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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2200 WESTPORT PLAZA DRIVE

City or town, state or country, and ZIP + 4
SAINT LOUIS, MO 63146

D Employer identification number
43-6078016

E Telephone number
314.453.0453

G Gross receipts $ 3,004,276.

F Name and address of principal officer JAN ALBUS
SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.VARIETYSTL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1933

M State of legal domicile: MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO HELP LOCAL CHILDREN WITH DISABILITIES REACH THEIR FULL "I CAN!" POTENTIAL.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of employees (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	780
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,406,519.	2,419,689.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,156.	36,593.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<99,704.>	179,044.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,354,971.	2,635,326.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,359,020.	1,046,679.
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)	735,168.	752,160.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 95,747.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	481,131.	619,143.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,575,319.	2,417,982.
19	Revenue less expenses. Subtract line 18 from line 12	<220,348.>	217,344.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,819,318.	4,113,173.
21	Total liabilities (Part X, line 26)	111,333.	96,720.
22	Net assets or fund balances Subtract line 21 from line 20	3,707,985.	4,016,453.

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MAY 23 2011

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Part II Signature Block

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

Sign Here

Signature of officer — Date 4/28/11

JAN ALBUS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 4/28/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
BROWN SMITH WALLACE, L.L.C.
1050 N. LINDBERGH BLVD.
ST. LOUIS, MO 63132-2912

EIN ▶

Phone no. ▶ 314.983.1200

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

6169

Part I Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

TO HELP LOCAL CHILDREN WITH DISABILITIES REACH THEIR FULL POTENTIAL BY PROVIDING SERVICES EVERY TIME THEY NEED ASSISTANCE. WE HELP CHILDREN WITH DISABILITIES SAY "I CAN!" BY PROVIDING VITAL MEDICAL EQUIPMENT, AS WELL AS EDUCATIONAL, THERAPEUTIC AND RECREATIONAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [x] 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? [ ] 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 $ 617,980. including grants of $ 617,980.) (Revenue $)

VARIETY PARTNERS - VARIETY COLLABORATES WITH MORE THAN 80 AGENCIES THROUGHOUT THE GREATER ST. LOUIS REGION TO PROVIDE PROGRAMS, SUNSHINE COACH VANS, AND/OR SERVICES FOR THE VARIETY CHILD LIVING WITH PHYSICAL AND/OR MENTAL DISABILITIES. WITH OUR VARIETY PARTNERS 19,000 CHILDREN ARE SERVED IN 487 ZIP CODES INCLUDING 15 COUNTIES IN MISSOURI AND 15 COUNTIES IN ILLINOIS. BY PARTNERING WITH OTHER AGENCIES IN THE AREA VARIETY IS ABLE TO FULLY SERVICE ALL NEEDS OF THE VARIETY CHILD EVERY TIME ASSISTANCE IS NEEDED.

4b (Code) (Expenses $ 493,897. including grants of $ 428,699.) (Revenue $)

MOBILITY PROGRAM/DURABLE MEDICAL EQUIPMENT - VARIETY ASSISTS MORE THAN 1,350 CHILDREN FROM THE GREATER ST. LOUIS REGION BY PROVIDING THEM WITH DURABLE MEDICAL EQUIPMENT INCLUDING WHEELCHAIRS, AUGMENTATIVE SPEECH DEVICES, LEG BRACES, HEARING AIDS, PROSTHESES, AND VAN LIFTS. EQUIPMENT WILL COME FROM THE VARIETY EQUIPMENT POOL WHEN POSSIBLE. VARIETY PROVIDES THIS ASSISTANCE EVERY TIME IT IS NEEDED UNTIL THE CHILD REACHES AGE 21. THE REPETITIVE NATURE OF OUR ASSISTANCE ENSURES THE VARIETY CHILD CONTINUALLY HAS THE CARE AND ASSISTANCE THEY NEED TO MAINTAIN MOBILITY AND FUNCTIONALITY IN OUR WORLD. IF AN ITEM BREAKS OR IS OUTGROWN VARIETY IS THERE TO HELP WITH A REPLACEMENT PIECE - HELPING THE VARIETY CHILD MAINTAIN THEIR "I CAN" ATTITUDE.

4c (Code) (Expenses $ 233,891. including grants of $) (Revenue $)

CHILDREN'S THEATRE - VARIETY PROVIDES AN UNFORGETTABLE EXPERIENCE FOR THEATERGOERS, CAST AND CREW ALIKE THROUGH VARIETY CHILDREN'S THEATRE. FROM TRYOUTS TO PRODUCTION, VARIETY CHILDREN'S THEATRE ALLOWS CHILDREN WITH DISABILITIES TO LEARN ON-STAGE AND BACKSTAGE PRODUCTION SKILLS FROM SEASONED PROFESSIONALS. THE INCLUSIVE SETTING OFFERS AN UNMATCHED OPPORTUNITY TO DEVELOP IMPORTANT RELATIONSHIPS, SKILLS SETS AND APPRECIATION OF THE OVERALL WORKINGS OF A PROFESSIONAL LIVE MUSICAL THEATER PROGRAM, AT A MAJOR THEATRICAL VENUE, THE TOUHILL PERFORMING ARTS CENTER WITH A LIVE ORCHESTRA. THE 2009 INAUGURAL PRODUCTION OF VARIETY CHILDREN'S THEATRE WAS THE ADVENTURES OF TOM SAWYER. FOUR PERFORMANCES WERE HELD AT THE TOUHILL PERFORMING ARTS CENTER ATTRACTING 4,093 ATTENDEES.

4d Other program services. (Describe in Schedule O)

(Expenses $ 713,921. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,059,689.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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? *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 credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• 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*			
	• 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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, 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		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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	1a	78		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6b		
b	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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	45		
b	Enter the number of voting members that are independent	1b	45		
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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

☐ 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: ▶

THE ORGANIZATION - 314.453.0453

2200 WESTPORT PLAZA DRIVE, SAINT LOUIS, MO 63146

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

[x] Check this box if the organization did not compensate any current officer, director, or trustee

(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			
DAVID STEWARD PRESIDENT	1.00	X		X				0.	0.	0.
MICHAEL STAENBERG VICE PRESIDENT	1.00	X		X				0.	0.	0.
KIMMY BRAUER VICE PRESIDENT	1.00	X		X				0.	0.	0.
WILLIAM H. T. BUSH VICE PRESIDENT	1.00	X		X				0.	0.	0.
J. CHRISTOPHER KERCKHOFF, JR. TREASURER	1.00	X		X				0.	0.	0.
RHONDA HAMM-NIEBRUEGGE SECRETARY	1.00	X		X				0.	0.	0.
MARK ABELS MEMBER	1.00	X						0.	0.	0.
JO ANN HARMON ARNOLD MEMBER	1.00	X						0.	0.	0.
DAN BERNS MEMBER	1.00	X						0.	0.	0.
JERRY CLINTON MEMBER	1.00	X						0.	0.	0.
ALLAN COHEN MEMBER	1.00	X						0.	0.	0.
STEVE CRIMMINS MEMBER	1.00	X						0.	0.	0.
BETTY DAVIDSON, PHD. MEMBER	1.00	X						0.	0.	0.
NANCY DIEMER MEMBER	1.00	X						0.	0.	0.
CATHY DUNKIN MEMBER	1.00	X						0.	0.	0.
CLIFF EASON MEMBER	1.00	X						0.	0.	0.
MARILYN FOX MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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			
CHERI FROMM MEMBER	1.00	X						0.	0.	0.
RAY GRUENDER MEMBER	1.00	X						0.	0.	0.
MAHENDRA GUPTA MEMBER	1.00	X						0.	0.	0.
DOUGLAS E. HILL MEMBER	1.00	X						0.	0.	0.
MARGIE IMO MEMBER	1.00	X						0.	0.	0.
MARIE JARY MEMBER	1.00	X						0.	0.	0.
NEVADA A. "AL" KENT, IV MEMBER	1.00	X						0.	0.	0.
PATRICIA KOPETZ, ED.D. MEMBER	1.00	X						0.	0.	0.
MARK KORITZ MEMBER	1.00	X						0.	0.	0.
PATRICK LARMON MEMBER	1.00	X						0.	0.	0.
1b Total ▶								127,286.	0.	11,602.

