



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

A For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

B Check if applicable	C Name of organization VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	D Employer identification number 25-1794405
<input type="checkbox"/> Address change	Doing Business As	E Telephone number 323-954-0820
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4601 WILSHIRE BLVD., SUITE 260	
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90010	G Gross receipts \$ 1,279,387.
<input type="checkbox"/> Terminated	F Name and address of principal officer: STAN W. REYNOLDS SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ WWW.USVARIETY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: CA

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities. TO SUPPORT AND ENCOURAGE THE LOCAL VARIETY TENTS LOCATED ACROSS THE UNITED STATES (CONT ON SCH O)</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>21</u></p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>21</u></p> <p>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 <u>1</u></p> <p>6 Total number of volunteers (estimate if necessary) 6 <u>21</u></p> <p>7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0.</u></p> <p>b Net unrelated business taxable income from Form 990-T, line 34 7b <u>0.</u></p>															
Revenue	<p>8 Contributions and grants (Part VIII, line 1h)</p> <p>9 Program service revenue (Part VIII, line 2g)</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p> <p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>564,015.</td><td>796,964.</td></tr> <tr><td>13,643.</td><td>15,531.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>104,603.</td><td>169,426.</td></tr> <tr><td>682,261.</td><td>981,921.</td></tr> </tbody> </table>	Prior Year	Current Year	564,015.	796,964.	13,643.	15,531.	0.	0.	104,603.	169,426.	682,261.	981,921.		
Prior Year	Current Year															
564,015.	796,964.															
13,643.	15,531.															
0.	0.															
104,603.	169,426.															
682,261.	981,921.															
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p> <p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,000.</p> <p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</p> <p>18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</p> <p>19 Revenue less expenses Subtract line 18 from line 12</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>706,903.</td><td>687,407.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>74,995.</td><td>80,161.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>105,568.</td><td>161,498.</td></tr> <tr><td>887,466.</td><td>929,066.</td></tr> <tr><td><205,205.></td><td>52,855.</td></tr> </tbody> </table>	706,903.	687,407.	0.	0.	74,995.	80,161.	0.	0.	105,568.	161,498.	887,466.	929,066.	<205,205.>	52,855.
706,903.	687,407.															
0.	0.															
74,995.	80,161.															
0.	0.															
105,568.	161,498.															
887,466.	929,066.															
<205,205.>	52,855.															
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16)</p> <p>21 Total liabilities (Part X, line 26)</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td>567,622.</td><td>788,800.</td></tr> <tr><td>510,340.</td><td>678,663.</td></tr> <tr><td>57,282.</td><td>110,137.</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	567,622.	788,800.	510,340.	678,663.	57,282.	110,137.						
Beginning of Current Year	End of Year															
567,622.	788,800.															
510,340.	678,663.															
57,282.	110,137.															

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	<p>▶ <i>Donald D. Pitchford</i> Signature of officer</p>	<p>▶ 8/14/13 Date</p>
	<p>▶ DONALD D. PITCHFORD, TREASURER Type or print name and title</p>	

Preparer Use Only	<p>Print/Type preparer's name DAVID ADAMS</p>	<p>Preparer's signature <i>David Adams</i></p>	<p>Date 8-12-13</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN P00179602</p>
	<p>Firm's name ▶ CBIZ MHM, LLC</p>		<p>Firm's EIN ▶ 33-0737981</p>		
	<p>Firm's address ▶ 10474 SANTA MONICA BLVD., #200 LOS ANGELES, CA 90025</p>		<p>Phone no. (310) 268-2000</p>		

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

G 16

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

Form 990 (2011)

25-1794405 Page 2

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:

THE PURPOSE OF VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES (USV) IS TO BE THE NATIONAL COOPERATIVE FOR ALL VARIETY CHAPTERS IN THE UNITED STATES THROUGH A REGIONAL NETWORK OF TENTS AND REPRESENTATIVES. USV SHALL ESTABLISH STANDARDS OF ASSOCIATION,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 859,743. including grants of \$ 687,407.) (Revenue \$ 184,957.)

THE VARIETY - THE CHILDREN'S CHARITY ("USV") OFFICE IS A NATIONAL COLLECTIVE FOR LOCAL VARIETY OFFICES ACROSS THE UNITED STATES. IN ADDITION TO SETTING VARIOUS STANDARDS AND FIDUCIARY OVERSIGHT, USV OVERSEES NATIONAL FUNDRAISING CAMPAIGNS. USV HAS BEGUN STANDARDIZING FINANCIAL PRACTICES AND REPORTING FOR THE USV TENTS. THIS YEAR WE PARTNERED WITH MAJOR MOTION PICTURE STUDIOS AND NATIONAL THEATRE CIRCUITS SELLING GOLD HEART PINS TO RAISE FUNDS TO BE DISTRIBUTED BY THE LOCAL TENTS.

