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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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) | Room/suite
2200 WESTPORT PLAZA DRIVE NO 306

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 $ 5,124,618

F Name and address of principal officer
JAN ALBUS
2200 WESTPORT PLAZA DRIVE NO 306
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**	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	39
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	15
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
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,835,116	4,746,150
9	Program service revenue (Part VIII, line 2g)	0	65,381
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,425	44,594
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,981	-591,245
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,880,560	4,264,880
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,206,263	1,501,087
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)	974,231	1,148,881
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶260,319		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	683,397	848,045
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,863,891	3,498,013
19	Revenue less expenses Subtract line 18 from line 12	16,669	766,867
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	4,161,520	5,363,802
21	Total liabilities (Part X, line 26)	209,119	331,774
22	Net assets or fund balances Subtract line 21 from line 20	3,952,401	5,032,028

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

****** 2013-02-14
Signature of officer Date

JAN ALBUS CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JENNIFER M VACHA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P01251998

Firm's name (or yours if self-employed), address, and ZIP + 4: BROWN SMITH WALLACE LLC, 1050 N LINDBERGH BLVD, ST LOUIS, MO 631322912 | EIN ▶ 43-1001367 | 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 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 $ 1,426,800 including grants of $) (Revenue $ 65,381)

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 76 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 2012, VARIETY CHILDREN'S THEATRE WAS PROUD TO PRESENT "THE WIZARD OF OZ" AT THE TOUHILL PERFORMING ARTS CENTER

4b (Code) (Expenses $ 1,135,558 including grants of $) (Revenue $)

SPECIAL EQUIPMENT - MOBILITY PROGRAM/DURABLE MEDICAL EQUIPMENT - VARIETY ASSISTS MORE THAN 1,450 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 $ 420,253 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** ▶ $ 2,982,611

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 instructions)?	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		No
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? *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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	100		
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**	Yes	
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**	15			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	39		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	39		
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	Did the organization have members or stockholders?		6		No
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?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Yes	
	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," 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?	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 made 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 made 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 ▶

VARIETY THE CHILDREN'S CHARITY OF ST LOUIS
2200 WESTPORT PLAZA DRIVE NO 306
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, or 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 organizations compensated any current or former 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			
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 (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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								259,982	0	17,334

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 ▶ 2

			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 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

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

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 1,999,107				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,747,043				
	g	Noncash contributions included in lines 1a-1f $ 154,923				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,746,150			
Program Service Revenue		Business Code				
	2a	CHILDRENS PROGRAMS 711110	65,381	65,381		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	65,381			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	44,672			44,672
	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 160,000				
	b	Less cost or other basis and sales expenses 160,078				
	c	Gain or (loss) -78				
	d	Net gain or (loss) . . . . . ▶	-78			-78
Other Revenue	8a	Gross income from fundraising events (not including $ 1,999,107 of contributions reported on line 1c) See Part IV, line 18 . . . a 96,416				
	b	Less direct expenses . . . b 699,660				
	c	Net income or (loss) from fundraising events . . ▶	-603,244			-603,244
	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	OTHER REVENUE 900099	11,999			11,999
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	11,999			
	12	**Total revenue.** See Instructions . . . ▶	4,264,880	65,381	0	-546,651

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 . . . . . ☐

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 United States See Part IV, line 21	691,130	691,130		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	809,957	809,957		
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	313,645	252,905	26,453	34,287
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	667,781	456,347	87,579	123,855
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,335	9,637	1,966	2,732
9	Other employee benefits	85,060	60,278	10,335	14,447
10	Payroll taxes	68,060	49,065	7,955	11,040
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	49,249	41,271	5,706	2,272
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	188,422	157,917	21,081	9,424
12	Advertising and promotion	13,870	11,831	1,018	1,021
13	Office expenses	131,829	67,508	31,019	33,302
14	Information technology	6,119	4,197	844	1,078
15	Royalties . .				
16	Occupancy	127,559	107,301	12,034	8,224
17	Travel				
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	1,308		1,308	
23	Insurance	9,961	5,725	3,131	1,105
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	161,744	147,802	10,139	3,803
b	MISCELLANEOUS	130,241	86,886	32,701	10,654
c	PURCHASES	27,743	22,854	1,814	3,075
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	3,498,013	2,982,611	255,083	260,319
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	329,480	246,775	0	82,705