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

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

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	551,755.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,867,934.				
	g Noncash contributions included in lines 1a-1f: $ 96,641.						
	h **Total.** Add lines 1a-1f		▶	2,419,689.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	26,355.			26,355.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	78,652.					
	b Less: cost or other basis and sales expenses	68,414.					
	c Gain or (loss)	10,238.					
	d Net gain or (loss)		▶	10,238.			10,238.
	8a Gross income from fundraising events (not including $ 551,755. of contributions reported on line 1c) See Part IV, line 18	a	479,580.				
	b Less direct expenses	b	300,536.				
	c Net income or (loss) from fundraising events		▶	179,044.			179,044.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶				
	12 **Total revenue.** See instructions.		▶	2,635,326.	0.	0.	215,637.

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	617,980.	617,980.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	428,699.	428,699.		
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				
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	629,346.	430,282.	132,174.	66,890.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,355.	8,447.	2,595.	1,313.
9 Other employee benefits	65,206.	44,582.	13,694.	6,930.
10 Payroll taxes	45,253.	30,939.	9,504.	4,810.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	26,100.	19,212.	5,911.	977.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	111,319.	86,977.	20,888.	3,454.
12 Advertising and promotion	11,182.	10,740.	442.	
13 Office expenses	106,434.	61,725.	41,030.	3,679.
14 Information technology	15,000.	15,000.		
15 Royalties				
16 Occupancy				
17 Travel	50,500.	34,900.	12,000.	3,600.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,493.		3,493.	
23 Insurance	30,428.	12,751.	15,683.	1,994.
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 DIRECT PROGRAM EXPENSES	198,603.	198,603.		
b PRODUCTION AND PHOTOGRA	33,556.	33,121.		435.
c MISCELLANEOUS	26,220.	19,861.	5,069.	1,290.
d BAD DEBTS	6,308.	5,870.	63.	375.
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,417,982.	2,059,689.	262,546.	95,747.
26 **Joint costs.** Check here ▶ [x] 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	169,469.	152,522.	0.	16,947.

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	120,758.
	2	Savings and temporary cash investments		1,911,997.	2	2,128,438.
	3	Pledges and grants receivable, net		23,515.	3	10,475.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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			8	
	9	Prepaid expenses and deferred charges		80,027.	9	63,125.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 120,798.			
	b	Less accumulated depreciation	10b 116,730.	7,561.	10c	4,068.
	11	Investments - publicly traded securities		1,406,129.	11	1,786,309.
	12	Investments - other securities See Part IV, line 11		390,089.	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,819,318.	16	4,113,173.
Liabilities	17	Accounts payable and accrued expenses		111,333.	17	96,720.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		111,333.	26	96,720.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,642,856.	27	3,056,412.
	28	Temporarily restricted net assets		1,065,129.	28	960,041.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,707,985.	33	4,016,453.
	34	Total liabilities and net assets/fund balances		3,819,318.	34	4,113,173.

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

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

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

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")	2,684,261.	3,147,430.	2,835,050.	2,406,519.	1,925,753.	12,999,013.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,684,261.	3,147,430.	2,835,050.	2,406,519.	1,925,753.	12,999,013.
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)						1,922,515.
6 **Public support.** Subtract line 5 from line 4						11,076,498.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,684,261.	3,147,430.	2,835,050.	2,406,519.	1,925,753.	12,999,013.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,644.	92,974.	71,369.	47,209.	26,355.	298,551.
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						13,297,564.

12 Gross receipts from related activities, etc (see instructions)	12	1,105,724.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	83.30 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	80.38 %

16a **33 1/3% support test - 2009.** 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 ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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	%

Section 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	%

19a **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%, 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 - 2008.** 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 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

2009

Open to Public Inspection

Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

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

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

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

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

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,249,687.	1,207,660.			
b	Contributions	120,273.				
c	Net investment earnings, gains, and losses	124,818.	42,027.			
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,494,778.	1,249,687.			

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

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

Part VI 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) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		95,698.	91,630.	4,068.
e	Other		25,100.	25,100.	0.
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	4,068.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,635,326.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,417,982.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	217,344.
4	Net unrealized gains (losses) on investments	4	91,124.
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	91,124.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	308,468.

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	2,812,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	91,124.		
b	Donated services and use of facilities	2b	86,200.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	177,324.
3	Subtract line 2e from line 1			3	2,635,326.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	2,635,326.

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

1	Total expenses and losses per audited financial statements			1	2,504,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	86,200.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	86,200.
3	Subtract line 2e from line 1			3	2,417,982.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,417,982.

Part XIV Supplemental Information

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

PART V, LINE 4: INCOME EARNED BY THE ENDOWMENT ASSETS MAY BE INITIALLY EXPENDED, AT THE DISCRETION OF THE ENDOWMENT COMMITTEE, TO ENSURE THAT VITALLY ESSENTIAL MEDICAL EQUIPMENT IS PROVIDED, BASED ON NEED, TO DISABLED AND DISADVANTAGED CHILDREN. ONCE THE FUNDS NEEDED TO PERPETUATE THIS GOAL HAVE BEEN OBTAINED, THE INCOME MAY BE EXPENDED FOR ANY PURPOSE THE ENDOWMENT COMMITTEE DEEMS TO BE IN THE BEST INTEREST OF VARIETY, INCLUDING BUT NOT LIMITED TO: PROVIDING SUPPLEMENTAL SUPPORT OF ANNUAL GENERAL OPERATING REVENUES; PROVIDING FINANCIAL ASSISTANCE TO ONGOING AND

Part XIV Supplemental Information *(continued)*

NEW PROGRAMS; AND COMPENSATING AND TRAINING APPROPRIATE STAFF TO SUPPORT THE BOARD IN CARRYING OUT VARIETY'S MISSION.

PART X: DURING 2010, VARIETY ADOPTED RECENTLY ISSUED ACCOUNTING RULES FOR UNCERTAIN TAX POSITIONS. THOSE RULES REQUIRE FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSITION IF A POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THESE RULES ALSO PROVIDE GUIDANCE ON MEASUREMENT, RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, TRANSITION, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II 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

