	FORM 990 PAGE 10				 	}		990							
•	Asset	Description	Date Acquired	Method	Lıfe	<u>آک</u>	Line Ur	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
	,	MACHINERY & EQUIPMENT			*****		,	,	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	;			; ;
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9281	928111 04-24-09					-		(D) - Asset disposed	pesc		 	TC, Salvage, E	TC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	rcial Revitali:	zation Deduct	ion, GO Zone

Form **8868**

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

• If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	et Land check this box			\mathbf{X}
-	are filing for an Additional (Not Automatic) 3-Month Ext	-		form)		
	complete Part II unless you have already been granted a				m 8868.	
	uc filing (e-file). You can electronically file Form 8868 if y					ration
	to file Form 990-T), or an additional (not automatic) 3-mor					
	o file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	w irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I			pmit onginal (no copies needed)			
A corpoi	ation required to file Form 990-T and requesting an autor			plete		
Part I on	•	_			. •	
All other	corporations (including 1120-C filers) partnerships, REM	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
to file inc	come tax returns.					
Type or	Name of exempt organization			Empl	oyer identification	number
print						
	VARIETY CLUB OF TEXAS - TEX	<u>vr 17</u>		7	<u>5-0630233</u>	
File by the que date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions			
fiting your return See	11300 N CENTRAL EXPY, NO.	602				
instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions			
	DALLAS, TX 75243					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return) .			0 1
	<u> </u>					1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99		01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6059			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	LAWRENCE W. HO				75743	
	books are in the care of \triangleright 11300 N CENTRA	L EXP		TX	15243	····
	phone No ► 214-346-0920		FAX No 🕨			
	organization does not have an office or place of busines			٠.		البيا
	s is for a Group Return, enter the organization's four digit	٦ .			-	
box ▶	If it is for part of the group, check this box leguest an automatic 3-month (6 months for a corporation				ers the extension is	101
1 r	45	•	•		The extension	
15	for the organization's return for:	it organiza	ition return for the organization named a	isove.	THE EXTERISION	
13	calengar year or					
	X tax year beginning OCT 1, 2009	an	dending SEP 30, 2010			
		,	2010 Ing		-	
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return Fin.	al retur	n	
	Change in accounting period					
						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720.	or 6069, e	nter the tentative tax, less any			
	onrefundable credits. See instructions.		•	3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	timated tax payments made include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa		·····	T		
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	. If you are going to make an electronic fund withdrawal				EO for payment inst	
	For Paperwork Reduction Act Notice, see Instructions		-		Form 9968 (R	-

923841 01-03-11

Form 886	S8 (Rev. 1-2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension. c	omplete only Part II and check this bo	x		. ▶ X
	lly complete Part II if you have already been granted an					
	are filing for an Automatic 3-Month Extension, comple					
Part II				opies n	eeded)	
Type or	Name of exempt organization			Ţ-	oyer identifica	tion number
print	VARIETY CLUB OF TEXAS - TEN'	r 17		7	5-063023	13
File by the	Number, street, and room or suite no. If a P O box, s		tions			
extended due date for						
filing your return See	City, town or post office, state, and ZIP code For a fe		ress, see instructions			
instructions	DALLAS, TX 75243	J				
Enter the	Beturn code for the return that this application is for (file	e a separa	te application for each return)			01
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0	01				
Form 99	D-BL	02	Form 1041-A			08
Form 99	O-EZ	03	Form 4720			09
Form 99	D-PF	04	Form 5227			10
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	d an autor	natic 3-month extension on a previou	sly file	d Form 8868.	
• The b	ooks are in the care of LAWRENCE W. HOOD, JR.	- 11300	N CENTRAL EXPY. STE 602 - DA	LLAS	TX 75243	
Telep	hone No. ► 214-346-0920		FAX No 🕨			
	organization does not have an office or place of busines					>
If this	is for a Group Return, enter the organization's four digit					
box 🕨	If it is for part of the group, check this box	and atta	ich a list with the names and EINs of all	memb	ers the extension	on is for
		<u>AUGUS'</u>				
	r calendar year, or other tax year beginning				<u>30, 201</u>	LO
6 111	the tax year entered in line 5 is for less than 12 months, on the tax year entered in line 5 is for less than 12 months, on the tax year.	check reas	on: Initial return	Final r	eturn	
7 St.	ate in detail why you need the extension					
A	DDITIONAL THIRD PARTY INFORM	ATION	IS REQUIRED IN ORDE	ER T	O PREPAR	RE A
C	OMPLETE AND ACCURATE RETURN.					
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
no	nrefundable credits. See instructions			8a	\$	0.
b if t	his application is for Form 990-PF, 990 T, 4720, or 6069,	, enter any	refundable credits and estimated			
tax	k payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid	<u> </u>		_
<u>p</u> :	eviously with Form 8868			8b	\$	0.
	stance due. Subtract line 8b from line 8a. Include your pa	• _	th this form, if required, by using			_
EF	TPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
			nd Verification			
Under per	nalties of the riury declare that have examined this form, include correct, and confinele, and that are the first familiary are the first familiary and the first familiary are the first familiary are the first familiary and the first familiary are the familiary are the first familiary are the first familiary are the first familiary are the	ding accomp	panying schedules and statements, and to th	e best o	if my knowledge a	and belief,
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Signature	Title >	CPA		Date		4011
					Form 886	8¹(Rev. 1-2011)
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