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,871,349	1	1,356,595
	2	Savings and temporary cash investments		258,003	2	264,030
	3	Pledges and grants receivable, net		22,430	3	995,783
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		92,700	9	80,336
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 41,518			
	b	Less accumulated depreciation	10b 40,739	2,087	10c	779
	11	Investments—publicly traded securities		1,914,951	11	2,666,279
	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)		4,161,520	16	5,363,802
Liabilities	17	Accounts payable and accrued expenses		182,019	17	305,183
	18	Grants payable			18	
	19	Deferred revenue		27,100	19	26,591
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		209,119	26	331,774
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		3,063,673	27	3,048,583
	28	Temporarily restricted net assets		888,728	28	883,445
	29	Permanently restricted net assets			29	1,100,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,952,401	33	5,032,028
	34	Total liabilities and net assets/fund balances		4,161,520	34	5,363,802

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	4,264,880
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,498,013
3	Revenue less expenses Subtract line 2 from line 1	3	766,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,952,401
5	Other changes in net assets or fund balances (explain in Schedule O)	5	312,760
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	5,032,028

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

2011

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 **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 IRC 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 ")	2,835,050	2,406,519	2,419,689	2,835,116	4,746,150	15,242,524
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,835,050	2,406,519	2,419,689	2,835,116	4,746,150	15,242,524
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)						3,253,782
6 **Public Support.** Subtract line 5 from line 4						11,988,742

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	2,835,050	2,406,519	2,419,689	2,835,116	4,746,150	15,242,524
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,369	47,209	26,355	47,425	44,672	237,030
9 Net income from unrelated business activities, whether or not the business is regularly carried on			179,044			179,044
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					11,999	11,999
11 **Total support** (Add lines 7 through 10)						15,670,597

12 Gross receipts from related activities, etc (See instructions)	12	65,381

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 2011 (line 6 column (f) divided by line 11 column (f))	14	76 500 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	85 730 %

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 ▶☑

b **33 1/3% support test—2010.** 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—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 ▶☐

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 ▶☐

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 IRC 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 ")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 ▶☐

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

Facts And Circumstances Test

Explanation

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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, 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 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	1,623,420	1,494,778	1,249,687	1,207,660	
b Contributions	1,100,000	163,000	120,273		
c Investment earnings or losses	356,642	-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	3,080,062	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 ▶ 63 000 %
- b Permanent endowment ▶ 36 000 %
- c Term endowment ▶ 1 000 %

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 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		16,418	15,639	779
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).)* ▶				779

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	4,264,880
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,498,013
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	766,867
4	Net unrealized gains (losses) on investments	4	312,760
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	312,760
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,079,627

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	4,669,240
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	312,760		
b	Donated services and use of facilities	2b	91,600		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	404,360
3	Subtract line **2e** from line **1**			3	4,264,880
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	4,264,880

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

1	Total expenses and losses per audited financial statements			1	3,589,613
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	91,600		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	91,600
3	Subtract line **2e** from line **1**			3	3,498,013
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	3,498,013

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 BOARD 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 IN FISCAL YEAR 2012, VARIETY RECEIVED A GENEROUS $1 1 MILLION PERMANENTLY RESTRICTED ENDOWMENT GIFT TO SUPPORT VARIETY ADVENTURE CAMP INCOME EARNED BY THE ENDOWMENT ASSETS, IN ACCORDANCE WITH THE SPENDING POLICY OF THE ENDOWMENT WHICH IS MONITORED BY THE ENDOWMENT COMMITTEE, MAY BE USED TO SUPPORT VARIETY ADVENTURE CAMP THE ORIGINAL $1 1 MILLION DONOR RESTRICTED ENDOWMENT FUNDS WILL BE HELD IN PERPETUITY
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