		(a) Event #1 DINNER WITH THE STARS (event type)	(b) Event #2 GOLD HEARTS (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	731,545.	101,513.	198,277.	1,031,335.
	2 Less Charitable contributions	543,781.	3,016.	4,958.	551,755.
	3 Gross income (line 1 minus line 2)	187,764.	98,497.	193,319.	479,580.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			1,700.	1,700.
	7 Food and beverages	48,467.		47,605.	96,072.
	8 Entertainment	139,297.		694.	139,991.
	9 Other direct expenses	8,818.	18,846.	35,109.	62,773.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(300,536)
	11 Net income summary Combine line 3, column (d), and line 10			▶	179,044.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 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	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address of the third party				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b 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 ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 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
ALMOST HOME 3200 ST. VINCENT AVENUE ST. LOUIS, MO 63104	43-1645686	501(C)(3)	16,400.	0.			SEE SCH O
ARCHDIOSESAN DEPT. OF SPECIAL EDUCATION - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	43-0653242	501(C)(3)	7,000.	0.			SEE SCH O
ASTHMA & ALLERGY FOUDATION 1500 SOUTH BIG BEND, SUITE 1S ST. LOUIS, MO 63117	43-1484316	501(C)(3)	7,000.	0.			SEE SCH O
BELLE CENTER, INC. 10916 SCHUETZ ROAD ST. LOUIS, MO 63146	90-0133670	501(C)(3)	6,000.	0.			SEE SCH O
BOY SCOUTS OF AMERICA-ST. LOUIS 4568 WEST PINE BLVD. ST. LOUIS, MO 63108	43-0652676	501(C)(3)	1,100.	0.			SEE SCH O
BOYS & GIRLS TOWN OF MISSOURI 4485 WESTMINSTER PLACE ST. LOUIS, MO 63108	43-0681471	501(C)(3)	6,550.	0.			SEE SCH O

2 Enter total number of section 501(c)(3) and government organizations ▶ 84.

3 Enter total number of other organizations ▶ 0.

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
COLLABORATION WITH EQUIPMENT PROVIDERS TO PROVIDE DURABLE MEDICAL EQUIPMENT TO THE VARIETY CHILD COMPLETING THEIR CIRCLE OF CARE	322	0.	428,699.	COST	DURABLE MEDICAL EQUIPMENT

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: VARIETY USES A 50 MEMBER STANDING COMMITTEE CALLED THE ALLOCATIONS COMMITTEE TO MONITOR THE USE OF FUNDS THAT ARE ALLOCATED TO OUR PARTNER AGENCIES WHO HAVE SPECIAL PROGRAMS SERVICING CHILDREN WITH PHYSICAL AND MENTAL DISABILITIES. THE COMMITTEE ANNUALLY VISITS EACH AGENCY, REVIEWS INVOICES AND DOCUMENTATION OF HOW THE FUNDING WAS SPENT (MUST BE USED IN ONE YEAR DATING FROM THE DATE OF RECEIPT OF THE FUNDING). THIS INFORMATION IS DOCUMENTED ON A WORKSHEET PROVIDED BY VARIETY AND IS PRESENTED BY THE COMMITTEE MEMBER TO THE PANEL OF MEMBERS WHO WORK ON A CERTAIN CATEGORY OF AGENCIES (CLUBS, HOSPITALS, DAY CARES, CAMPS,

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURNS RECOVERED SUPPORT GROUP 11710 ADMINISTRATION DRIVE, SUITE ST. LOUIS, MO 63146	43-1412215	501(C)(3)	5,500.	0.			SEE SCH O
CAMP HAPPY DAY 4224 WATSON ROAD, #2 ST. LOUIS, MO 63109	23-7157234	501(C)(3)	4,000.	0.			SEE SCH O
CARDINAL GLENNON CHILDREN'S FOUNDATION - 1465 SOUTH GRAND BLVD. - ST. LOUIS, MO 63104	43-1754347	501(C)(3)	15,120.	0.			SEE SCH O
CATHOLIC CHILDREN'S HOME 1400 STATE ST. ALTON, IL 62002	37-0662511	501(C)(3)	4,380.	0.			SEE SCH O
CATHOLIC FAMILY SERVICES 9200 WATSON ROAD, G101 ST. LOUIS, MO 63126	43-1338511	501(C)(3)	4,380.	0.			SEE SCH O
THE CENTER FOR AUTISM EDUCATION 105 SHERIFF DIERKER CT. O'FALLON, MO 63366	68-0501030	501(C)(3)	3,726.	0.			SEE SCH O
CENTER FOR HEARING-SPEECH 9835 MANCHESTER ROAD ST. LOUIS, MO 63119	43-0652678	501(C)(3)	15,000.	0.			SEE SCH O
CENTRAL INSTITUTE FOR THE DEAF 825 SOUTH TAYLOR AVENUE ST. LOUIS, MO 63110	43-0662456	501(C)(3)	9,000.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
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Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C.H.A.M.P. ASSISTANCE DOGS 4910 PARKER ROAD FLORISSANT, MO 63033	43-1803006	501(C)(3)	5,000.	0.			SEE SCH O
CHILDGARDEN CHILD DEVELOPMENT CENTER - 4150 LACLEDE AVE. - ST. LOUIS, MO 63108	43-1884646	501(C)(3)	11,000.	0.			SEE SCH O
CHILDRENS CENTER FOR BEHAVIORAL DEVELOPMENT - 353 NORTH 88TH STREET - CENTREVILLE, IL 62203	37-0823848	501(C)(3)	2,175.	0.			SEE SCH O
CHILDRENS HOME SOCIETY 9445 LITZSINGER ROAD BRENTWOOD, MO 63144	43-0652622	501(C)(3)	15,000.	0.			SEE SCH O
COORDINATED YOUTH & HUMAN SERVICES 2016 MADISON AVENUE GRANITE CITY, IL 62040	37-0662520	501(C)(3)	2,100.	0.			SEE SCH O
CORNERSTONE CENTER FOR EARLY LEARNING - 3901 RUSSELL BLVD. - ST. LOUIS, MO 63110	43-0923158	501(C)(3)	4,000.	0.			SEE SCH O
CRIDER HEALTH CENTER 1032 CROSSWINDS COURT WENTZVILLE, MO 63385	43-1160049	501(C)(3)	8,750.	0.			SEE SCH O
CROHN'S COLITIS FOUNDATION OF AMERICA - 1034 S. BRENTWOOD, SUITE 1510 - ST. LOUIS, MO 63117	13-6193105	501(C)(3)	3,500.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA GAMMA CENTER 1715 S. BIG BEND ST. LOUIS, MO 63117	43-0725282	501(C)(3)	2,150.	0.			SEE SCH O
DEV. SERV. OF JEFFCO./NEXTSTEP OF LIFE - 12 MUNICIPAL DR., SUITE A - ARNOLD, MO 63010	43-1204559	501(C)(3)	1,600.	0.			SEE SCH O
DISABLED ATHLETE SPORTS ASSOCIATION - 1236 JUNGERMAN ROAD, SUITE A - ST. PETERS, MO 63376	43-1775519	501(C)(3)	3,500.	0.			SEE SCH O
DISABILITY RESOURCE ASSOCIATION 420 B SOUTH TRUMAN BLVD. CRYSTAL CITY, MO 63019	43-1794017	501(C)(3)	4,729.	0.			SEE SCH O
DISABILITY SUPPORT SERVICES PO BOX 73 MAPAVILLE, MO 63065	43-0723518	501(C)(3)	6,500.	0.			SEE SCH O
DOWN SYNDROME ASSOCIATION OF GREATER ST. LOUIS - 8420 DELMAR BLVD., SUITE 506 - ST. LOUIS, MO 63124	43-1108833	501(C)(3)	4,800.	0.			SEE SCH O
EDGEWOOD CHILDREN'S CENTER 330 NORTH GORE AVENUE ST. LOUIS, MO 63119	43-0653305	501(C)(3)	13,125.	0.			SEE SCH O
EPWORTH CHILDREN'S HOME 110 NORTH ELM AVENUE ST. LOUIS, MO 63119	43-1069741	501(C)(3)	17,500.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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2009
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Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY RESOURCE CENTER 3309 S. KINGSHIGHWAY BLVD. ST. LOUIS, MO 63139	43-1071300	501(C)(3)	17,500.	0.			SEE SCH O
FAMILY SUPPORT SERVICES 107 SHERIFF DIERKER COURT O'FALLON, MO 63366	43-6014523	501(C)(3)	4,000.	0.			SEE SCH O
GIANT STEPS OF ST. LOUIS 2685 METRO BLVD. ST. LOUIS, MO 63043	43-1671946	501(C)(3)	6,000.	0.			SEE SCH O
GIRL SCOUTS COUNCIL-ST. LOUIS 2300 BALL DRIVE ST. LOUIS, MO 63146	43-0662471	501(C)(3)	5,000.	0.			SEE SCH O
GOOD SHEPHERD SCHOOL FOR CHILDREN 1170 TIMBER RUN DRIVE ST. LOUIS, MO 63146	43-0955225	501(C)(3)	10,000.	0.			SEE SCH O
GRACE HILL SETTLEMENT HOUSE 2600 HADLEY ST. LOUIS, MO 63106	23-7216273	501(C)(3)	2,000.	0.			SEE SCH O
H.I.S.K.I.D.S. PO BOX 412, 908 LAUREL ST. HIGHLAND, IL 62249	37-1170527	501(C)(3)	5,500.	0.			SEE SCH O
HOWARD PARK CENTER 15834 CLAYTON ROAD ELLISVILLE, MO 63011	43-0965295	501(C)(3)	7,000.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYDE PARK OUTREACH PO BOX 2070 ST. LOUIS, MO 63032	43-1687080	501(C)(3)	7,000.	0.			SEE SCH O
ILLINOIS CENTER FOR AUTISM 548 SOUTH RUBY LANE FAIRVIEW HEIGHTS, IL 62208	37-1023452	501(C)(3)	10,000.	0.			SEE SCH O
JAMESTOWN NEW HORIZONS 15805 OLD JAMESTOWN ROAD FLORISSANT, MO 63034	43-1372620	501(C)(3)	10,000.	0.			SEE SCH O
JESS 7020 CHIPPEWA ST. LOUIS, MO 63119	43-1179041	501(C)(3)	4,000.	0.			SEE SCH O
JCC-CAMP PROGRAMS 2 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	43-0681477	501(C)(3)	1,500.	0.			SEE SCH O
JCC-FITNESS CENTER 2 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	43-0681477	501(C)(3)	4,500.	0.			SEE SCH O
JCC-EARLY CHILDHOOD EDUCATIONAL SERVICES - #2 MILLSTONE CAMPUS DRIVE - ST. LOUIS, MO 63146	43-0681477	501(C)(3)	4,000.	0.			SEE SCH O
JEWISH FAMILY & CHILDREN SERVICES 10950 SCHUETZ RD. ST. LOUIS, MO 63146	43-0790330	501(C)(3)	10,500.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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KIDS ENJOY EXERCISE NOW PO BOX 69010 ST. LOUIS, MO 63169	52-1767631	501(C)(3)	4,800.	0.			SEE SCH O
KIDS HOPE UNITED 907 N. BLUFF ROAD, SUITE 9 COLLINSVILLE, IL 62234	37-0697157	501(C)(3)	3,500.	0.			SEE SCH O
KINGDOM HOUSE 1321 SO. 11TH ST. ST. LOUIS, MO 63104	43-0652648	501(C)(3)	9,200.	0.			SEE SCH O
LEMAY DAY CARE CENTER 9828 SOUTH BROADWAY ST. LOUIS, MO 63125	43-1269356	501(C)(3)	6,000.	0.			SEE SCH O
LIFE SKILLS FOUNDATION 10176 CORPORATE SQUARE DR., SUITE ST. LOUIS, MO 63132	43-0827160	501(C)(3)	7,500.	0.			SEE SCH O
LOGOS SCHOOL 9137 OLD BONHOMME RD. ST. LOUIS, MO 63132	43-0968673	501(C)(3)	5,000.	0.			SEE SCH O
LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION - 3558 S. JEFFERSON - ST. LOUIS, MO 63118	43-0780770	501(C)(3)	5,000.	0.			SEE SCH O
CATHOLIC CHARITIES OF ST. LOUIS 1202 S. BOYLE ST. LOUIS, MO 63110	43-0653244	501(C)(3)	7,000.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

