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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

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) 2200 WESTPORT PLAZA DRIVE | Room/suite

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 $ 3,196,599

F Name and address of principal officer
JAN ALBUS
2200 WESTPORT PLAZA DRIVE
SAINT LOUIS,MO 63146

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) ☐ 501(c) ( ) ◀ (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 individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	780
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,419,689	2,835,116
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,593	47,425
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,044	-1,981
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,635,326	2,880,560
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,046,679	1,206,263
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	752,160	974,231
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶272,176		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	619,143	683,397
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,417,982	2,863,891
19	Revenue less expenses Subtract line 18 from line 12	217,344	16,669

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,113,173	4,161,520
21	Total liabilities (Part X, line 26)	96,720	209,119
22	Net assets or fund balances Subtract line 21 from line 20	4,016,453	3,952,401

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

****** | 2012-06-13
Signature of officer | Date

JAN ALBUS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
JENNIFER M VACHA	JENNIFER M VACHA			

Firm's name ▶ BROWN SMITH WALLACE LLC | Firm's EIN ▶

Firm's address ▶ 1050 N LINDBERGH BLVD
ST LOUIS, MO 631322912 | Phone no ▶ (314) 983-1200

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

Part III Statement of Program Service Accomplishments

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

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? . . . . . ☐ 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 ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,261,279 including grants of $) (Revenue $)

CHILDRENS PROGRAMS - PROGRAMS INCLUDE VARIETY CHILDRENS THEATRE, ADVENTURE CAMP, SUNSHINE COACH VANS, ST LOUIS THROUGH THE EYES OF A CHILD, CHILDRENS CHORUS, AND BIKES FOR KIDS VARIETY ALSO COLLABORATES WITH MORE THAN 80 AGENCIES THROUGHOUT THE GREATER ST LOUIS REGION TO PROVIDE SERVICES FOR THE VARIETY CHILD LIVING WITH PHYSICAL AND/OR MENTAL DISABILITIES VARIETY HAS SERVED 19,000 CHILDREN IN 487 ZIP CODES INCLUDING 15 COUNTIES IN MISSOURI AND 15 COUNTIES IN ILLINOIS THE VARIETY CHILDRENS THEATRE, THE LARGEST PROGRAM, ALLOWS CHILDREN WITH DISABILITIES TO LEARN ON-STAGE AND BACKSTAGE PRODUCTION SKILLS FROM SEASONED PROFESSIONALS IN 2010, VARIETY CHILDREN'S THEATRE WAS PROUD TO PRESENT "OLIVER" AT THE TOUHILL PERFORMING ARTS CENTER, TO AN AUDIENCE OF 6,000

4b (Code) (Expenses $ 755,479 including grants of $) (Revenue $)

SPECIAL EQUIPMENT - 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 $ 248,660 including grants of $) (Revenue $)

AWARENESS - THE VARIETY RESOURCE CENTER PROVIDES PARENTS OF DISABLED CHILDREN WITH A LIBRARY OF INFORMATION REGARDING LEGAL, SOCIAL, THERAPEUTIC, EDUCATION, MEDICAL AND COUNSELING ISSUES THE CENTER ALSO SERVES AS A NETWORKING HUB BETWEEN AGENCIES AND THESE FAMILIES THE CHAMPION FOR CHILDREN'S SUMMIT IS A LEARNING AND NETWORKING OPPORTUNITY FOR VARIETY'S ARRAY OF PARTNER AGENCIES AND DONORS THE SUMMIT'S LUNCHEON HONORS AGENCIES AND INDIVIDUALS IN THE ST LOUIS COMMUNITY FOR THEIR CONTINUAL SUPPORT TO VARIETY

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,265,418

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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 (see instructions)*	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	96		
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	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	45		
b	Enter the number of voting members included in line 1a, above, who 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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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 ▶

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

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

THE ORGANIZATION
2200 WESTPORT PLAZA DRIVE
SAINT LOUIS, MO 63146
(314) 453-0453

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								152,378	0	18,537

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**		No
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

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 1,363,506				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,471,610				
	g	Noncash contributions included in lines 1a-1f $ 45,360				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,835,116			
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) . . . . . ▶	47,425			47,425
	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				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ 1,363,506 of contributions reported on line 1c) See Part IV, line 18 . . . a 314,058				
	b	Less direct expenses . . . b 316,039				
	c	Net income or (loss) from fundraising events . . ▶	-1,981			-1,981
	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 . . . ▶	2,880,560	0	0	45,444

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	609,720	609,720		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	596,543	596,543		
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	147,257	117,805	14,726	14,726
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	684,174	376,880	140,377	166,917
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,382	4,115	1,932	2,335
9 Other employee benefits	75,600	43,318	14,805	17,477
10 Payroll taxes	58,818	34,833	11,041	12,944
a Fees for services (non-employees) Management	15,000	15,000		
b Legal				
c Accounting	38,019	7,454	29,672	893
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	161,532	137,667	23,780	85
12 Advertising and promotion	4,106	2,650	1,229	227
13 Office expenses	112,082	45,025	33,016	34,041
14 Information technology	32,841	18,110	8,221	6,510
15 Royalties				
16 Occupancy	38,840	36,648	1,893	299
17 Travel	47,337	37,113	5,435	4,789
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				
23 Insurance	33,305	12,745	18,420	2,140
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PRODUCTION	138,798	133,877	3,982	939
b MISCELLANEOUS	40,187	15,951	16,382	7,854
c PURCHASES	21,350	19,964	1,386	
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,863,891	2,265,418	326,297	272,176
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	212,137	196,845	0	15,292

