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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)

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.		D Employer identification number 25-1794405
		Doing Business As		E Telephone number 323-954-0820
		Number and street (or P O box if mail is not delivered to street address) Room/suite 4601 WILSHIRE BLVD., SUITE 260	G Gross receipts \$ 1,048,919.	
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90010		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: CAROL MCMAHON SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.USVARIETY.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1996 M State of legal domicile CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT AND ENCOURAGE THE LOCAL VARIETY TENTS LOCATED ACROSS THE UNITED STATES TO PROVIDE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	38
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	872,048.	719,896.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,750.	2,125.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,456.	1,815.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	290,112.	119,168.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,183,366.	843,004.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	806,488.	585,982.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	281,057.	371,499.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,916.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	240,727.	247,527.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,328,272.	1,205,008.	
19 Revenue less expenses. Subtract line 18 from line 12	<144,906.>	<362,004.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	847,745.	420,579.
	22 Net assets or fund balances. Subtract line 21 from line 20	364,229.	299,067.
		483,516.	121,512.

Part II Signature Block

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

Sign Here ▶ *Carol A Mc Mahon* Signature of officer Date _____
CAROL MCMAHON, PRESIDENT Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ *[Signature]* Date **8/2/10** Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **BEACH FREEMAN LIM & CLELAND, LLP**
861 PARKVIEW DR. N, SUITE 200
EL SEGUNDO, CA 90245 EIN ▶ _____ Phone no ▶ **310-447-1234**

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

SCANNED SEP 17 2010

915-17 16

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE PURPOSE OF VARIETY THE CHILDREN'S CHARITY OF THE UNITED STATES
(USV) IS TO BE THE NATIONAL COOPERATIVE FOR ALL VARIETY CHAPTERS IN
THE UNITED STATES THROUGH A REGIONAL NETWORK OF TENTS AND
REPRESENTATIVES. USV SHALL ESTABLISH STANDARDS OF ASSOCIATION,

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 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?
If "Yes", describe these changes on Schedule O. Yes No

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 823,910. including grants of \$ 585,982.) (Revenue \$ 2,125.)
THE VARIETY - THE CHILDREN'S CHARITY ("USV") OFFICE IS A NATIONAL
COLLECTIVE FOR LOCAL VARIETY OFFICES ACROSS THE UNITED STATES. IN
ADDITION TO SETTING VARIOUS STANDARDS AND FIDUCIARY OVERSIGHT, USV
OVERSEES NATIONAL FUNDRAISING CAMPAIGNS. USV HAS BEGUN STANDARDIZING
FINANCIAL PRACTICES AND REPORTING FOR THE USV TENTS. THIS YEAR WE
PARTNERED WITH MAJOR MOTION PICTURE STUDIOS AND NATIONAL THEATRE
CIRCUITS SELLING GOLD HEART PINS TO RAISE FUNDS TO BE DISTRIBUTED BY
THE LOCAL TENTS.

IN AN EFFORT TO INCREASE LOCAL BOARD DEVELOPMENT AND FUNDRAISING, WE
HELD A THREE-DAY ANNUAL NATIONAL LEADERSHIP CONFERENCE TO EDUCATE LOCAL
VOLUNTEERS AND STAFF WITH THE GOAL OF RAISING FUNDRAISING STANDARDS IN

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 823,910. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **AFJ CONSULTING - 323.782.9391**
5455 WILSHIRE BLVD., SUITE 2020, LOS ANGELES, CA 90036