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Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINI SCHOOL OF JEFFERSON COUNTY 6434 BYRNES MILL ROAD, P.O. BOX 42 HOUSE SPRINGS, MO 63051	43-1140174	501(C)(3)	6,000.	0.			SEE SCH O
MIRIAM FOUNDATION 501 BACON AVENUE ST. LOUIS, MO 63119	43-0667478	501(C)(3)	5,000.	0.			SEE SCH O
MISSOURI GIRLS TOWN FOUNDATION, INC. - 8458 JADE RD., P.O. BOX 59 - KINGDOM CITY, MO 65262	44-0648649	501(C)(3)	6,125.	0.			SEE SCH O
NORTHSIDE COMMUNITY 4120 MAFFITT AVE. ST. LOUIS, MO 63113	43-1028098	501(C)(3)	7,000.	0.			SEE SCH O
NURSES FOR NEWBORNS FOUNDATION 7259 LANSDOWNE AVENUE ST. LOUIS, MO 63119	43-1601329	501(C)(3)	8,000.	0.			SEE SCH O
OUR LITTLE HAVEN PO BOX 23010 ST. LOUIS, MO 63156	43-1567500	501(C)(3)	3,995.	0.			SEE SCH O
PARENT TEACHER ORGANIZATION FOR EXCEPTIONAL CHILDREN - 620 NORTH ILLINOIS ST. - BELLEVILLE, IL 62220	37-6062325	501(C)(3)	4,500.	0.			SEE SCH O
RANKEN JORDAN 11365 DORSETT ROAD MARYLAND HGHTS, MO 63043	43-0666765	501(C)(3)	3,035.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

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Employer identification number 43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIDE ON ST. LOUIS, INC. PO BOX 94 KIMMSWICK, MO 63053	43-1885666	501(C)(3)	6,000.	0.			SEE SCH O
SLARC-NEIGHBORHOOD EXPERIENCES 1816 LACKLAND HILL PARKWAY, SUITE ST. LOUIS, MO 63146	43-0718811	501(C)(3)	10,500.	0.			SEE SCH O
SOUTH SIDE DAY NURSERY 2930 IOWA AVENUE ST. LOUIS, MO 63118	43-0685348	501(C)(3)	4,000.	0.			SEE SCH O
SPECIAL CHILDREN 1306 WABASH AVENUE BELLEVILLE, IL 62220	37-0723806	501(C)(3)	3,000.	0.			SEE SCH O
SPECIAL OLYMPICS MISSOURI 1516 S. BRENTWOOD, SUITE 100 ST. LOUIS, MO 63144	23-7328374	501(C)(3)	6,000.	0.			SEE SCH O
ST. JOSEPH INSTITUTE FOR THE DEAF 1809 CLARKSON ROAD CHESTERFIELD, MO 63017	43-0653494	501(C)(3)	6,000.	0.			SEE SCH O
ST. LOUIS CHILDREN'S HOSPITAL ONE CHILDREN'S PLACE ST. LOUIS, MO 63110	43-1626863	501(C)(3)	25,000.	0.			SEE SCH O
SAINT LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE, SUITE ST. LOUIS, MO 63146	43-1410297	501(C)(3)	13,650.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