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		120,758	1	1,871,349
	2	Savings and temporary cash investments		2,128,438	2	258,003
	3	Pledges and grants receivable, net		10,475	3	22,430
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		63,125	9	92,700
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 120,798			
	b	Less accumulated depreciation	10b 118,711	4,068	10c	2,087
	11	Investments—publicly traded securities		1,786,309	11	1,914,951
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,113,173	16	4,161,520
Liabilities	17	Accounts payable and accrued expenses		96,720	17	209,119
	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		96,720	26	209,119
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,056,412	27	3,063,673
	28	Temporarily restricted net assets		960,041	28	888,728
	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		4,016,453	33	3,952,401
	34	Total liabilities and net assets/fund balances		4,113,173	34	4,161,520

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,880,560
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,863,891
3	Revenue less expenses Subtract line 2 from line 1	3	16,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,016,453
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-80,721
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,952,401

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,147,430	2,835,050	2,406,519	2,419,689	2,835,116	13,643,804
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	3,147,430	2,835,050	2,406,519	2,419,689	2,835,116	13,643,804
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)						1,816,315
6 **Public Support.** Subtract line 5 from line 4						11,827,489

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,147,430	2,835,050	2,406,519	2,419,689	2,835,116	13,643,804
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,974	71,369	47,209	26,355	47,425	285,332
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-102,404	-108,568	-99,704	179,044	-1,981	-133,613
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)						13,795,523

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	85 730 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	83 300 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

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

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,494,778	1,249,687	1,207,660		
b Contributions	163,000	120,273			
c Investment earnings or losses	-34,358	124,818	42,027		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,623,420	1,494,778	1,249,687		

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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	93,611	2,087
e Other		25,100	25,100	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,087

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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. *(Column (b) should 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) should 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) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,880,560
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,863,891
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,669
4	Net unrealized gains (losses) on investments	4	-80,721
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-80,721
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-64,052

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	2,873,039
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-80,721		
b	Donated services and use of facilities	2b	73,200		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-7,521
3	Subtract line **2e** from line **1**			3	2,880,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,880,560

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

1	Total expenses and losses per audited financial statements			1	2,937,091
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	73,200		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	73,200
3	Subtract line **2e** from line **1**			3	2,863,891
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,863,891

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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 NEW PROGRAMS, AND COMPENSATING AND TRAINING APPROPRIATE STAFF TO SUPPORT THE BOARD IN CARRYING OUT VARIETY'S MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	VARIETY HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME TAXES IN THAT REGARD, VARIETY HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS

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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

2010

Open to Public Inspection

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

Employer identification number
43-6078016

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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.

Revenue / Direct Expenses		(a) Event #1 DINNER WITH THE STARS (event type)	(b) Event #2 FASHION SHOW (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,196,456	107,653	373,455	1,677,564
	2 Less Charitable contributions	1,162,986	96,283	104,237	1,363,506
	3 Gross income (line 1 minus line 2)	33,470	11,370	269,218	314,058
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	48,754	15,801	8,977	73,532
	8 Entertainment	137,056		495	137,551
	9 Other direct expenses	18,149	15,196	71,611	104,956
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				316,039
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-1,981

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.

Revenue / Direct Expenses		(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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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

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? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 83