2011

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?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization 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 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,886,669	155,923	52,931	2,095,523
	2 Less Charitable contributions	1,843,217	119,585	36,305	1,999,107
	3 Gross income (line 1 minus line 2)	43,452	36,338	16,626	96,416
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	22,417		2,136	24,553
	7 Food and beverages	70,011	14,831	6,896	91,738
	8 Entertainment	351,736	28,000		379,736
	9 Other direct expenses	180,678	22,650	305	203,633
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(699,660)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-603,244

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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 listed in the line 1 table . . . . . ▶ 80

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

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		809,957	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
		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)	14,400				SEE SCH O
ARCHDIOSESAN DEPT OF SPECIAL EDUCATION20 ARCHBISHOP MAY DRIVE ST LOUIS,MO 63119	43-0653242	501(C)(3)	7,950				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
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
GREAT CIRCLE-BOYS & GIRLS TOWN OF MISSOURI4485 WESTMINSTER PLACE ST LOUIS,MO 63108	43-0681471	501(C)(3)	5,500				SEE SCH O
CAMP HAPPY DAY 4224 WATSON ROAD 2 ST LOUIS,MO 63109	23-7157234	501(C)(3)	4,550				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 FOUNDATION1465 SOUTH GRAND BLVD ST LOUIS,MO 63104	43-1754347	501(C)(3)	10,000				SEE SCH O
CATHOLIC CHILDREN'S HOME 1400 STATE ST ALTON,IL 62002	37-0662511	501(C)(3)	4,650				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
CATHOLIC FAMILY SERVICES9200 WATSON ROAD G101 ST LOUIS,MO 63126	43-1338511	501(C)(3)	5,000				SEE SCH O
CENTER FOR AUTISM EDUCATION105 SHERIFF DIERKER CT OFALLON,MO 63366	68-0501030	501(C)(3)	7,940				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
CENTER FOR HEARING-SPEECH 9835 MANCHESTER ROAD ST LOUIS,MO 63119	43-0652678	501(C)(3)	14,000				SEE SCH O
CENTRAL INSTITUTE FOR THE DEAF825 SOUTH TAYLOR AVENUE ST LOUIS,MO 63110	43-0662456	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
CHAMP ASSISTANCE DOGS 4910 PARKER ROAD FLORISSANT,MO 63033	43-1803006	501(C)(3)	5,000				SEE SCH O
CHILD CENTER-MARYGROVE(3 PROGRAMS)2705 MULLANPHY LN FLORISSANT,MO 63031	43-1204440	501(C)(3)	20,500				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
CHILDRENS HOME SOCIETY9445 LITZSINGER ROAD BRENTWOOD,MO 63144	43-0652622	501(C)(3)	20,000				SEE SCH O
COMMUNITY LIVING INC1040 ST PETERS HOWELL ROAD ST PETERS,MO 63376	43-1129770	501(C)(3)	3,840				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)	2,000				SEE SCH O
CORNERSTONE CENTER FOR EARLY LEARNING3901 RUSSELL BLVD ST LOUIS,MO 63110	43-0923158	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