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses **859,743.**

Form 990 (2011)

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

Form 990 (2011)

25-1794405 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2011)

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

Form 990 (2011)

25-1794405 Page 4

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

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

Form 990 (2011)

25-1794405 Page 5

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

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

Form 990 (2011)

25-1794405 Page 6

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	21		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES - (323) 954-0820 4601 WILSHIRE BLVD., SUITE 260, LOS ANGELES, CA 90010

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

Form 990 (2011)

25-1794405 Page 7

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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) RON KRUEGER II VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(2) DON PITCHFORD TREASURER	1.00	X		X			0.	0.	0.	
(3) CAROL MCMAHON SECRETARY	1.00	X		X			0.	0.	0.	
(4) JAN ALBUS EXECUTIVE DIRECTOR BOARD M	1.00	X					0.	0.	0.	
(5) KELLY GREEN EXECUTIVE DIRECTOR BOARD M	1.00	X					0.	0.	0.	
(6) MICHAEL SCHNECK BOARD MEMBER	1.00	X					0.	0.	0.	
(7) BRIAN ROTHERY BOARD MEMBER	1.00	X					0.	0.	0.	
(8) NANCY PAGEL BOARD MEMBER	1.00	X					0.	0.	0.	
(9) JACK GILLIAM VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(10) JEFF BEIRIGER BOARD MEMBER	1.00	X					0.	0.	0.	
(11) KEVIN MITCHELL BOARD MEMBER	1.00	X					0.	0.	0.	
(12) SHELLEY KORENBROT VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(13) ALAN DAVY BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LINDA MASTANDREA BOARD MEMBER	1.00	X					0.	0.	0.	
(15) RINA WEISMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(16) LOU SULLIVAN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) RON EZAR BOARD MEMBER	1.00	X					0.	0.	0.	

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

Form 990 (2011)

25-1794405 Page 8

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) BEVERLEY LAWSON BOARD MEMBER	1.00	X						0.	0.	0.
(19) BOB WINTERS BOARD MEMBER	1.00	X						0.	0.	0.
(20) CHRIS MANDOLINI BOARD MEMBER	1.00	X						0.	0.	0.
(21) STAN W. REYNOLDS PRESIDENT	1.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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

Form 990 (2011)

25-1794405 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	796,964.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		796,964.				
	Program Service Revenue	2 a NATIONAL CONFERENCE	Business Code 561499	15,531.	15,531.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			15,531.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	466225.					
	b Less cost of goods sold	b	297466.				
	c Net income or (loss) from sales of inventory		168,759.	168,759.			
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	561499	667.	667.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		667.					
12 Total revenue See instructions.		981,921.	184,957.	0.	0.		

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

Form 990 (2011)

25-1794405 Page 10

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)

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 United States. See Part IV, line 21	580,993.	580,993.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	106,414.	106,414.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	72,058.	50,440.	14,412.	7,206.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,448.	1,433.	810.	205.
10 Payroll taxes	5,655.	3,958.	1,131.	566.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,983.		21,983.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	22,960.	18,368.		4,592.
12 Advertising and promotion				
13 Office expenses	857.	600.	171.	86.
14 Information technology				
15 Royalties				
16 Occupancy	24,319.	17,024.	4,864.	2,431.
17 Travel	6,747.	6,747.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,330.	32,330.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138.	96.	28.	14.
23 Insurance	7,907.	3,904.	3,445.	558.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LOCAL CHAPTER DEVELOPME	20,000.	20,000.		
b INTERNATIONAL CONVENTIO	13,145.	13,145.		
c TELEPHONE	2,359.	1,651.	472.	236.
d PAYROLL SERVICES	2,275.		2,275.	
e All other expenses	6,478.	2,640.	3,732.	106.
25 Total functional expenses. Add lines 1 through 24e	929,066.	859,743.	53,323.	16,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

25-1794405 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	482,791.	1 781,949.
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	4,277.	4 2,851.
	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)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	78,336.	9 4,000.
	10a	Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 21,178.	
	10b	Less accumulated depreciation	10b 21,178.	10c 0.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	2,080.	15 0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	567,622.	16 788,800.	
Liabilities	17	Accounts payable and accrued expenses	8,670.	17 24,668.
	18	Grants payable	398,458.	18 395,438.
	19	Deferred revenue	8,065.	19 0.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	95,147.	25 258,557.
	26	Total liabilities. Add lines 17 through 25	510,340.	26 678,663.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	57,282.	27 110,137.
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	57,282.	33 110,137.
34	Total liabilities and net assets/fund balances	567,622.	34 788,800.	