3 Enter total number of other organizations . . . ▶

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 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
(1) COLLABORATION WITH EQUIPMENT PROVIDERS TO PROVIDE DURABLE MEDICAL EQUIPMENT TO THE VARIETY CHILD COMPLETING THEIR CIRCLE OF CARE	383		596,543	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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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, 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
OTHER INFORMATION	PART IV	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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 43-6078016
Name: VARIETY THE CHILDREN'S CHARITY OF ST LOUIS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALMOST HOME3200 ST VINCENT AVENUE ST LOUIS,MO 63104	43-1645686	501(C)(3)	14,000				SEE SCH O
ARCHDIOSESAN DEPT OF SPECIAL EDUCATION20 ARCHBISHOP MAY DRIVE ST LOUIS,MO 63119	43-0653242	501(C)(3)	6,650				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASTHMA & ALLERGY FOUDATION1500 SOUTH BIG BEND SUITE 1S ST LOUIS,MO 63117	43-1484316	501(C)(3)	6,000				SEE SCH O
BOY SCOUTS OF AMERICA-ST LOUIS4568 WEST PINE BLVD ST LOUIS,MO 63108	43-0652676	501(C)(3)	5,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS TOWN OF MISSOURI4485 WESTMINSTER PLACE ST LOUIS,MO 63108	43-0681471	501(C)(3)	3,875				SEE SCH O
CAMP HAPPY DAY4224 WATSON ROAD 2 ST LOUIS,MO 63109	23-7157234	501(C)(3)	3,800				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARDINAL GLENNON CHILDREN'S FOUNDATION 1465 SOUTH GRAND BLVD ST LOUIS,MO 63104	43-1754347	501(C)(3)	18,165				SEE SCH O
CATHOLIC CHILDREN'S HOME1400 STATE ST ALTON,IL 62002	37-0662511	501(C)(3)	3,380				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC FAMILY SERVICES9200 WATSON ROAD G101 ST LOUIS,MO 63126	43-1338511	501(C)(3)	3,380				SEE SCH O
CENTER FOR HEARING-SPEECH9835 MANCHESTER ROAD ST LOUIS,MO 63119	43-0652678	501(C)(3)	13,500				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL INSTITUTE FOR THE DEAF825 SOUTH TAYLOR AVENUE ST LOUIS,MO 63110	43-0662456	501(C)(3)	8,550				SEE SCH O
CHAMP ASSISTANCE DOGS4910 PARKER ROAD FLORISSANT,MO 63033	43-1803006	501(C)(3)	5,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD CENTER2705 MULLANPHY LN FLORISSANT,MO 63031	43-1204440	501(C)(3)	11,000				SEE SCH O
CHILDGARDEN CHILD DEVELOPMENT CENTER 4150 LACLEDE AVE ST LOUIS,MO 63108	43-1884646	501(C)(3)	10,450				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDRENS CENTER FOR BEHAVIORAL DEVELOPMENT353 NORTH 88TH STREET CENTREVILLE,IL 62203	37-0823848	501(C)(3)	2,000				SEE SCH O
CHILDRENS HOME SOCIETY9445 LITZSINGER ROAD BRENTWOOD,MO 63144	43-0652622	501(C)(3)	15,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COORDINATED YOUTH & HUMAN SERVICES2016 MADISON AVENUE GRANITE CITY,IL 62040	37-0662520	501(C)(3)	2,100				SEE SCH O
CORNERSTONE CENTER FOR EARLY LEARNING3901 RUSSELL BLVD ST LOUIS,MO 63110	43-0923158	501(C)(3)	4,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COVENANT HOUSE MISSOURI2727 NORTH KINGSHIGHWAY ST LOUIS,MO 63113	43-1821599	501(C)(3)	2,500				SEE SCH O
CRIDER HEALTH CENTER 1032 CROSSWINDS COURT WENTZVILLE,MO 63385	43-1160049	501(C)(3)	8,750				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELTA GAMMA CENTER 1715 S BIG BEND ST LOUIS,MO 63117	43-0725282	501(C)(3)	2,000				SEE SCH O
DEV SERV OF JEFFCONEXTSTEP OF LIFE 12 MUNICIPAL DR SUITE A ARNOLD,MO 63010	43-1204559	501(C)(3)	2,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DISABILITY RESOURCE ASSOCIATION420 B SOUTH TRUMAN BLVD CRYSTAL CITY,MO 63019	43-1794017	501(C)(3)	3,600				SEE SCH O
DISABILITY SUPPORT SERVICESPO BOX 73 MAPAVILLE,MO 63065	43-0723518	501(C)(3)	6,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWN SYNDROME ASSOCIATION OF GREATER ST LOUIS8420 DELMAR BLVD SUITE 506 ST LOUIS,MO 63124	43-1108833	501(C)(3)	4,800				SEE SCH O
EDGEWOOD CHILDREN'S CENTER330 NORTH GORE AVENUE ST LOUIS,MO 63119	43-0653305	501(C)(3)	10,125				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EPWORTH CHILDREN'S HOME110 NORTH ELM AVENUE ST LOUIS,MO 63119	43-1069741	501(C)(3)	13,000				SEE SCH O
EQUINE ASSISTED THERAPY INC5591 CALVEY CREEK ROAD ROBERTSVILLE,MO 63072	20-0319917	501(C)(3)	8,900				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY RESOURCE CENTER3309 S KINGSHIGHWAY BLVD ST LOUIS,MO 63139	43-1071300	501(C)(3)	13,000				SEE SCH O
FAMILY SUPPORT SERVICES107 SHERIFF DIERKER COURT OFALLON,MO 63366	43-6014523	501(C)(3)	0	760	FMV	SIGNAGE ON DEALERSHIP/POST VAN	SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIANT STEPS OF ST LOUIS 2685 METRO BLVD ST LOUIS,MO 63043	43-1671946	501(C)(3)	6,000				SEE SCH O
GIRL SCOUTS COUNCIL-ST LOUIS2300 BALL DRIVE ST LOUIS,MO 63146	43-0662471	501(C)(3)	5,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD SHEPHERD SCHOOL FOR CHILDREN1170 TIMBER RUN DRIVE ST LOUIS,MO 63146	43-0955225	501(C)(3)	9,500				SEE SCH O
HISKIDSPO BOX 412 908 LAUREL ST HIGHLAND,IL 62249	37-1170527	501(C)(3)	5,500				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOWARD PARK CENTER 15834 CLAYTON ROAD ELLISVILLE,MO 63011	43-0965295	501(C)(3)	6,650				SEE SCH O
HYDE PARK OUTREACHPO BOX 2070 ST LOUIS,MO 63032	43-1687080	501(C)(3)	7,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ILLINOIS CENTER FOR AUTISM548 SOUTH RUBY LANE FAIRVIEW HEIGHTS,IL 62208	37-1023452	501(C)(3)	10,000				SEE SCH O
JAMESTOWN NEW HORIZONS15805 OLD JAMESTOWN ROAD FLORISSANT,MO 63034	43-1372620	501(C)(3)	9,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JCC-CAMP PROGRAMS2 MILLSTONE CAMPUS DRIVE ST LOUIS,MO 63146	43-0681477	501(C)(3)	3,000				SEE SCH O