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HANK LIGHTSTONE PRESIDENT	0.00	X		X			0.	0.	0.	
STEVE ROTHENBERG 1ST VICE PRESIDENT	0.00	X					0.	0.	0.	
CHRIS ARONSON 2ND VICE PRESIDENT	0.00	X					0.	0.	0.	
TED COOPER TREASURER	0.00	X		X			0.	0.	0.	
NICK CARPOU SECRETARY	0.00	X					0.	0.	0.	
JENNIFER HAMMERSTROM PROGRAM COMMITTEE CHAIR	0.00	X					0.	0.	0.	
ALLIE FULLMER PROGRAM COMMITTEE CHAIR	0.00	X					0.	0.	0.	
JOE ILLIG FINANCE COMMITTEE CHAIR	0.00	X					0.	0.	0.	
CHRIS ARONSON FUNDRAISING COMMITTEE CH	0.00	X					0.	0.	0.	
DIANE ANSELMO NATIONAL CONFERENCE COMM	0.00	X					0.	0.	0.	
MIKE MARRERO AUDIT & ETHICS COMMITTEE	0.00	X					0.	0.	0.	
DREW MCLELLAN COMMUNICATIONS COMMITTEE	0.00	X					0.	0.	0.	
NESA HASSANEIN LEGAL COMMITTEE CHAIR	0.00	X					0.	0.	0.	
BILL LEWIS LIFELINE COMMITTEE CHAIR	0.00	X					0.	0.	0.	
DEREK MCLAY LT STRATEGIC PLANNING CO	0.00	X					0.	0.	0.	
ANN-ELIZABETH CROTTY SPONSORSHIP COMMITTEE CH	0.00	X					0.	0.	0.	
GREG DUNN BOARD DIRECTORS	0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE GURIN BOARD DIRECTORS	0.00	X					0.	0.	0.	
MILT MORITZ BOARD DIRECTORS	0.00	X					0.	0.	0.	
STEVE SHAPIRO BOARD DIRECTORS	0.00	X					0.	0.	0.	
TEDDY SOLOMAN BOARD DIRECTORS	0.00	X					0.	0.	0.	
JACK FOLEY CHAIRMAN OF THE BOARD	0.00	X					0.	0.	0.	
KEVIN PLATE BOARD DIRECTORS	0.00	X					0.	0.	0.	
ARTHUR MANSON BOARD DIRECTORS	0.00	X					0.	0.	0.	
DAN FELLMAN BOARD DIRECTORS	0.00	X					0.	0.	0.	
BRUCE SNYDER BOARD DIRECTORS	0.00	X					0.	0.	0.	
SONNY GOURLEY BOARD DIRECTORS	0.00	X					0.	0.	0.	
1b Total							291,836.	0.	15,349.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 719,896.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		719,896.			
	Program Service Revenue	2 a NATIONAL CONFERENCE	Business Code 561499	2,125.	2,125.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,125.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,815.	1,815.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a 320,307.					
	b Less: cost of goods sold	b 205,915.				
	c Net income or (loss) from sales of inventory		114,392.	114,392.		
Miscellaneous Revenue		Business Code				
11 a FREIGHT CHARGES	480000	2,575.	2,575.			
b OTHER INCOME	900099	1,741.	1,741.			
c SHIRT SALE	448000	460.	460.			
d All other revenue						
e Total. Add lines 11a-11d		4,776.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		843,004.	123,108.	0.	0.	

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Form 990 (2008)

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

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Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	585,982.	585,982.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	291,836.	82,485.	197,567.	11,784.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,548.	25,871.	22,570.	5,107.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,729.	3,366.	6,838.	525.
10 Payroll taxes	15,386.	4,827.	9,807.	752.
11 Fees for services (non-employees).				
a Management				
b Legal	12,065.		12,065.	
c Accounting	43,137.		43,137.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	16,232.	14,999.	822.	411.
12 Advertising and promotion				
13 Office expenses	1,246.	391.	794.	61.
14 Information technology				
15 Royalties				
16 Occupancy	25,350.	7,953.	16,157.	1,240.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,035.	9,035.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,717.	852.	1,732.	133.
23 Insurance	42,334.	11,554.	28,979.	1,801.
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)				
a PRINTING	53,829.	49,200.	4,629.	
b DESIGN	7,115.	7,115.		
c FREIGHT	6,276.	6,276.		
d AUTO EXPENSES	6,009.	1,885.	3,830.	294.
e VARIETY INTERNATIONAL C	4,225.	4,225.		
f All other expenses	17,957.	7,894.	9,255.	808.
25 Total functional expenses. Add lines 1 through 24f	1,205,008.	823,910.	358,182.	22,916.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	523,331.	1	336,107.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	100,449.	4	20,934.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	211,457.	8	56,054.
	9 Prepaid expenses and deferred charges	6,249.	9	1,760.
	10a Land, buildings, and equipment: cost basis	10a 21,178.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 17,534.	4,751.	10c 3,644.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,508.	15	2,080.
16 Total assets. Add lines 1 through 15 (must equal line 34)	847,745.	16	420,579.	
Liabilities	17 Accounts payable and accrued expenses	214,033.	17	258,298.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	150,196.	25	40,769.
	26 Total liabilities. Add lines 17 through 25	364,229.	26	299,067.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	483,516.	27	121,512.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	483,516.	33	121,512.
	34 Total liabilities and net assets/fund balances	847,745.	34	420,579.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.** Employer identification number **25-1794405**

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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

VARIETY - THE CHILDREN'S CHARITY

Schedule A (Form 990 or 990-EZ) 2008 OF THE UNITED STATES, INC.