Form 990 (2011)

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

Form 990 (2011)

25-1794405 Page 12

Part XI Reconciliation 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	981,921.
2	Total expenses (must equal Part IX, column (A), line 25)	2	929,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,855.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,282.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	110,137.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

VARIETY - THE CHILDREN'S CHARITY

Schedule A (Form 990 or 990-EZ) 2011 OF THE UNITED STATES, INC.

25-1794405 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	872,048.	719,896.	974,153.	564,015.	796,964.	3,927,076.
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	503,904.	322,432.	263,866.	292,599.	482,423.	1,865,224.
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	1,375,952.	1,042,328.	1,238,019.	856,614.	1,279,387.	5,792,300.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	833,618.	599,602.	154,050.	205,270.	345,963.	2,138,503.
c Add lines 7a and 7b	833,618.	599,602.	154,050.	205,270.	345,963.	2,138,503.
8 Public support (Subtract line 7c from line 6)						3,653,797.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,375,952.	1,042,328.	1,238,019.	856,614.	1,279,387.	5,792,300.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,456.	1,815.	6.			19,277.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17,456.	1,815.	6.			19,277.
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)	5,913.	4,776.	45.	6.		10,740.
13 Total support (Add lines 9, 10c, 11, and 12)	1,399,321.	1,048,919.	1,238,070.	856,620.	1,279,387.	5,822,317.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	62.76 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	58.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.33 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.74 %

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011
Open to Public Inspection

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

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

	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2011

25-1794405 Page 2

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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:

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

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

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

Description of property	(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		21,178.	21,178.	0.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) 0.

Schedule D (Form 990) 2011

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

Schedule D (Form 990) 2011

25-1794405 Page 3

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO TENTS	258,557.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

258,557.

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 (ASC 740)

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

Schedule D (Form 990) 2011

25-1794405 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	981,921.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	929,066.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	52,855.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	52,855.

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	984,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	2,993.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,993.
3	Subtract line 2e from line 1	3	981,921.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	981,921.

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

1	Total expenses and losses per audited financial statements	1	932,059.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,993.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,993.
3	Subtract line 2e from line 1	3	929,066.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	929,066.

Part XIV Supplemental Information

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

**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

2011

Open to Public
Inspection

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

Employer identification number
25-1794405

Part I General Information on Grants and Assistance

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

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

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY OF GEORGIA 9800 MEDLOCK BRIDGE RD. SUITE 1 JOHNS CREEK, GA 30097	58-6036366	501(C)(3)	34,225.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF ILLINOIS 516 N. OGDEN CHICAGO, IL 60642	36-1908475	501(C)(3)	35,554.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF NEW YORK 505 EIGHTH AVENUE, SUITE 1800 NEW YORK, NY 10118	13-1591127	501(C)(3)	26,662.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF TEXAS 11300 NORTH CENTRAL EXPRESSWAY DALLAS, TX 75243	75-0630233	501(C)(3)	35,734.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF NORTHERN CALIFORNIA 582 MARKET STREET, #101 SAN FRANCISCO, CA 94104	94-1075155	501(C)(3)	47,604.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF FLORIDA 520 N SEMORAN BLVD, SUITE 220 ORLANDO, FL 32807	59-3030272	501(C)(3)	36,168.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

25-1794405 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY OF PHILADELPHIA 1520 LOCUST STREET, 2ND FLOOR PHILADELPHIA, PA 19102	23-6392728	501(C)(3)	9,518.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF SOUTHERN CALIFORNIA 4601 WILSHIRE BLVD., SUITE 260 LOS ANGELES, CA 90010	95-1330495	501(C)(3)	5,537.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF EASTERN TENNESSEE 7132 REGAL LANE KNOXVILLE, TN 37918	33-1025696	501(C)(3)	14,907.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF MEMPHIS 1648 SYCAMORE VIEW ROAD MEMPHIS, TN 38134	62-0457304	501(C)(3)	5,088.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM OPERATIONS.
VARIETY OF DETROIT 600 S. ADAMS, SUITE 230 BIRMINGHAM, MI 48009	38-2140520	501(C)(3)	14,242.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM
VARIETY OF SOUTHERN NEVADA PO BOX 26701 LAS VEGAS, NV 89126	88-0068233	501(C)(3)	8,953.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM
VARIETY OF WESTERN MICHIGAN 4165 SPARTAN IND. DR. GRANDVILLE, MI 49418	38-6151756	501(C)(3)	15,423.	0.	FMV (CASH)		TO PASS DOWN FUNDS RAISED IN THE AREA THROUGH ANNUAL CAMPAIGN TO ASSIST WITH PROGRAM
COMMUNITY FIRST FOUNDATION 6870 WEST 52ND AVENUE, SUITE 103 ARVADA, CO 80002	51-0157964	501(C)(3)	10,000.	0.	FMV (CASH)		TO SUPPORT THOSE AFFECTED BY THE MOVIE THEATRE SHOOTING IN AURORA, CO.
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST., STE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C)(3)	19,000.	0.	FMV (CASH)		TO PROVIDE SPORT WHEELCHAIRS AND NEW ARCHERY EQUIPMENT TO PHYSICALLY DISABLED

Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTER COUNTY AGRICULTURAL SOCIETY 217 E DIVISION RD. VALPARAISO, IN 46383	23-7309852	501(C)(3)	20,000.	0.	FMV (CASH)		TO ALLOW UNDERPRIVILEGED AND ECONOMICALLY DISADVANTAGED CHILDREN TO THE PORTER COUNTY FAIR.
BOOKS, BRUSHES & BANDS FOR EDUCATION - P.O. BOX 1018 - HAMMOND, IN 46325	35-2122525	501(C)(3)	10,000.	0.	FMV (CASH)		TO PROVIDE FINANCIAL ASSISTANCE TO ECONOMICALLY DISADVANTAGED STUDENTS
MICHIGAN CITY PARK DEPARTMENT 100 E. MICHIGAN BLVD., STE 2 MICHIGAN CITY, IN 46360	35-6001108	501(C)(3)	32,000.	0.	FMV (CASH)		TO ASSIST THE DEPARTMENT TO RENOVATE THE PARK FOR ITS COMMUNITY TO MAKE IT ACCESSIBLE FOR CHILDREN

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

25-1794405

Page 2

Schedule I (Form 990) (2011)

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.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
THERAPEUTIC MOBILITY BIKE FOR PHYSICALLY DISABLED CHILD	33	0.	106,414.	FMV (PAID DIRECTLY TO VENDOR FOR THE EQUIPMENT)	THERAPEUTIC MOBILITY BIKE

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RILEY CHILDREN'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SPORT WHEELCHAIRS AND NEW ARCHERY EQUIPMENT TO PHYSICALLY DISABLED PERSON

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN CITY PARK DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE DEPARTMENT TO RENOVATE THE PARK FOR ITS COMMUNITY TO MAKE IT ACCESSIBLE FOR CHILDREN OF ALL

ABILITIES.

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

Part IV Supplemental Information

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

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

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

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

Employer identification number
25-1794405

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

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

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

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

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

SUPPORTING THE 23 LOCATIONS NATIONWIDE. USV ALSO LED BOARD RETREATS AT
VARIOUS VARIETY LOCATIONS AND DISPERSED UPDATES TO ACCOUNTING AND HR
MANUALS ORIGINALLY CREATED BY USV. THROUGH MARKETING MATERIALS FOR USE
AT THE LOCAL LEVEL, INCLUDING PRINTING AND RADIO PUBLIC SERVICE
ANNOUNCEMENTS USV HAS PUT TOGETHER FOR ALL TENTS TO CUSTOMIZE AND USE
LOCALLY, OUR WEBSITE AND A NATIONAL NEWSLETTER FOR DONORS, USV
INCREASED AWARENESS OF VARIETY AMONG POTENTIAL DONORS. USV OVERSEES A
NATIONWIDE INITIATIVE TO PROVIDE DURABLE MEDICAL EQUIPMENT TO CHILDREN
IN EACH REGIONAL AREA CALLED "KIDS ON THE GO!" FINALLY, USV WORKS WITH
LOCAL TENTS TO EXPAND THEIR REACH INTO THEIR COMMUNITIES BY HOSTING

EDUCATIONAL WEBINARS, ASSISTANCE WITH HIRING NEW EXECUTIVE DIRECTORS IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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

Employer identification number
25-1794405

**LOCAL OFFICES, LAUNCHING SATELLITE OFFICES AND PROVIDING ADMINISTRATIVE
SUPPORT, ESPECIALLY THROUGH THE VARIETY INTRANET.**