JCC-FITNESS CENTER2 MILLSTONE CAMPUS DRIVE ST LOUIS,MO 63146	43-0681477	501(C)(3)	4,500				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JCC-EARLY CHILDHOOD EDUCATIONAL SERVICES2 MILLSTONE CAMPUS DRIVE ST LOUIS,MO 63146	43-0681477	501(C)(3)	4,000				SEE SCH O
JEWISH FAMILY & CHILDREN SERVICES 10950 SCHUETZ RD ST LOUIS,MO 63146	43-0790330	501(C)(3)	10,500				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS ENJOY EXERCISE NOWPO BOX 69010 ST LOUIS,MO 63169	52-1767631	501(C)(3)	4,800				SEE SCH O
KIDS HOPE UNITED907 N BLUFF ROAD SUITE 9 COLLINSVILLE,IL 62234	37-0697157	501(C)(3)	0	29,071	FMV	VAN	SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KINGDOM HOUSE1321 SO 11TH ST ST LOUIS,MO 63104	43-0652648	501(C)(3)	9,200				SEE SCH O
LEMAY DAY CARE CENTER 9828 SOUTH BROADWAY ST LOUIS,MO 63125	43-1269356	501(C)(3)	6,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOGOS SCHOOL9137 OLD BONHOMME RD ST LOUIS,MO 63132	43-0968673	501(C)(3)	4,750				SEE SCH O
LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION 3558 S JEFFERSON ST LOUIS,MO 63118	43-0780770	501(C)(3)	4,750				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF ST LOUIS1202 S BOYLE ST LOUIS,MO 63110	43-0653244	501(C)(3)	8,000				SEE SCH O
MINI SCHOOL OF JEFFERSON COUNTY6434 BYRNES MILL ROAD PO BOX 420 HOUSE SPRINGS,MO 63051	43-1140174	501(C)(3)	5,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIRIAM FOUNDATION501 BACON AVENUE ST LOUIS,MO 63119	43-0667478	501(C)(3)	4,750				SEE SCH O
MISSOURI GIRLS TOWN FOUNDATION INC8458 JADE RD PO BOX 59 KINGDOM CITY,MO 65262	44-0648649	501(C)(3)	6,125				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION INC10803 OLIVE BLVD STE 200 ST LOUIS,MO 63141	13-1673104	501(C)(3)	3,000				SEE SCH O
NORTHSIDE COMMUNITY 4120 MAFFITT AVE ST LOUIS,MO 63113	43-1028098	501(C)(3)	7,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NURSES FOR NEWBORNS FOUNDATION7259 LANSDOWNE AVENUE ST LOUIS,MO 63119	43-1601329	501(C)(3)	7,000				SEE SCH O
OUR LADY'S INN4223 COMPTON ST LOUIS,MO 63111	43-1213751	501(C)(3)	3,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARENT TEACHER ORGANIZATION FOR EXCEPTIONAL CHILDREN 620 NORTH ILLINOIS ST BELLEVILLE,IL 62220	37-6062325	501(C)(3)	5,000				SEE SCH O
RANKEN JORDAN11365 DORSETT ROAD MARYLAND HGHTS,MO 63043	43-0666765	501(C)(3)	2,965				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REFUND - AGENCY NOT FUNDED			-3,807				SEE SCH O
RIDE ON ST LOUIS INCPO BOX 94 KIMMSWICK,MO 63053	43-1885666	501(C)(3)	5,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SLARC-NEIGHBORHOOD EXPERIENCES1816 LACKLAND HILL PARKWAY SUITE 200 ST LOUIS,MO 63146	43-0718811	501(C)(3)	10,500				SEE SCH O
SOUTH SIDE DAY NURSERY 2930 IOWA AVENUE ST LOUIS,MO 63118	43-0685348	501(C)(3)	6,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECIAL CHILDREN1306 WABASH AVENUE BELLEVILLE,IL 62220	37-0723806	501(C)(3)	3,000				SEE SCH O
SPECIAL OLYMPICS MISSOURI1516 S BRENTWOOD SUITE 100 ST LOUIS,MO 63144	23-7328374	501(C)(3)	6,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOHNS MERCY641 N NEW BALLAS ROAD ST LOUIS,MO 63141	56-2410020	501(C)(3)	16,250				SEE SCH O
ST JOSEPH INSTITUTE FOR THE DEAF1809 CLARKSON ROAD CHESTERFIELD,MO 63017	43-0653494	501(C)(3)	5,700				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS CHILDREN'S HOSPITALONE CHILDRENS PLACE ST LOUIS,MO 63110	43-1626863	501(C)(3)	11,510				SEE SCH O
SAINT LOUIS CRISIS NURSERY11710 ADMINISTRATION DRIVE SUITE 18 18 ST LOUIS,MO 63146	43-1410297	501(C)(3)	13,650				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS SOCIETY FOR THE PHYSICALLY DISABLED1187 CORPORATE LAKE DRIVE STE 100 ST LOUIS,MO 63132	43-0692190	501(C)(3)	0	29,071	FMV	VAN	SEE SCH O
ST LOUIS TRANSITIONAL HOPE HOUSE1611 HODIAMONT AVENUE ST LOUIS,MO 63112	43-1500761	501(C)(3)	9,950				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARTIN'S CHILD CENTER6315 GARFIELD AVE BERKELEY,MO 63134	42-1001293	501(C)(3)	3,000				SEE SCH O
ST MARY'S SPECIAL SERVICES20 ARCHBISHOP MAY DRIVE ST LOUIS,MO 63319	43-0653242	501(C)(3)	18,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GERMAN ST VINCENT ORPHANAGE ORGANIZATION7401 FLORISSANT ROAD NORMANDY,MO 63121	43-0653319	501(C)(3)	5,250				SEE SCH O
SHERWOOD FOREST CAMP INC2708 SUTTON BOULEVARD ST LOUIS,MO 63143	43-0653401	501(C)(3)	3,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUNNYHILL ADVENTURES 11140 SO TOWNE SQUARE SUITE 101 ST LOUIS,MO 63123	43-1150250	501(C)(3)	8,000				SEE SCH O
SUPPORT DOGS INC11645 LILBURN PARK ROAD ST LOUIS,MO 63146	43-1379801	501(C)(3)	4,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM ACTIVITIES FOR SPECIAL KIDS11139 SOUTH TOWNE SQUARE SUITE D ST LOUIS,MO 63123	43-1825054	501(C)(3)	5,000				SEE SCH O
THE MOOG CENTER FOR DEAF EDUCATION12300 SOUTH FORTY DRIVE ST LOUIS,MO 63141	43-1743898	501(C)(3)	5,700				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THERAPEUTIC HORSEMANSHIP332 STABLE LANE WENTZVILLE,MO 63385	51-0198939	501(C)(3)	7,000				SEE SCH O
TOUCHPOINT AUTISM SERVICES1101 OLIVETTE EXECUTIVE PKWY ST LOUIS,MO 63132	43-0979927	501(C)(3)	10,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED SERVICES4140 OLD MILL PARKWAY ST PETERS,MO 63376	43-1136074	501(C)(3)	7,600				SEE SCH O
UNIVERSITY CITY CHILDREN'S CENTER6646 VERNON AVENUE UNIVERSITY CITY,MO 63130	43-0958608	501(C)(3)	3,000				SEE SCH O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILLIAM M BEDELL ACHIEVEMENT & RESOURCE CENTER400 S MAIN ST PO BOX 349 WOOD RIVER,IL 62095	37-6046646	501(C)(3)	12,000				SEE SCH O
YOUTH IN NEED INC1815 BOONES LICK ROAD ST CHARLES,MO 63301	43-1033862	501(C)(3)	3,000				SEE SCH O