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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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	141,579.	581,659.	604,981.	872,048.	719,896.	2920163.
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	1209346.	807,330.	689,594.	503,904.	322,432.	3532606.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	1350925.	1388989.	1294575.	1375952.	1042328.	6452769.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	139,259.	560,875.	558,544.	833,618.	599,602.	2691898.
c Add lines 7a and 7b	139,259.	560,875.	558,544.	833,618.	599,602.	2691898.
8 Public support (Subtract line 7c from line 6)						3760871.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1350925.	1388989.	1294575.	1375952.	1042328.	6452769.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,996.	16,650.	24,082.	17,456.	1,815.	66,999.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,996.	16,650.	24,082.	17,456.	1,815.	66,999.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1,154.	2,451.	5,913.	4,776.	14,294.
13 Total support (Add lines 9, 10c, 11, and 12)						6534062.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	57.56	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	70.35	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.03	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.87	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC. Employer identification number 25-1794405

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question number, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		21,178.	17,534.	3,644.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,644.

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

Schedule D (Form 990) 2008

25-1794405 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	843,004.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,205,008.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<362,004.>
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 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<362,004.>

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

1	Total revenue, gains, and other support per audited financial statements	1	843,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	843,004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	843,004.

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

1	Total expenses and losses per audited financial statements	1	1,205,008.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,205,008.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,205,008.

Part XIV Supplemental Information

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047
2008

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

**Open to Public
Inspection**

Name of the organization **VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.**

Employer identification number
25-1794405

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY OF COLORADO 10497 CENTENNIAL ROAD LITTLETON, CO 80127-4218	84-0803078	501(C)(3)	10,347.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF DETROIT 30161 SOUTHFIELD ROAD, SUITE 301 SOUTHFIELD, MI 48076	38-2140520	501(C)(3)	14,590.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF GEORGIA 9800 MEDLOCK BRIDGE RD., SUITE 1 JOHNS CREEK, GA 30097	58-6036366	501(C)(3)	10,083.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF GREATER KANSAS CITY PO BOX 3446 SHAWNEE, KS 66203	23-7431470	501(C)(3)	12,000.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF HAWAII P.O. BOX 1180 KANEHOE, HI 96744-1180	99-0117997	501(C)(3)	6,526.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF ILLINOIS 200 E. RANDOLPH STREET, SUITE 2200 CHICAGO, IL 60601	36-1908475	501(C)(3)	60,016.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.

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

3 Enter total number of other organizations

15.
0.

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

Schedule I (Form 990) 2008

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

25-1794405

Schedule I (Form 990) 2008

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use 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
THERAPEUTIC MOBILITY BIKE FOR PHYSICALLY DISABLED CHILD	1	0.	5,764.	FMV (PAID DIRECTLY TO VENDOR FOR THE EQUIPMENT)	THERAPEUTIC MOBILITY BIKE
THERAPEUTIC MOBILITY BIKE FOR PHYSICALLY DISABLED CHILD	1	0.	5,764.	FMV (PAID DIRECTLY TO VENDOR FOR THE EQUIPMENT)	THERAPEUTIC MOBILITY BIKE

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

SCHEDULE I, PART I, LINE 2: THE VARIETY - THE CHILDREN'S CHARITY OF THE U.S. ("USV") IS A NATIONAL COLLECTIVE FOR LOCAL VARIETY OFFICES ACROSS THE UNITED STATES. ITS PURPOSE IS TO SUPPORT AND OVERSEE THE ACTIVITIES IN THE LOCAL OFFICES. ALL CASH GRANTS ARE FUNDS DISTRIBUTED TO THE LOCAL VARIETY OFFICES IN ORDER TO ASSIST WITH PROGRAM OPERATION. GRANTS THAT HAVE BEEN DESIGNATED FOR A SPECIFIC PROGRAM WAS PASSED DOWN TO THE LOCAL OFFICES WITH NOTIFICATION THAT IT HAS TO BE USED EXCLUSIVELY FOR THE DESIGNATED PROGRAM.