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Employer identification number
43-6078016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS TRANSITIONAL HOPE HOUSE 1611 HODIAMONT AVENUE ST. LOUIS, MO 63112	43-1500761	501(C)(3)	10,950.	0.			SEE SCH O
ST. MARTIN'S CHILD CENTER 6315 GARFIELD AVE. BERKELEY, MO 63134	42-1001293	501(C)(3)	3,000.	0.			SEE SCH O
ST. MARY'S SPECIAL SERVICES 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63319	43-0653242	501(C)(3)	18,000.	0.			SEE SCH O
GERMAN ST. VINCENT ORPHANAGE ORGANIZATION - 7401 FLORISSANT ROAD - NORMANDY, MO 63121	43-0653319	501(C)(3)	5,250.	0.			SEE SCH O
SHERWOOD FOREST CAMP, INC. 2708 SUTTON BOULEVARD ST. LOUIS, MO 63143	43-0653401	501(C)(3)	0.	28,860.	FMV	VAN	SEE SCH O
SUNNYHILL ADVENTURES 11140 SO. TOWNE SQUARE, SUITE 101 ST. LOUIS, MO 63123	43-1150250	501(C)(3)	8,500.	0.			SEE SCH O
TEAM ACTIVITIES FOR SPECIAL KIDS 11139 SOUTH TOWNE SQUARE, SUITE D ST. LOUIS, MO 63123	43-1825054	501(C)(3)	4,800.	0.			SEE SCH O
THE MOOG CENTER FOR DEAF EDUCATION 12300 SOUTH FORTY DRIVE ST. LOUIS, MO 63141	43-1743898	501(C)(3)	6,000.	0.			SEE SCH O

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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THERAPEUTIC HORSEMANSHIP 332 STABLE LANE WENTZVILLE, MO 63385	51-0198939	501(C)(3)	8,000.	0.			SEE SCH O
TOUCHPOINT AUTISM SERVICES 1101 OLIVETTE EXECUTIVE PKWY ST. LOUIS, MO 63132	43-0979927	501(C)(3)	14,730.	0.			SEE SCH O
UNITED SERVICES 4140 OLD MILL PARKWAY ST. PETERS, MO 63376	43-1136074	501(C)(3)	8,000.	0.			SEE SCH O
UNIVERSITY CITY CHILDREN'S CENTER 6646 VERNON AVENUE UNIVERSITY CITY, MO 63130	43-0958608	501(C)(3)	2,000.	0.			SEE SCH O
WILLIAM M. BEDELL ACHIEVEMENT & RESOURCE CENTER - 400 S. MAIN ST., P.O. BOX 349 - WOOD RIVER, IL 62095	37-6046646	501(C)(3)	12,000.	0.			SEE SCH O
YOUTH IN NEED, INC. 1815 BOONES LICK ROAD ST. CHARLES, MO 63301	43-1033862	501(C)(3)	3,000.	0.			SEE SCH O

Part IV Supplemental Information

SCHOOLS, SPECIAL DISABILITIES, AND BEHAVIORAL COUNSELING), AGENCIES MUST SHOW MEASURABLE OUTCOMES AS A RESULT OF THE FUNDING AND/OR ANY OTHER EXPECTED RESULTS. IF THE FUNDING WAS NOT SPENT APPROPRIATELY, THE AGENCY MUST REFUND THE GRANT AND FORFEIT VARIETY PARTNER AGENCY PRIVILEGES INCLUDING AN INVITATION TO APPLY THE FOLLOWING YEAR. ALLOCATED SUNSHINE COACH VANS ARE INSPECTED ANNUALLY FOR CONDITION AND MILEAGE. IF IT IS DEEMED THAT THE VAN IS NOT MAINTAINED OR INFRACTIONS HAVE OCCURRED (USAGE FOR TRANSPORTING GOODS INSTEAD OF CHILDREN), NO FUTURE FUNDING WILL BE GRANTED TO THAT AGENCY.

VARIETY HELPS CHILDREN WITH PHYSICAL AND MENTAL DISABILITIES REACH THEIR FULL POTENTIAL. VARIETY FOCUSES ON FOUR CORE AREAS TO HELP THE VARIETY CHILD BECOME HEALTHY AND INDEPENDENT:

- GIFTING MEDICAL EQUIPMENT FOR MOBILITY AND INDEPENDENCE
- CREATING UNIQUE RECREATIONAL AND THERAPEUTIC PROGRAMS
- COLLABORATING WITH OTHER GREATER ST. LOUIS AGENCIES WHEN AN IN-HOUSE PROGRAM OR SERVICE IS NOT FEASIBLE
- RAISING AWARENESS IN ST. LOUIS FOR CHILDREN WITH PHYSICAL AND MENTAL DISABILITIES

VARIETY STEPS IN EACH TIME A CHILD NEEDS ASSISTANCE, FROM INFANCY TO THE AGE OF 21. WE HELP CHILDREN SAY "I CAN!" BY GIVING THEM THE ADAPTIVE LEGS, VOICE OR EARS THEY NEED AND BY CONNECTING THEM WITH THE BEST SERVICE PROVIDERS AVAILABLE FOR OTHER SPECIAL NEEDS.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer Identification number 43-6078016

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
MIKE LEFTON MEMBER	1.00	X						0.	0.	0.
DAVID LICHTENSTEIN MEMBER	1.00	X						0.	0.	0.
JOAN D. MALLOY MEMBER	1.00	X						0.	0.	0.
W. STEPHEN MARITZ MEMBER	1.00	X						0.	0.	0.
PAT MERCURIO MEMBER	1.00	X						0.	0.	0.
KEVIN MOWBRAY MEMBER	1.00	X						0.	0.	0.
MARCIA NIEDRINGHAUS MEMBER	1.00	X						0.	0.	0.
LUCIA RODRIGUEZ MEMBER	1.00	X						0.	0.	0.
GEORGE ROMAN MEMBER	1.00	X						0.	0.	0.
CHIP ROSENBLOOM MEMBER	1.00	X						0.	0.	0.
BRIAN ROTHERY MEMBER	1.00	X						0.	0.	0.
STEVE SCHANKMAN MEMBER	1.00	X						0.	0.	0.
SCOTT SCHNUCK MEMBER	1.00	X						0.	0.	0.
BEVIS SCHOCK MEMBER	1.00	X						0.	0.	0.
ALISON SHEEHAN MEMBER	1.00	X						0.	0.	0.
OZZIE SMITH MEMBER	1.00	X						0.	0.	0.
KIM SPRINGER MEMBER	1.00	X						0.	0.	0.
THELMA STEWARD MEMBER	1.00	X						0.	0.	0.
DONALD SUGGS MEMBER	1.00	X						0.	0.	0.
LESLIE D. WILSON MEMBER	1.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

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Name of the Organization VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer Identification number 43-6078016

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(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			
JAN ALBUS EXECUTIVE DIRECTOR	40.00					X		127,286.	0.	11,602.

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 THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number: 43-6078016

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AIRFARE)	X	1	50,500.	COST
26	Other ▶ (EVENT TICKETS)	X	9	31,121.	COST
27	Other ▶ (SOFTWARE)	X	1	15,000.	COST
28	Other ▶ (FOOD)	X	1	20.	COST

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

SCHEDULE O (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.
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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

VARIETY ADVENTURE CAMP TEEN TRACK

THIS CAMPING PROGRAM IS EXPRESSLY DESIGNED FOR CHILDREN WITH DISABILITIES AGES 13-16, AN AGE GROUP THAT IS SERIOUSLY UNDERSERVED WITH PROGRAMS THAT WILL INCREASE THEIR EXPERIENCES WITH ACTIVITIES THAT FOCUS ON SPORTS, RECREATION, NUTRITION, AND CULTURAL ACTIVITIES IN THE ARTS. THIS IS A THREE WEEK PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VARIETY'S OTHER PROGRAM SERVICES INCLUDE:

-VARIETY ADVENTURE CAMP: AN ADVENTURE CAMP OPEN TO CHILDREN AGES 4-12 WITH PHYSICAL DISABILITIES. VARIETY ADVENTURE CAMP INCLUDES A TWO-DAY SESSION IN THE WINTER AND THREE WEEK-LONG SESSIONS IN THE SUMMER. VARIETY ALSO OFFERS A TEEN TRACK ADVENTURE CAMP OPTION FOR OLDER CHILDREN AGES 13-16.