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
43-6078016

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAN ALBUS	(i)	152,378	0	0	4,571	13,966	170,915	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493184006112

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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 ▸ (EVENT TICKETS)	X	2	4,780	COST
26 Other ▸ (AIRFARE)	X	1	37,000	COST
27 Other ▸ (PARTY HOSTING)	X	1	3,580	COST
28 Other ▸ ( )				

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 Acknowledgement . . . | 29 | 0

		Yes	No
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		No
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	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
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			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493184006112

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
43-6078016

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DAVID STEWARD (PRESIDENT) AND THELMA STEWARD (MEMBER) - FAMILY RELATIONSHIP SCOTT SCHNUCK (MEMBER) AND NANCY DIEMER (MEMBER) - FAMILY RELATIONSHIP MIKE LEFTON (MEMBER) AND MARK KORITZ (MEMBER) - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -80,721

Identifier	Return Reference	Explanation
	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

Additional Data

Software ID:
Software Version:
EIN: 43-6078016
Name: VARIETY THE CHILDREN'S CHARITY OF ST LOUIS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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
LESLIE D WILSON 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
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
J CHRISTOPHER KERCKHOFF JR MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PATRICIA KOPETZ EDD 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
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
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
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
JAN ALBUS EXECUTIVE DIRECTOR	40 00			X				152,378	0	18,537

Identifier	Return Reference	Explanation
	SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE	THERAPY SERVICES ALMOST HOME-INTERNAL COUNSELING FOR TEENAGE MOTHERS AGES 12 TO 18YEARS AD DRESSING BEHAVIORAL AND ANGER MANAGEMENT, LIFE SKILLS TRAINING, JOB TRAINING AND PARENTING SKILLS CATHOLIC FAMILY SERVICES-100 COUNSELING SESSIONS FOR 10 CHILDREN WITH MENTAL DISAB ILITIES CENTER FOR HEARING/SPEECH-SPEECH/LANGUAGE PROGRAM FOR CHILDREN TO OVERCOME SPEECH/ LANGUAGE DISABILITIES & ACHIEVE AGE-APPROPRIATE SKILLS -116 5 HOURS OF THERAPY AT REMOTE L OCATIONS CHILD CENTER MARGROVE-ONE ON ONE SITUATIONAL COUNSELING THERAPY FOR 135 CHILDREN WITH A CLINICAL DIAGNOSIS BY A PSYCHIATRIST CHILDGARDEN CHILD DEVELOPMENT CENTER-SCHOLARSH IPS TO FIVE CHILDREN TO ASSIST IN ASSESSING DIRECT THERAPY SERVICES IN THE THERAPEUTIC PRE SCHOOL CORNERSTONE FOR EARLY LEARNING-EARLY THERAPEUTIC INTERVENTION SPEECH AND LANGUAGE P ROVIDED FOR 25 CHILDREN BETWEEN THE AGES OF 3 TO 5 YEARS CRIDER HEALTH CENTER-WRAP AROUND SERVICES-COMPREHENSIVE "SYSTEMS OF CARE" DESIGNED TO PROVIDE SERVICES AND SUPPORT FOR CHIL DREN WITH SEVERE EMOTIONAL DISABILITIES EDGEWOOD CHILDREN'S HOME-RESIDENTIAL TREATMENT PRO GRAM-HELPING 10 CHILDREN WITH AUTISM TO IMPROVE LIVING, SOCIALIZATION, OVERALL FUNCTIONING AND EDUCATIONAL SKILLS EPWORTH FAMILY & CHILDREN SERVICES-SPECIAL EDUCATION PROGRAM SERVI CING 121 STUDENTS WITH DIAGNOSIS OF SEVERE LEARNING DISABILITIES, EMOTIONAL AND OR BEHAVIO RAL DISORDERS WITH INDIVIDUAL, GROUP AND CRISIS THERAPY FAMILY RESOURCE CENTER-PRESCHOOL T