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COVENANT HOUSE MISSOURI2727 NORTH KINGSHIGHWAY ST LOUIS,MO 63113	43-1821599	501(C)(3)	5,000				SEE SCH O
CRIDER HEALTH CENTER1032 CROSSWINDS COURT WENTZVILLE,MO 63385	43-1160049	501(C)(3)	12,500				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
CROHN'S & COLITIS FOUNDATION1034 S BRENTWOOD STE 1510 ST LOUIS,MO 63117	13-6193105	501(C)(3)	5,000				SEE SCH O
DELTA GAMMA CENTER1715 S BIG BEND ST LOUIS,MO 63117	43-0725282	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
DEV SERV OF JEFFCONEXTSTEP FOR LIFE12 MUNICIPAL DR SUITE A ARNOLD,MO 63010	43-1204559	501(C)(3)	1,840				SEE SCH O
DISABLED ATHLETE SPORTS ASSOCIATION1236 JUNGERMAN ROAD SUITE A ST PETERS,MO 63376	43-1775519	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
DISABILITY RESOURCE ASSOCIATION420 B SOUTH TRUMAN BLVD CRYSTAL CITY,MO 63019	43-1794017	501(C)(3)	4,000				SEE SCH O
DISABILITY SUPPORT SERVICES PO BOX 73 MAPAVILLE,MO 63065	43-0723518	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
GREAT CIRCLE - EDGEWOOD CHILDREN'S CENTER330 NORTH GORE AVENUE ST LOUIS,MO 63119	43-0653305	501(C)(3)	13,700				SEE SCH O
EPWORTH CHILDREN'S HOME 110 NORTH ELM AVENUE ST LOUIS,MO 63119	43-1069741	501(C)(3)	17,500				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
EQUINE ASSISTED THERAPY INC5591 CALVEY CREEK ROAD ROBERTSVILLE,MO 63072	20-0319917	501(C)(3)	13,500				SEE SCH O
GIANT STEPS OF ST LOUIS2685 METRO BLVD ST LOUIS,MO 63043	43-1671946	501(C)(3)		26,397	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
GIRL SCOUTS COUNCIL-ST LOUIS2300 BALL DRIVE ST LOUIS,MO 63146	43-0662471	501(C)(3)	5,000				SEE SCH O
GOOD SHEPHERD SCHOOL FOR CHILDREN1170 TIMBER RUN DRIVE ST LOUIS,MO 63146	43-0955225	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

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HISKIDSPO BOX 412 908 LAUREL ST HIGHLAND,IL 62249	37-1170527	501(C)(3)	7,500				SEE SCH O
HOWARD PARK CENTER15834 CLAYTON ROAD ELLISVILLE,MO 63011	43-0965295	501(C)(3)	7,950				SEE SCH O

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

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HYDE PARK OUTREACHPO BOX 2070 ST LOUIS,MO 63032	43-1687080	501(C)(3)	7,000				SEE SCH O
ILLINOIS CENTER FOR AUTISM548 SOUTH RUBY LANE FAIRVIEW HEIGHTS,IL 62208	37-1023452	501(C)(3)	12,510				SEE SCH O

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

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JAMESTOWN NEW HORIZONS15805 OLD JAMESTOWN ROAD FLORISSANT,MO 63034	43-1372620	501(C)(3)	12,500				SEE SCH O
JCC-FITNESS CENTER2 MILLSTONE CAMPUS DRIVE ST LOUIS,MO 63146	43-0681477	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
JCC-EARLY CHILDHOOD EDUCATIONAL SERVICES2 MILLSTONE CAMPUS DRIVE ST LOUIS,MO 63146	43-0681477	501(C)(3)	6,000				SEE SCH O
JEWISH FAMILY & CHILDREN SERVICES10950 SCHUETZ RD ST LOUIS,MO 63146	43-0790330	501(C)(3)	12,000				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
KINGDOM HOUSE 1321 SO 11TH ST ST LOUIS,MO 63104	43-0652648	501(C)(3)	6,000				SEE SCH O
LEMAY DAY CARE CENTER9828 SOUTH BROADWAY ST LOUIS,MO 63125	43-1269356	501(C)(3)	7,500				SEE SCH O

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

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LIFE SKILLS FOUNDATION 10176 CORPORATE SQUARE DR STE 100 ST LOUIS,MO 63132	43-0827160	501(C)(3)	4,000				SEE SCH O
LOGOS SCHOOL 9137 OLD BONHOMME RD ST LOUIS,MO 63132	43-0968673	501(C)(3)	6,475				SEE SCH O