USV ALSO PROVIDES GRANTS IN THE FORM OF MOBILITY EQUIMENTS TO ELIGIBLE

Name of the organization **VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.** Employer identification number **25-1794405**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY OF NEW ENGLAND 200 ELM STREET DEDHAM, MA 02324	04-6088062	501(C)(3)	7,300.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF NEW YORK 505 EIGHTH AVENUE, SUITE 1800 NEW YORK, NY 10118	13-1591127	501(C)(3)	88,555.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF TEXAS 11300 NORTH CENTRAL EXPRESSWAY, SUITE 11300 DALLAS, TX 75243	75-0630233	501(C)(3)	19,853.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF NORTHERN CALIFORNIA 582 MARKET STREET, #907 SAN FRANCISCO, CA 94104	94-1075155	501(C)(3)	36,032.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF FLORIDA 520 N SEMORAN BLVD, SUITE 220 ORLANDO, FL 32807	59-3030272	501(C)(3)	35,031.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF PHILADELPHIA 1520 LOCUST STREET, 2ND FLOOR PHILADELPHIA, PA 19102	23-6392728	501(C)(3)	17,615.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF PHTTSBURGH PENN CENTER WEST THREE, SUITE 229 PITTSBURGH, PA 15276	25-1098099	501(C)(3)	6,259.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF SOUTHERN CALIFORNIA 4601 WILSHIRE BLVD., SUITE 260 LOS ANGELES, CA 90010	95-1330495	501(C)(3)	53,834.	0.	FMV (CASH)		TO PASSDOWN FUND RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Part IV Supplemental Information

CHILDREN. EACH APPLICANT MUST FILL OUT AN APPLICATION WITH INFORMATION SUCH AS HOUSEHOLD INCOME, CHILDREN'S MEDICAL CONDITION VERIFIED BY PROFESSIONALS (THERAPIST, DOCTOR, SOCIAL WORKER) WHO ARE FAMILY WITH THE CHILD'S NEEDS, DETAILED EQUIPMENT QUOTES, ETC. EACH APPLICANT IS EVALUATED ON A CASE BY CASE BASIS, AND DECISION IS MADE DEPENDING ON THE AMOUNT OF FUND RESERVED FOR THE FAMILY AREA, NUMBER OF DEPENDENTS IN THE FAMILY, FAMILY INCOME LEVEL, OTHER FAMILY SITUATIONS AND THE AMOUNT OF APPLICATIONS RECEIVED IN THE AREA. UPON APPROVAL OF THE APPLICATION, FUNDS WILL BE PAID DIRECTLY TO THE EQUIPMENT VENDOR AND EQUIPMENT WILL BE DELIVERED TO THE ELIGIBLE CHILDREN. PHOTO OF CHILD WITH EQUIPMENT IS REQUIRED BY USV WITHIN A MONTH OF PROJECT COMPLETION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization **VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.** Employer identification number **25-1794405**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

25-1794405

Schedule J (Form 990) 2008

Part III Supplemental Information

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4A: ANA LADOU, CEO, RESIGNED IN JUNE OF 2009. \$174,000 WAS PAID

TO HER AS SEVERANCE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	Employer identification number 25-1794405
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUNDING AND SERVICES FOR PROGRAM THAT STRIVE TO IMPROVE THE QUALITY OF LIFE FOR UNDEPRIVEDGED, PHYSICALLY AND MENTALLY CHALLENGED, ILL, ABUSED, NEGLECTED AND ABANDONED CHILDREN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADMINISTRATION, COMMUNICATION AND OPERATION. IT SHALL HELP COORDINATE RESOURCES, DEVELOP PROGRAMS AND COOPERATIVE FUND RAISING STRATEGIES AND SET COMMUNICATION STANDARDS IN THE INTEREST OF HELPING CHAPTERS ESTABLISH EFFECTIVE BUSINESS OPERATIONS, FUND RAISING OPPORTUNITIES, AND COMMUNITY RELATIONS. FURTHERMORE, USV SHALL ELECT OFFICERS TO ADMINISTER THE USV AND ITS NATIONAL PROGRAMS, AND TO SUPERVISE AND DIRECT THE U.S. CHAPTERS AS HEREIN SET FORTH IN THE BYLAWS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE 20-PLUS LOCATIONS NATIONWIDE. USV ALSO LED BOARD RETREATS AT VARIOUS VARIETY LOCATIONS AND DISPERSED UPDATES TO ACCOUNTING AND HR MANUALS ORIGINALLY CREATED BY USV. THROUGH MARKETING MATERIALS FOR USE AT THE LOCAL LEVEL, INCLUDING PRINTING AND RADIO PUBLIC SERVICE ANNOUNCEMENTS USV HAS PUT TOGETHER FOR ALL TENTS TO CUSTOMIZE AND USE LOCALLY, OUR WEBSITE AND A NATIONAL NEWSLETTER FOR DONORS, USV INCREASED AWARENESS OF VARIETY AMONG POTENTIAL DONORS. USV OVERSEES A NATIONWIDE INITIATIVE TO PROVIDE DURABLE MEDICAL EQUIPMENT TO CHILDREN IN EACH REGIONAL AREA CALLED "KIDS ON THE GO!" FINALLY, USV WORKS WITH LOCAL TENTS TO EXPAND THEIR REACH INTO THEIR COMMUNITIES BY HOSTING EDUCATIONAL WEBINARS, ASSISTANCE WITH HIRING NEW EXECUTIVE DIRECTORS IN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization	VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	Employer identification number 25-1794405
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LOCAL OFFICES, LAUNCHING SATELLITE OFFICES AND PROVIDING ADMINISTRATIVE SUPPORT, ESPECIALLY THROUGH THE VARIETY INTRANET.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE BOARD PRIOR TO THE FILING DEADLINE. IF THE NEXT BOARD MEETING IS NOT SCHEDULED SOON ENOUGH, THE DRAFT WILL BE SENT TO ALL THE BOARD MEMBERS VIA EMAIL. BOARD MEMBERS CAN THEN ASK OR MAKE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS

IN CONDUCTING THEIR REVIEW OF THE DRAFT OF THE FORM 990, IT IS PREFERRED THAT THE BOARD SHALL CONDUCT A TOP-LEVEL OR BIG-PICTURE TYPE OF REVIEW. HOWEVER, IF THE BOARD DESIRES OR DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW OF THE FORM 990, THEN THEY SHOULD CONTACT THE PREPARER OF THE FORM 990 TO REQUEST COPIES OF THE RELEVANT DETAILED TAX RETURN WORKPAPERS WHICH THEY WOULD LIKE TO SEE.

ONCE THE BOARD HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990 (REGARDLESS OF WHETHER THE FORM 990 IS EXTERNALLY OR INTERNALLY PREPARED) TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE BOARD.

THE PREPARER OF THE FORM 990 SHOULD MAKE ANY REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS.

ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE BOARD SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization	VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	Employer identification number 25-1794405
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THE FORM 990, IF APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19: PROCEDURES FOR PUBLIC INSPECTION OF DOCUMENTS

THE FOLLOWING ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE:

- TAX EXEMPTION APPLICATION (FORM 1023)
- INTERNAL REVENUE SERVICE DETERMINATION LETTER
- ARTICLES OF INCORPORATION
- BY-LAWS
- PUBLIC INSPECTION COPY OF THE FORM 990 FOR THE PREVIOUS THREE YEARS

THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE OF SCHEDULE A EXCESS CONTRIBUTORS OR THE SCHEDULE B NAMES AND ADDRESSES OF CONTRIBUTORS.

THE ORGANIZATION WILL MAKE BEST EFFORTS TO ENSURE THAT THE FORMS 990 HELD AT THEIR MAIN OFFICE ARE THE MOST UPDATED VERSIONS OF SUCH. FOR EXAMPLE, IN THE INSTANCE WHERE A FORM 990 HAS BEEN AMENDED, THE AMENDED VERSION OF THE FORM 990 SHOULD BE THE ONE AVAILABLE FOR PUBLIC INSPECTION.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

VARIETY - THE CHILDREN'S CHARITY
OF THE UNITED STATES, INC.

Employer identification number

25-1794405

INSPECTION REQUEST.

THE FORM 990 AND ANNUAL REPORT FOR THE PREVIOUS YEAR WILL ALSO BE POSTED ON
THE ORGANIZATION'S WEBSITE.

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	Employer identification number 25-1794405
	Number, street, and room or suite no. If a P.O. box, see instructions. 4601 WILSHIRE BLVD., SUITE 260	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90010	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

AFJ CONSULTING

• The books are in the care of **5455 WILSHIRE BLVD., SUITE 2020 - LOS ANGELES, CA 90036**
 Telephone No. **323.782.9391** FAX No. _____

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

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

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
NEED ADDITIONAL TIME TO GATHER INFORMATION.

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

Signature and Verification

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

Signature *Carol A. McNamee* Title **PRESIDENT** Date **8/16/09**