HERAPY TREATMENT PROGRAM BENEFITING 40 CHILDREN AGES 3-5 YEARS WHO HAVE SEVERE EMOTIONAL B EHAVIORAL DISABILITIES AND DEVELOPMENTAL DELAYS GOOD SHEPHERD SCHOOL-PEDIATRIC THERAPY PRO GRAM PROVIDING PEDIATRIC PT, OT, SPEECH & DEVELOPMENTAL THERAPY SERVICES FOR CHILDREN 2 TO 3 TIMES A WEEK HOWARD PARK CENTER-PEDIATRIC PARTNERSHIP PROGRAM-PROVIDES COMPREHENSIVE PE DIATRIC THERAPY SERVICES-PT,OT, SPEECH DEVELOPMENTAL THERAPY FOR CHILDREN AGES BIRTH TO 18 YEARS WITH 200 CHILDREN BENEFITING FROM SERVICES JEWISH FAMILY & CHILDREN SERVICES-SAFE T OUCH PROGRAM-SPECIALIZED CHILD ABUSE PREVENTION PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DE LAYS, FUNCTIONAL AND OR PSYCHOLOGICAL DISABILITIES BENEFITING 1200 CHILDREN KINGDOM HOUSE- 13 CHILDREN BENEFITING FROM THERAPY SCREENINGS AND EVALUATIONS OF BI-LINGUAL CHILDREN WITH BEHAVIORAL DISORDERS & COGNITIVE DELAYS LEMAY CHILD & FAMILY CENTER-14 SCHOLARSHIPS FOR C HILDREN WITH 10-12 WEEKS OF EARLY CHILDHOOD INCLUSIVE THERAPY PROGRAM LOGOS SCHOOL-8 SCHOL ARSHIPS FOR THE AFTERSCHOOL THERAPY COUNSELING SERVICES FOR SENIOR STUDENTS PROVIDING 10 H OURS OF TRANSITIONAL THERAPY MINI SCHOOL OF JEFFERSON COUNTY-PRE SCHOOL EARLY CHILD ONE ON ONE THERAPY FOR 15 PRESCHOOL AGED CHILDREN OUR LADY'S INN-THERAPY SERVICES PROVIDED TO 24 CHILDREN WITH DEVELOPMENTAL AND EMOTIONAL DELAYS ST JOHN'S MERCY-VARIETY FUNDED THE SNOZ ELEN MULTI SENSORY ROOM FOR CHILDREN WITH AUTISM ST LOUIS TRANSITIONAL HOPE HOUSE-PARTNER SERVICES WITH ST LOUIS UNIVERSITY DEPT OF OCCUPATIONAL THERAPY TO PROVIDE ADDITIONAL SP EECH & LANGUAGE THERAPY SERVICES FOR EARLY INTERVENTION AND EARLY CHILDHOOD SERVICES FOR 3 5 CHILDREN WITH DEVELOPMENTAL DELAYS ST VINCENT HOME-VIVA VOX PROG MUSIC AND PERFORMING ARTS THERAPY-FOR CHILDREN WITH MODERATE TO SEVERE EMOTIONAL PROBLEMS AND BEHAVIORAL DISORD ERS TOUCHPOINT CENTER FOR AUTISM-ANGELS FOR AUTISM PROGRAM-DEVELOPING COMMUNICATION & BEHA VIORAL SKILLS TO CONNECT WITH OTHERS AND FUNCTION MORE POSITIVELY AT HOME, IN SCHOOL AT WO RK AND WITHIN THE COMMUNITY BENEFITING 12 CHILDREN AND THEIR FAMILIES THERAPEUTIC RECREATI ONAL EQUIPMENT BOYS & GIRLS TOWN OF MISSOURI-MERAMEC LEARNING CENTER PROVIDING THERAPEUTIC ACTIVITIES AND EQUIPMENT FOR EACH INDIVIDUAL CHILD'S TREATMENT PLAN WITH BEHAVIORAL DISOR DERS A PLACE TO WORK ON SOCIAL INTERACTION, PERSONALITY, SELF ESTEEM AND EMOTIONAL CONTROL EMERGENCY CRISIS SAINT LOUIS CRISIS NURSERY-25 SPECIAL NEEDS CHILDREN SCHOLARSHIPS FOR EM ERGENCY INTERVENTION, RESPITE CARE AND SUPPORT FOR CHILDREN WITH DEVELOPMENTAL, BEHAVIORAL AND PHYSICAL DISABILITIES WITH 1200 HOURS OF CRISIS CARE EQUINE THERAPY SERVICES & EQUIPM ENT DISABILITY RESOURCE CENTER-HOYA LIFT FOR NON-AMBULATORY MOUNTING IN THE EQUINE THERAPY PROGRAM SERVICING 15 CHILDREN EQUINE ASSISTED THERAPY-11 EQUINE THERAPY SCHOLARSHIPS FOR CHILDREN WITH PHYSICAL DISABILITIES JAMESTOWN NEW HORIZONS-EQUINE ASSISTED FULL SCHOLARSHI PS BENEFITING 70 CHILDREN RIDE ON ST LOUIS-HIPPO THERAPY-TWO FULL SCHOLARSHIPS FOR ONE CH ILD TO ATTEND 16 WEEKS AND THE OTHER TO ATTEND FOR 24 WEEKS THERAPEUTIC HORSEMENSHIP-17 EQ UINE ASSISTED FULL SCHOLARSHIPS FOR SPECIAL NEEDS CHILDREN MEDICAL EQUIPMENT ASTHMA & ALLE RGY FOUNDATION-PROJECT CONCERN TO PROVIDE BED CASINGS, NEBULIZERS, PEAK FLOW METERS TO CHI LDREN TO MANAGE THEIR ASTHMA ALLERGIES CARDINAL GLENNON CHILDREN'S MEDICAL CENTER-CMAC END OSCOPY SYSTEM FOR DIFFICULT INTUBATION OF CHILDREN WITH PHYSICAL DISABILITIES CHILDREN'S H OME SOCIETY-DEVELOPMENTAL DISABILITIES PROGRAM PROVIDING MEDICAL SUPPLIES, EQUIPMENT & PAR TIAL FUNDING FOR PROGRAM SERVICE COORDINATOR ILLIN