**FORM 990, PART VI, SECTION B, LINE 11: THE BOARD SHALL HAVE THE
RESPONSIBILITY FOR REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL
PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE BOARD PRIOR TO
THE FILING DEADLINE. IF THE NEXT BOARD MEETING IS NOT SCHEDULED SOON
ENOUGH, THE DRAFT WILL BE SENT TO ALL THE BOARD MEMBERS VIA EMAIL. BOARD
MEMBERS CAN THEN ASK OR MAKE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS
IN CONDUCTING THEIR REVIEW OF THE DRAFT OF THE FORM 990. IT IS PREFERRED
THAT THE BOARD SHALL CONDUCT A TOP-LEVEL OR BIG-PICTURE TYPE OF REVIEW.
HOWEVER, IF THE BOARD DESIRES OR DEEMS IT NECESSARY TO CONDUCT A MORE
DETAILED REVIEW OF THE FORM 990, THEN THEY SHOULD CONTACT THE PREPARER OF
THE FORM 990 TO REQUEST COPIES OF THE RELEVANT DETAILED TAX RETURN
WORKPAPERS.**

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

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

ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE

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

BOARD SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S EMPLOYEES AND BOARD MEMBERS MUST READ AND RETAIN A COPY OF THE CONFLICT OF INTEREST POLICY AND PROCEDURE AT THE OUTSET OF THEIR TENURE WITH THE ORGANIZATION AND AT SUCH TIME AS THE POLICY OR PROCEDURE IS AMENDED. VOLUNTEERS WHO ARE ACTIVELY INVOLVED IN THE ORGANIZATION'S BUSINESS AND WHO HAVE ACCESS TO INSIDE INFORMATION ARE ALSO COVERED BY THE CONFLICT OF INTEREST POLICY AND MUST BE FULLY INFORMED OF ITS CONTENTS. ANY QUESTIONS CONCERNING THE SCOPE OR POSSIBLE IMPACT OF THE CONFLICT OF INTEREST POLICY OR PROCEDURE UPON ANY VOLUNTEERS SHOULD BE ADDRESSED TO THE BOARD OF DIRECTORS. IN ADDITION, THE CONFLICT OF INTEREST POLICY AND THE PROCEDURE WILL BE DISCUSSED AT ALL ORIENTATION SESSIONS FOR NEW EMPLOYEES AND BOARD MEMEBERS. A MEMBER OF THE STAFF OR THE BOARD INVOLVED IN A CONFLICT OR APPEARANCE OF A CONFLICT MUST DISCLOSE AND BRING THE MATTER TO THE ATTENTION OF THE BOARD OF DIRECTORS WHO WILL WORK WITH THE BOARD MEMBER TO DEVELOP AN APPROPRIATE RECOMMENDED COURSE OF ACTION. EACH REQUEST OF APPROVAL OF A PROPOSED COURSE OF ACTION WILL DESCRIBE IN DETAIL THE PARTICULAR ACTIVITY IN QUESTION THAT GIVES RISE TO THE CONFLICT OR APPEARANCE OF CONFLICT, THE REASONS WHY THE PROPOSED COURSE OF ACTION SHOULD BE APPROVED, AND ANY SPECIAL CIRCUMSTANCES SURROUNDING THE SITUATION. THE BOARD OF DIRECTORS IS THE FINAL ARBITER OF THE ISSUE.

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

THE FOLLOWING ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION WILL BE

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

Employer identification number
25-1794405

**AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE
DURING BUSINESS HOURS AT NO CHARGE:**

-TAX EXEMPTION APPLICATION (FORM 1023)

-INTERNAL REVENUE SERVICE DETERMINATION LETTER

-ARTICLES OF INCORPORATION

-BY-LAWS

-PUBLIC INSPECTION COPY OF THE FORM 990 FOR THE PREVIOUS THREE YEARS

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

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

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

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 25-1794405
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. C/O CBIZ - 10474 SANTA MONICA BLVD., #200	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90025	

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

01

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

VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES

- The books are in the care of ▶ **4601 WILSHIRE BLVD., SUITE 260 - LOS ANGELES, CA 90010**
Telephone No. ▶ **(323) 954-0820** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 25-1794405
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O CBIZ - 10474 SANTA MONICA BLVD., #200	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90025	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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

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

VARIETY - THE CHILDREN'S CHARITY OF THE UNITED STATES

- The books are in the care of **4601 WILSHIRE BLVD., SUITE 260 - LOS ANGELES, CA 90010**
Telephone No. **(323) 954-0820** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**.

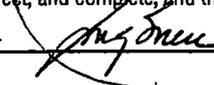
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature  Title **ACCOUNTANT** Date **5/6/13**