-BIKES FOR KIDS: AN EVENT THAT INCLUDES VOLUNTEERS BUILDING BIKES FOR CHILRDEN WHO ARE FUNDED BY VARIETY'S PARTNER AGENCIES THROUGHOUT THE ST. LOUIS AREA. DURING THE EVENT, VARIETY ALSO PRESENTS THERAPEUTIC BIKES TO CHILDREN WITH PHYSICAL DISABILITIES WHO ARE UNABLE TO RIDE TRADITIONAL BICYCLES WITH THEIR FRIENDS AND SIBLINGS. SINCE 1996, VARIETY'S BIKES FOR KIDS PROGRAM HAS PROVIDED MORE THAN 2,200 BIKES TO CHILDREN BETWEEN THE AGES OF 5 AND 14.

- ST. LOUIS THROUGH THE EYES OF A CHILD WITH A DISABILITY: A PROGRAM DESIGNED TO MAKE THE CITY'S FAVORITE DESTINATIONS ACCESSIBLE FOR FAMILIES WHO HAVE A CHILD WITH A DISABILITY, THROUGH OUTINGS THAT ARE GEARED TOWARD THE ENTIRE VARIETY FAMILY. AS A RESULT, PARENTS AND

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number: 43-6078016

CHILDREN OF ALL ABILITIES ARE ABLE TO SOCIALIZE AND MAKE NEW FRIENDS IN A MEMORABLE, INCLUSIVE SETTING THAT ALSO INCLUDES HANDS-ON EDUCATIONAL LESSONS DESIGNED SPECIFICALLY TO ENRICH THE LIVES OF CHILDREN WITH DISABILITIES.

-VARIETY CHILDREN'S CHORUS: SINCE 2000, THE VARIETY CHILDREN'S CHORUS HAS BEEN SPREADING THE "I CAN!" MESSAGE THROUGHOUT ST. LOUIS AND BEYOND, COMPRISED OF CHILDREN WITH AND WITHOUT PHYSICAL DISABILITIES. THE CHILDREN INVOLVED, INVIGORATED BY THEIR OWN POWERFUL PERFORMANCES AND THE WARM RECEPTION FROM AUDIENCES, EMERGE FEELING MORE SELF-CONFIDENT AND ACCEPTED THAN EVER BEFORE.

-SUNSHINE COACH VANS: AS OF FALL 2010, THERE ARE 104 SUNSHINE COACH VANS ON THE STREETS OF ST. LOUIS, ALLOCATED TO VARIETY PARTNER AGENCIES TO TRANSPORT CHILDREN ACROSS THE AREA TO DOCTOR APPOINTMENTS, THERAPY SESSIONS AND SPECIAL OUTINGS OR ACTIVITIES.

-RESOURCE CENTER: THE RESOURCE CENTER PROVIDES VALUABLE INFORMATION AND COMMUNITY CONNECTIONS TO RESOLVE THE LEGAL, SOCIAL, THERAPEUTIC, EDUCATION, MEDICAL AND COUNSELING ISSUES OFTEN ENCOUNTERED BY FAMILIES OF CHILDREN WITH DISABILITIES. OTHER ELEMENTS OF THE RESOURCE CENTER INCLUDE A LIBRARY OF BOOKS AVAILABLE FOR FAMILIES TO BORROW, A COMMUNITY CONNECTIONS EVENT IN WHICH FAMILIES AND AGENCIES CAN NETWORK, AND A QUARTERLY [FAMILY FOCUS] NEWSLETTER JUST FOR FAMILIES SERVED BY VARIETY.

EXPENSES $ 713921. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2: DAVID STEWARD (PRESIDENT) AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number: 43-6078016

THELMA STEWARD (MEMBER) - FAMILY RELATIONSHIP.

SCOTT SCHNUCK (MEMBER) AND NANCY DIEMER (MEMBER) - FAMILY RELATIONSHIP.

CHIP ROSENBLOOM (MEMBER) AND LUCIA RODRIGUEZ (MEMBER) - FAMILY RELATIONSHIP.

MIKE LEFTON (MEMBER) AND MARK KORITZ (MEMBER) - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: UPON RECEIPT OF A DRAFT 990, THE BOARD OF DIRECTORS IS PROVIDED A COPY TO REVIEW AND DISCUSS. ANY CHANGES ARE INCORPORTED INTO THE FORM PRIOR TO ITS SUBMISSION WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: AN ATTORNEY WHO SITS ON THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND MAKES CHANGES AS NEEDED. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, BOARD MEMBERS SIGN OFF ON THE POLICY AT THE INITIAL AND SUBSEQUENT RENEWAL OF TERMS. EXCEPTIONS TO THE CONFLICT OF INTEREST POLICY ARE NOT ALLOWED.

FORM 990, PART VI, SECTION B, LINE 15A: SALARIES FOR ALL STAFF, INCLUDING THE EXECUTIVE DIRECTOR, KEEP WITHIN THE STANDARDS PUBLISHED BY THE NON-PROFIT TIMES - A NATIONAL SOURCE OF INFORMATION ON SUCH SALARIES. ALL SALARIES ARE REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE OF THE ORGANIZATION ASSUMES RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE WERE NO CHANGES IN THE COMMITTEE'S PROCESS FROM PRIOR YEARS.

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

THERAPY SERVICES:

ALMOST HOME - COUNSELING FOR BEHAVIORAL/ANGER MANAGEMENT/LIFE SKILLS

BELLE CENTER - SCHOLARSHIPS FOR CHILDREN W/PHYSICAL & MENTAL DISABILITIES FOR PRESCHOOL THERAPY SERVICES

CATHOLIC FAMILY SERVICES - BEHAVIORAL HEALTH SERVICES TO CHILDREN WITH MENTAL DISABILITIES

CENTER FOR HEARING/SPEECH - SPEECH/LANGUAGE PROGRAM FOR CHILDREN TO OVERCOME SPEECH/LANGUAGE DISABILITIES & ACHIEVE AGE-APPROPRIATE SKILLS

CHILDGARDEN CHILD DEVELOPMENT CENTER - SCHOLARSHIPS TO CHILDREN W/PHYSICAL DISABILITIES FOR THERAPEUTIC PRESCHOOL

CORNERSTONE FOR EARLY LEARNING - EARLY INTERVENTION SPEECH/LANGUAGE

CRIDER HEALTH CENTER-WRAP AROUND SERVICES - COMPREHENSIVE "SYSTEMS OF CARE" DESIGNED TO PROVIDE SERVICES AND SUPPORT FOR CHILDREN WITH SEVERE EMOTIONAL DISABILITIES

EDGEWOOD CHILDREN'S HOME - RESIDENTIAL TREATMENT PROGRAM - HELPING CHILDREN WITH PSYCHO-SOCIAL AND EDUCATIONAL NEEDS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

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Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

EPWORTH FAMILY & CHILDREN SERVICES - RESIDENTIAL TREATMENT PROGRAM SERVING CHILDREN WITH SEVERE LEARNING/EMOTIONAL/BEHAVIORAL DISABILITIES

FAMILY RESOURCE CENTER - PRESCHOOL THERAPY TREATMENT PROGRAM SERVING 3-5 YR OLDS WHO HAVE SEVERE EMOTIONAL/BEHAVIORAL DISABILITIES AND DEVELOPMENTAL DELAYS