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

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LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION3558 S JEFFERSON ST LOUIS,MO 63118	43-0780770	501(C)(3)	5,680				SEE SCH O
CATHOLIC CHARITIES OF ST LOUIS1202 S BOYLE ST LOUIS,MO 63110	43-0653244	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
MIRIAM FOUNDATION501 BACON AVENUE ST LOUIS,MO 63119	43-0667478	501(C)(3)	6,475				SEE SCH O
MISSOURI GIRLS TOWN FOUNDATION INC 8458 JADE RD PO BOX 59 KINGDOM CITY,MO 65262	44-0648649	501(C)(3)	8,500				SEE SCH O

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

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NATIONAL KIDNEY FOUNDATION INC 10803 OLIVE BLVD STE 200 ST LOUIS,MO 63141	13-1673104	501(C)(3)	6,020				SEE SCH O
NORTHSIDE COMMUNITY4120 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

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NURSES FOR NEWBORNS FOUNDATION7259 LANSDOWNE AVENUE ST LOUIS,MO 63119	43-1601329	501(C)(3)	8,500				SEE SCH O
OUR LADY'S INN 4223 COMPTON ST LOUIS,MO 63111	43-1213751	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
PARENT TEACHER ORGANIZATION FOR EXCEPTIONAL CHILDREN620 NORTH ILLINOIS ST BELLEVILLE,IL 62220	37-6062325	501(C)(3)	6,000				SEE SCH O
RANKEN JORDAN 11365 DORSETT ROAD MARYLAND HGHTS, MO 63043	43-0666765	501(C)(3)	8,195				SEE SCH O

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

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RIDE ON ST LOUIS INCPO BOX 94 KIMMSWICK,MO 63053	43-1885666	501(C)(3)	5,000				SEE SCH O
SLARC-NEIGHBORHOOD EXPERIENCES1816 LACKLAND HILL PARKWAY SUITE 200 ST LOUIS,MO 63146	43-0718811	501(C)(3)	8,000				SEE SCH O

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

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SOUTH SIDE DAY NURSERY2930 IOWA AVENUE ST LOUIS,MO 63118	43-0685348	501(C)(3)	7,500				SEE SCH O
SPECIAL CHILDREN1306 WABASH AVENUE BELLEVILLE,IL 62220	37-0723806	501(C)(3)	1,561				SEE SCH O

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

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SPECIAL OLYMPICS MISSOURI1516 S BRENTWOOD SUITE 100 ST LOUIS,MO 63144	23-7328374	501(C)(3)	5,000				SEE SCH O
ST JOHNS MERCY 641 N NEW BALLAS ROAD ST LOUIS,MO 63141	56-2410020	501(C)(3)	16,250				SEE SCH O

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

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ST JOSEPH INSTITUTE FOR THE DEAF1809 CLARKSON ROAD CHESTERFIELD,MO 63017	43-0653494	501(C)(3)	6,820				SEE SCH O
ST LOUIS CHILDREN'S HOSPITALONE CHILDRENS PLACE ST LOUIS,MO 63110	43-1626863	501(C)(3)	15,881				SEE SCH O

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

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SAINT LOUIS CRISIS NURSERY11710 ADMINISTRATION DRIVE SUITE 18 18 ST LOUIS,MO 63146	43-1410297	501(C)(3)	15,750				SEE SCH O
ST LOUIS SOCIETY FOR THE PHYSICALLY DISABLED1187 CORPORATE LAKE DRIVE STE 100 ST LOUIS,MO 63132	43-0692190	501(C)(3)	8,000				SEE SCH O

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

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ST LOUIS TRANSITIONAL HOPE HOUSE1611 HODIAMONT AVENUE ST LOUIS,MO 63112	43-1500761	501(C)(3)	13,500				SEE SCH O
ST MARTIN'S CHILD CENTER6315 GARFIELD AVE BERKELEY,MO 63134	42-1001293	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