Identifier	Return Reference	Explanation
	SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE	OIS CENTER FOR AUTISM-EQUIPMENT FOR CHILDREN-MOBILE SENSORY INTEGRATION LAB, OTOACOUSTIC E MISSIONS HEARING SCREEN EQUIPMENT AND OTOSCOPE RANKEN JORDAN-A PEDIATRIC SPECIALTY HOSPITA L-VITAL STIM E STIM UNIT, ACTIVITY TABLE, FLYING TURTLE THERAPEUTIC LISTENING SUPPLIES ST LOUIS CHILDREN'S HOSPITAL-MOTOMED VIVA 2 PROVIDES MOVEMENT THERAPY & ADVANCED BIONIC HARM ONY PROCESSOR-AN EXTENALEAR LEVEL COCHLEAR IMPLANT PROCESSOR EDUCATIONAL THERAPEUTIC EQUIP MENT & MATERIALS BOY SCOUTS OF AMERICA-CHAMPIONS PROGRAM- IN SCHOOL CHARACTER EDUCATION CU RRICULUM FOCUSING ON COPING AND LIFE SKILLS FOR CHILDREN WITH PHYSICAL & MENTAL DISABILITI ES CATHOLIC CHARITIES MIDTOWN CENTER-ONGOING OUTREACH FOR HEALTHY KIDS PROJECT (EDUC MATE RIALS FOR YEAR ROUND AFTER SCHOOL PROGRAMS FOR CHILDREN WITH AUTISM, BEHAVIORAL DISORDERS AND DEVELOPMENTAL DELAYS CATHOLIC CHILDREN'S HOME-CHARACTER EDUCATION PROGRAM TO TEACH, MO DEL, REINFORCE PRINCIPLES OF CHARACTER ATTITUDE & ATTRIBUTES CHILD CENTER-DRURY HOUSE-EDUC ATIONAL TUTORING PROG TO FINISH GED & COUNSELING SERVICES TO PROVIDE A POSITIVE TRANSITIO N TO INDEPENDENT LIFE WITH ONSITE MONITORING OF YOUTH CHILD CENTER-SEQUOIA HOUSE-JOB COACH PROGRAM TO EDUCATE THE GIRLS IN TWO PART PROGRAM-SELF IMPROVEMENT, GROOMING AND HYGIENE W ITH THE SECOND PART BEING TAKING APTITUDE TEST, FILLING OUT JOB APPLICATIONS, INTERVIEW AN D HOW TO PRESENT SELF CHILDREN CENTER BEHAN DEV -SERVICING 70 CHILDREN IN SPECIAL EDUCATI ON CLASSROOM WITH COMPUTERS AND EDUCATIONAL MATERIALS COORDINATED YOUTH & HUMAN SERV-CHARA CTER EDUCATION PROGRAM MATERIALS FOR 258 STUDENTS WHO BENEFITED FROM THE RESOURCES PROVIDE D TO HELP WITH INCREASE IN READING SKILL LEVELS COVENANT HOUSE MISSOURI-EMPLOY MENT PROGRAM -EDUCATE & EQUIP SPECIAL NEEDS YOUTH AGES 16 TO 21 YEARS WITH SKILLS AND TOOLS TO TRANSIT ION TO INDEPENDENT LIVING AND ON THE JOB TRAINING DELTA GAMMA CENTER-OREGON PROJECT-ASSESS MENT TOOL USED TO EVALUATE THE DEVELOPMENTAL NEEDS OF THE CHILD WITH A VISUAL IMPAIRMENT S ERVING 100 INFANTS AND FAMILIES DISABILITY SUPPORT SERVICES-KIDSMART LENDING LIBRARY ESTIM ATING 250 CHILDREN TO BENEFIT AND RESPITE CARE SCHOLARSHIPS WITH A WAITING LIST OF 67 FAMI LIES DOWN SYNDROME ASSOCIATION-EDUCATIONAL MATERIALS FOR THE LEARNING PROGRAM SERVICING CH ILDREN AGES 4 THRU 9 WITH READING AND MATH SKILLS IN A PLAY GROUP SETTING BENEFITING 32 CH ILDREN GIRLS SCOUTS OF EASTERN MISSOURI-EDUCATIONAL MATERIALS FOR THE PAVE PROGRAM-PROJECT ANTI VIOLENCE EDUCATION SCHOOL BASED PROGRAM SERVING 885 CHILDREN EDUCATIONAL THERAPEUTIC EQUIPMENT & MATERIALS CONTINUED NEXTSTEP FOR LIFE-TRANSITIONAL FAIR INFORMATIONAL MATERIA L DVD'S TO EDUCATE THESE YOUTH IN HELPING THEM TO TRANSITION FROM SCHOOL TO THE PROCESS OF GETTING EMPLOYMENT SPECIAL CHILDREN-P R I M E HOMEBOUND AND P R I M E TODDLER CENTER PRO GRAMS-EDUCATIONAL MATERIALS & ADAPTIVE EQUIPMENT TO PROMOTE SOCIAL INTERACTION, SPEECH AND LANGUAGE DEVELOPMENT, SENSORY MOTOR DEVELOPMENT AND SENSORY INTEGRATION UNITED SERVICES-E ARLY CHILDHOOD SPECIAL ED PROGRAM AND INTENSIVE BEHAVIORAL INTERVENTION PROGRAM-SPECIAL ED UCATION EQUIPMENT WM BEDELL ARC-PURCHASE MATERIALS, EDUCATIONAL EQUIPMENT AND SUPPLIES TO SUPPORT THE EXISTING PT, OT AND SPEECH THERAPEUTIC PROGRAMS YOUTH IN NEED-EARLY CHILDHOOD ADAPTIVE CLASSROOM EQUIPMENT FOR CHILDREN WITH DISABILITIES BENEFITING 117 CHILDREN SERVI CE DOGS CHAMP ASSISTANCE DOGS-TRAINING AND PLACEMENT OF SERVICE DOG TO SPECIAL NEEDS CHILD SUPPORT DOGS-TRAINING AND PLACEMENT OF SERVICE DOG TO SPECIAL NEEDS CHILD AUDIOLOGY PROGR AM CENTRAL INSTITUTE FOR THE DEAF-PEDIATRIC AUDIOLOGY PROGRAM-PURCHASE EAR MOLDS, REPLACEM ENT PARTS, BATTERIES, LOANER HEARING AIDS ST JOSEPH INSTITUTE FOR THE DEAF-PEDIATRIC AUDI OLOGY PROGRAM-ON GOING ASSESSMENTS AND MANAGEMENT OF EACH CHILD'S HEARING AID FITTING, USE OF ASSISTIVE TECHNOLOGY AND SOFTWARE FOR HEARING LOSS