GIRLS SCOUTS COUNCIL-PROJECT ANTIVIOLENCE EDUCATION PROGRAM - PROVIDING GIRLS WITH DISABILITIES VIOLENCE PREVENTION & INTERVENTION CURRICULUM IN SPECIAL SCHOOL DISTRICT

GOOD SHEPHERD SCHOOL - PEDIATRIC PT/OT/SPEECH & DEVELOPMENTAL THERAPY SERVICES

HOWARD PARK CENTER-PEDIATRIC PARTNERSHIP PROGRAM - PROVIDES COMPREHENSIVE ONSITE & IN HOME PEDIATRIC THERAPY SERVICES - PT/OT/SPEECH/DEVELOPMENTAL THERAPY

JEWISH FAMILY & CHILDREN SERVICES-SAFE TOUCH PROGRAM - SPECIALIZED CHILD ABUSE PREVENTION PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DELAYS/FUNCTIONAL AND/OR PSYCHOLOGICAL DISABILITIES

KIDS HOPE UNITED - SPECIALIZED IN HOME THERAPY FOR CHILDREN WITH BEHAVIORAL DISORDERS

KINGDOM HOUSE - THERAPY SCREENINGS/EVALUATIONS OF BI-LINGUAL CHILDREN WITH BEHAVIORAL DISORDERS & COGNITIVE DELAYS

LEMAY CHILD & FAMILY CENTER - EARLY CHILDHOOD THERAPY PROGRAM

MINI SCHOOL OF JEFFERSON COUNTY - PRESCHOOL EARLY CHILD ONE ON ONE THERAPY

ST. LOUIS CHILDREN'S HOSPITAL - DAILY LIFE KITCHEN FOR CHILDREN WITH PHYSICAL DISABILITIES

ST. LOUIS TRANSITIONAL HOPE HOUSE - SPEECH & LANGUAGE THERAPY SERVICES

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

Open to Public Inspection

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FOR EARLY INTERVENTION AND EARLY CHILDHOOD SERVICES FOR CHILDREN WITH DEVELOPMENTAL DELAYS

ST. VINCENT HOME - VIVA VOX PROGRAM - MUSIC/PERFORMING ARTS THERAPY FOR CHILDREN WITH MODERATE TO SEVERE EMOTIONAL PROBLEMS AND BEHAVIORAL DISORDERS

TOUCHPOINT CENTER FOR AUTISM-ANGELS FOR AUTISM PROGRAM - DEVELOPING COMMUNICATION & BEHAVIORAL SKILLS TO CONNECT WITH OTHERS AND FUNCTION MORE POSITIVELY AT HOME, IN SCHOOL AT WORK AND WITHIN THE COMMUNITY

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

THERAPEUTIC RECREATIONAL EQUIPMENT:

BOYS & GIRLS TOWN OF MISSOURI-MERAMEC LEARNING CENTER - PROVIDING THERAPEUTIC ACTIVITIES/EQUIPMENT FOR EACH INDIVIDUAL CHILD'S TREATMENT PLAN WITH BEHAVIORAL DISORDERS; A PLACE TO WORK ON SOCIAL INTERACTION, PERSONALITY, SELF ESTEEM AND EMOTIONAL CONTROL

OUR LITTLE HAVEN - SWINGSET/BIKES/TRICYCLES/HELMETS FOR CHILDREN WITH BEHAVIORAL/DEVELOPMENTAL/MENTAL DISABILITIES

YOUTH IN NEED - EARLY CHILDHOOD ADAPTIVE CLASSROOM & PLAYGROUND EQUIPMENT FOR CHILDREN WITH DISABILITIES

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

EMERGENCY CRISIS:

SAINT LOUIS CRISIS NURSERY - SCHOLARSHIPS FOR EMERGENCY INTERVENTION/RESPITE CARE/SUPPORT FOR CHILDREN WITH DEVELOPMENTAL/BEHAVIORAL/PHYSICAL DISABILITIES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number: 43-6078016

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

EQUINE THERAPY SERVICES & EQUIPMENT:

DISABILITY RESOURCE ASSOCIATION - GIGI SPECIAL NEEDS SADDLE/HOBBY THERAPEUTIC SADDLE

JAMESTOWN NEW HORIZONS - EQUINE ASSISTED FULL SCHOLARSHIPS

RIDE ON ST. LOUIS - HIPPO THERAPY-SCHOLARSHIPS

THERAPEUTIC HORSEMANSHIP - EQUINE ASSISTED FULL SCHOLARSHIPS

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

MEDICAL EQUIPMENT:

ASTHMA & ALLERGY FOUNDATION - BED CASINGS, NEBULIZERS, PEAK FLOW METERS

CARDINAL GLENNON CHILDREN'S MEDICAL CENTER - PICU CRIBS

CHILDREN'S HOME SOCIETY - MEDICAL SUPPLIES/EQUIPMENT FOR DEVELOPMENTAL DISABILITY PROGRAM

ILLINOIS CENTER FOR AUTISM - AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES

RANKEN JORDAN-A PEDIATRIC SPECIALTY HOSPITAL - VITAL STIM E STIM UNIT

SPECIAL CHILDREN - GAIT TRAINER

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

EDUCATIONAL THERAPEUTIC EQUIPMENT & MATERIALS:

BOY SCOUTS OF AMERICA-CHAMPIONS PROGRAM - IN SCHOOL CHARACTER EDUCATION CURRICULUM FOCUSING ON COPING AND LIFE SKILLS FOR CHILDREN WITH PHYSICAL & MENTAL DISABILITIES

CATHOLIC CHARITIES MIDTOWN CENTER-ONGOING OUTREACH FOR HEALTHY KIDS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

PROJECT - EDUCATIONAL MATERIALS FOR YEAR ROUND AFTER SCHOOL PROGRAMS

FOR CHILDREN WITH AUTISM/BEHAVIORAL DISORDERS/DEVELOPMENTAL DELAYS

CATHOLIC CHILDREN'S HOME - COMPUTER/COMPUTER SOFTWARE FOR CHILDREN

W/SEVERE LEARNING/EMOTIONAL/BEHAVIORAL DISORDERS

CENTER FOR AUTISM EDUCATION - SENSORY BOX EQUIPMENT FOR CLASSROOM

CHILDREN CENTER BEHAVIORAL DEVELOPMENT - SPECIAL EDUCATION CLASSROOM

MATERIALS FOR K THRU 12

COORDINATED YOUTH & HUMAN SERVICES - CHARACTER EDUCATION PROGRAM

MATERIALS

DELTA GAMMA CENTER - WELCOME PACKET MATERIALS

DEV. SERVICES OF JEFFERSON CO. - JOB FAIR MATERIALS

DISABILITY SUPPORT SERVICES - ADAPTIVE CHILDREN'S LEARNING LIBRARY

DOWN SYNDROME ASSOCIATION - EDUCATIONAL MATERIALS

JESS - JOB SKILL TRAINING MATERIALS

LOGOS SCHOOL - UPDATE OLD TEXTBOOKS - MATH/SOCIAL SCIENCE/SCIENCE TO

ENSURE ACADEMIC ACHIEVEMENT FOR YOUTH WITH MENTAL DISABILITIES

MISSOURI GIRLS TOWN - COMPUTERS TO IMPROVE EDUCATIONAL OPPORTUNITIES

AND GETTING GED FOR CHILDREN WITH DEVELOPMENTAL DELAYS/LEARNING

DISABILITIES

UNITED SERVICES - EARLY CHILDHOOD SPECIAL ED PROGRAM/INTENSIVE

BEHAVIORAL INTERVENTION PROGRAM

WM. BEDELL ARC - ADAPTIVE COMPUTER SOFTWARE/SENSORY MOTOR MATERIALS

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

SERVICE DOGS:

CHAMP ASSISTANCE DOGS - PLACEMENT OF TRAINED SERVICE DOG TO SPECIAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS

Employer identification number: 43-6078016

NEEDS CHILD

SUPPORT DOGS - PLACEMENT OF TRAINED SERVICE DOG TO SPECIAL NEEDS CHILD

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

AUDIOLOGY PROGRAM:

CENTRAL INSTITUTE FOR THE DEAF-PEDIATRIC AUDIOLOGY PROGRAM - PURCHASE EAR MOLDS, REPLACEMENT PARTS, BATTERIES, LOANER HEARING AIDS

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

HEALTH/FITNESS/RECREATIONAL PROGRAMS:

DISABLED ATHLETE SPORTS ASSOCIATION - SOCCER PROGRAM

JCC-FIT FOR LIFE - USE OF ONE ON ONE TRAINERS FOR CHILDREN WITH PHYSICAL DISABILITY

KIDS ENJOY EXERCISE NOW - SPECIAL NEEDS RECREATIONAL SPORTS PROGRAM

SPECIAL OLYMPICS-YOUTH ATHLETE PROGRAM - PROGRAM SUPPORT OF ST. LOUIS' 16 OLYMPIC-TYPE SPORTS WITH TRANSPORTATION, MEDALS, UNIFORMS, FACILITIES, MEALS AND EQUIPMENT FOR THE YOUTH SPORTS PROGRAM

SLARC-NEIGHBORHOOD EXPERIENCES - COMMUNITY BASED VOLUNTEER AND RECREATION PROGRAM FOR YOUTH WITH DEVELOPMENTAL DISABILITIES AGES 13 UP TO 21

ST. JOSEPH INSTITUTE FOR THE DEAF - PHYSICAL EDUCATION PROGRAM

TEAM ACTIVITIES FOR SPECIAL KIDS - MEMBERSHIP SCHOLARSHIPS FOR CHILDREN WITH SPECIAL NEEDS TO PARTICIPATE IN MORE THAN ONE SPORT/SOCIAL PROGRAM

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

PREEMIE IN HOME VISITS & SERVICES:

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016

NURSES FOR NEWBORNS - NURSES IN HOME VISITS FOR MEDICALLY FRAGILE PREEMIES'

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

CAMPING PROGRAMS:

BURNS RECOVERED SUPPORT GROUP - CAMP RENTAL, SUPPLIES AND TRANSPORTATION TO THE CAMP

CROHN'S COLITIS FOUNDATION - YEAR ROUND ACTIVITIES

GIANT STEPS - DAILY TRANSPORTATION FOR CHILDREN WITH AUTISM TO THE THERAPEUTIC/RECREATIONAL SUMMER DAY CAMP

HISKIDS - CAMP SUPPLIES/SNACKS/FACILITY RENTAL

JEWISH COMMUNITY CENTER - CAMP SCHOLARSHIPS FOR CHILDREN WITH DISABILITIES

PTO FOR EXCEPTIONAL CHILDREN - CAMP SCHOLARSHIPS FOR SUMMER CAMP FOR CHILDREN WITH PHYSICAL & MENTAL DISABILITIES FOCUSED ON SOCIAL DEVELOPMENT, FUN AND EXPERIENCES IN THE COMMUNITY

SUNNYHILL ADVENTURES - CAMP SCHOLARSHIPS FOR CHILDREN WITH DEVELOPMENTAL AND OTHER DISABILITIES

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

SOCIALIZATION/COPING SKILL PROGRAMS:

FAMILY SUPPORT SERVICES-SOCIAL CLUB - SOCIALIZATION AND RELATIONSHIP BUILDING

HYDE PARK OUTREACH-YOUTH COACHING PROGRAM - SOCIAL SKILLS, INSTRUCTION/COUNSELING & COPING OPPORTUNITIES FOR SPECIAL EDUCATION STUDENTS WITH MENTAL/BEHAVIORAL DISORDERS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

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LIFE SKILLS-THE YOUTH MENTORING, RESOURCE AND VOLUNTEER PROJECT -

OUTREACH PROGRAM FOR CHILDREN WITH DISABILITIES; MENTORING WITH "BUDDY

SYSTEM" CREATING AN UNDERSTANDING AN ACCEPTANCE OF GROUPS, RESOURCES

FOR CHILDREN/FAMILIES WITH DISABILITIES TO LEARN OF SERVICES AVAILABLE

AND VOLUNTEERING OPPORTUNITIES FOR YOUNG PEOPLE WITHOUT DISABILITIES

WORK WITH LIFE SKILLS WITH YOUTH WITH DISABILITIES

NORTHSIDE COMMUNITY CENTER-DREAMS PROGRAM - AFTER SCHOOL BASED PROGRAM

FOCUSED ON YOUTH WITH DISABILITIES OFFERING ACADEMIC/ENRICHMENT

PARTNERING WITH ST. LOUIS MENTAL HEALTH BOARD AND ST. LOUIS PUBLIC

SCHOOL SYSTEM

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

CHILDRENS EDUCATIONAL SCHOLARSHIP:

CAMP HAPPY DAY - SPECIAL NEEDS SUMMER TUTORING PROGRAM

DEPT. OF SPECIAL EDUCATION - AUTISM PROGRAM

GRACEHILL SETTLEMENT DAY CARE - DAY CARE FEES FOR SPECIAL NEEDS

CHILDREN

JCC-EARLY CHILDHOOD EDUCATION SERVICES - FEES FOR CHILDREN WITH

PHYSICAL DISABILITIES

LUTHERAN ASSOC. FOR SPECIAL ED-JEREMIAH PROGRAM - INDIVIDUALIZED HIGH

SCHOOL PROGRAM FOR CHILDREN WITH MENTAL/EDUCATIONAL DISABILITIES

MIRIAM SCHOOL/FOUNDATION - TUITION ASSISTANCE

SSDN - DAY CARE FEES FOR SPECIAL NEEDS CHILDREN

ST. MARTIN'S DAY CARE - DAY CARE FEES FOR SPECIAL NEEDS CHILDREN

ST. MARY'S SPECIAL SERVICES - FINANCIAL ASSISTANCE FOR CHILDREN WITH

DEVELOPMENTAL DISABILITIES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

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Employer identification number: 43-6078016

THE MOOG CENTER FOR DEAF EDUCATION - TUITION ASSISTANCE

UNIVERSITY CITY CHILDREN'S CENTER - FEES FOR CHILDREN W/ PHYSICAL DISABILITIES IN THE INCLUSIVE PRESCHOOL PROGRAM

SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE

SUNSHINE COACH VAN:

SHERWOOD FOREST CAMP - TRANSPORTATION OF MENTALLY DISABLED CHILDREN TO AND FROM CAMP/LOCAL ACTIVITIES

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

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

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

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

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

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

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

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

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS	43-6078016
	Number, street, and room or suite no If a P O box, see instructions 2200 WESTPORT PLAZA DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. SAINT LOUIS, MO 63146	

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

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

THE ORGANIZATION

- The books are in the care of ▶ 2200 WESTPORT PLAZA DRIVE - SAINT LOUIS, MO 63146
  Telephone No ▶ 314.453.0453 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for.
▶ [ ] calendar year _____ or
▶ [x] tax year beginning OCT 1, 2009, and ending SEP 30, 2010

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

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

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