Identifier	Return Reference	Explanation
	SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE (CONTINUED)	HEALTH/FITNESS/RECREATIONAL PROGRAMS DISABLED ATHLETE SPORTS ASSOCIATION-SOCCER PROGRAM JCC-FIT FOR LIFE-10 CHILDREN BENEFITING FROM OF ONE ON ONE TRAINERS FOR CHILDREN WITH PHYSICAL DISABILITY KIDS ENJOY EXERCISE NOW-SPECIAL NEEDS RECREATIONAL ONE ON ONE COACHING SPORTS PROGRAM NEEDING SPORTS EQUIPMENT FOR EXPANSION OF SECOND SITE FOR 30 CHILDREN 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 PROJECT-COMMUNITY BASED VOLUNTEER AND RECREATION PROGRAM FOR YOUTH AGES 13-21 TO PROVIDE 10 SCHOLARSHIPS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES TEAM ACTIVITIES FOR SPECIAL KIDS-10 GOLD MEMBERSHIP SCHOLARSHIPS FOR CHILDREN WITH SPECIAL NEEDS TO PARTICIPATE IN MORE THAN ONE SPORT/SOCIAL PROGRAM CAMPING PROGRAMS GIANT STEPS-PROVIDING DAILY TRANSPORTATION FOR CHILDREN WITH AUTISM TO THE THERAPEUTIC AND RECREATIONAL SUMMER DAY CAMP PROGRAM HISKIDS-RESIDENTIAL ONE WEEK CAMP VARIETY PROVIDING CAMP SUPPLIES, SNACKS AND FACILITY RENTAL JEWISH COMMUNITY CENTER-50 PARTIALLY FUNDED CAMP SCHOLARSHIPS FOR CHILDREN WITH DISABILITIES NATIONAL KIDNEY FOUNDATION-TRANSPORTATION FOR 8 ST LOUIS CHILDREN TO THEIR SPECIALIZED CAMP PTO FOR EXCEPTIONAL CHILDREN-CAMP SCHOLARSHIPS FOR 1 TO 3 WEEKS OF SUMMER CAMP FOR CHILDREN WITH PHYSICAL & MENTAL DISABILITIES FOCUSED ON SOCIAL DEVELOPMENT, FUN AND EXPERIENCES IN THE COMMUNITY SHERWOOD FOREST CAMP-RESIDENTIAL CAMP TO PROVIDE CHILDREN WITH DISABILITIES DEVELOPMENT OF ESSENTIAL SKILLS AND RELATIONSHIPS WITH OTHER CAMPERS, THREE AGE LEVELS GROUPS 7 & 8 YR OLDS, 9 TO 13 AND 14 TO 16 YEAR OLDS SUNNYHILL ADVENTURES-16 CAMP SCHOLARSHIPS FOR CHILDREN WITH DEVELOPMENTAL AND OTHER DISABILITIES TO ATTEND RESIDENTIAL CAMP PREEMIE IN HOME VISITS & SERVICES NURSES FOR NEWBORNS-NURSES IN HOME VISITS FOR 15 MEDICALLY FRAGILE PREEMIES SOCIALIZATION/COPING SKILL PROGRAMS CATHOLIC CHARITIES MIDTOWN CENTER-AFTERSCHOOL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS TO IMPROVE CHILDREN'S SOCIAL AND SCHOOL SKILLS TO BE ABLE TO MAINSTREAM THESE CHILDREN HYDE PARK OUTREACH-YOUTH COACHING PROGRAM-PROVIDES 30 TO 45 CHILDREN SOCIAL SKILLS, INSTRUCTION/COUNSELING & COPING OPPORTUNITIES FOR SPECIAL ED STUDENTS WITH MENTAL AND BEHAVIORAL DISORDERS 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 MISSOURI GIRLS TOWN FOUNDATION-PROGRAM IN A THERAPEUTIC SETTING TO HELP WITH SOCIAL AND PSYCHOLOGICAL ADJUSTMENT, TEACH RESPONSIBLE GROUP AND INDEPENDENT LIVING SKILLS FOR 40 GIRLS ON CAMPUS CHILDREN EDUCATIONAL SCHOLARSHIP CAMP HAPPY DAY-TEN PARTIAL SCHOLARSHIP FOR 7 WEEKS OF SPECIAL NEEDS SUMMER TUTORING PROGRAM DEPT OF SPECIAL EDUCATION-AUTISM PROGRAM-EIGHT NEED BASED SCHOLARSHIPS FOR STUDENTS WITH AUTISM JCC-EARLY CHILDHOOD EDUC SERV -7 SCHOLARSHIPS FOR CHILDREN WITH PHYSICAL DISABILITIES LUTHERAN ASSOC FOR SPECIAL ED-JEREMIAH PROGRAM-INDIVIDUALIZED HIGH SCHOOL PROGRAM FOR CHILDREN WITH MENTAL AND EDUCATIONAL DISABILITIES MIRIAM SCHOOL/FOUNDATION-TUITION ASSISTANCE FOR 10 CHILDREN WHO NEED SPECIALIZED SERVICES SSDN-9 EARLY CHILD CARE SCHOLARSHIPS FOCUSING ON SOCIAL AND EMOTIONAL SKILLS, SECURE RESOURCES FOR SPEECH, LANGUAGE AND OCCUPATIONAL SERVICES FOR THE SPECIAL NEEDS CHILD ST MARTIN'S DAY CARE-EARLY CHILD CARE SCHOLARSHIPS FOR 5 SPECIAL NEEDS CHILDREN ST MARY'S SPECIAL SERVICES-FINANCIAL ASSISTANCE FOR 18 CHILDREN WITH DEVELOPMENTAL DISABILITIES THE MOOG CENTER FOR DEAF EDUCATION-TUITION ASSISTANCE SCHOLARSHIP FOR 10 CHILDREN UNIVERSITY CITY CHILDREN'S CENTER-EARLY CHILD CARE FEES FOR FOUR CHILDREN WITH PHYSICAL DISABILITIES IN THE INCLUSIVE PRESCHOOL PROGRAM SUNSHINE COACH VAN COMMUNITY LIVING, INC -TRANSPORT YOUTH TO LIFE SKILLS TRAINING AND FIELD TRIPS FOR CHILDREN WITH PHYSICAL AND MENTAL DISABILITIES SERVICING 90 CHILDREN ONE HOPE UNITED-TRANSPORT YOUTH TO MEDICAL APPOINTMENTS, FIELD TRIPS, ATHLETIC ACTIVITIES AND COMPETITIONS FOR CHILDREN WITH PHYSICAL AND MENTAL DISABILITIES ST LOUIS SOCIETY FOR THE PHYSICALLY DISABLED-TRANSPORT YOUTH TO CAMP & RESPITE SERVICES