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ST MARY'S SPECIAL SERVICES20 ARCHBISHOP MAY DRIVE ST LOUIS,MO 63319	43-0653242	501(C)(3)	20,000				SEE SCH O
GERMAN ST VINCENT ORPHANAGE ORGANIZATION 7401 FLORISSANT ROAD NORMANDY,MO 63121	43-0653319	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

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SHERWOOD FOREST CAMP INC 2708 SUTTON BOULEVARD ST LOUIS,MO 63143	43-0653401	501(C)(3)		28,696	FMV	VAN	SEE SCH O
SHOW ME AQUATICS2085 BLUESTONE DRIVE ST CHARLES,MO 63303	43-1848967	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

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SUNNYHILL ADVENTURES11140 SO TOWNE SQUARE SUITE 101 ST LOUIS,MO 63123	43-1150250	501(C)(3)	15,000				SEE SCH O
SUPPORT DOGS INC11645 LILBURN PARK ROAD ST LOUIS,MO 63146	43-1379801	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

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TEAM ACTIVITIES FOR SPECIAL KIDS 11139 SOUTH TOWNE SQUARE SUITE D ST LOUIS,MO 63123	43-1825054	501(C)(3)	5,000				SEE SCH O
THERAPEUTIC HORSEMANSHIP332 STABLE LANE WENTZVILLE,MO 63385	51-0198939	501(C)(3)	8,000				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
TOUCHPOINT AUTISM SERVICES 1101 OLIVETTE EXECUTIVE PKWY ST LOUIS,MO 63132	43-0979927	501(C)(3)	10,000				SEE SCH O
UNITED SERVICES 4140 OLD MILL PARKWAY ST PETERS,MO 63376	43-1136074	501(C)(3)	9,100				SEE SCH O

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

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UNIVERSITY CITY CHILDREN'S CENTER6646 VERNON AVENUE UNIVERSITY CITY, MO 63130	43-0958608	501(C)(3)	5,000				SEE SCH O
WILLIAM M BEDELL ACHIEVEMENT & RESOURCE CENTER 400 S MAIN ST PO BOX 349 WOOD RIVER,IL 62095	37-6046646	501(C)(3)	14,000				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
WINGS OF HOPE 18370 WINGS OF HOPE BLVD STLOUIS,MO 63005	43-0909606	501(C)(3)	5,000				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

2011

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?	**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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	144,400	0	0	4,332	7,795	156,527	0
	(ii)	0	0	0	0	0	0	0

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: 93493046007463

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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	X	6	32,295	FMV
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	2,250	FMV
26	Other ▶ (AIRFARE)	X	1	91,760	COST
27	Other ▶ (EVENT PRODUCTION COST)	X	1	28,618	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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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

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

2011

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
	FORM 990, PART VI, SECTION B, LINE 11	UPON RECEIPT OF A DRAFT 990, THE BOARD OF DIRECTORS IS PROVIDED A COPY TO REVIEW AND DISCUSS ANY CHANGES ARE INCORPORTED INTO THE FORM PRIOR TO ITS SUBMISSION WITH IRS
	FORM 990, PART VI, SECTION B, LINE 12C	AN ATTORNEY WHO SITS ON THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND MAKES CHANGES AS NEEDED IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, BOARD MEMBERS SIGN OFF ON THE POLICY AT THE INITIAL AND SUBSEQUENT RENEWAL OF TERMS EXCEPTIONS TO THE CONFLICT OF INTEREST POLICY ARE NOT ALLOWED
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES FOR ALL STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER, KEEP WITHIN THE STANDARDS PUBLISHED BY THE NON-PROFIT TIMES - A NATIONAL SOURCE OF INFORMATION ON SUCH SALARIES ALL SALARIES ARE REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 312,760
	FORM 990, PART XI, LINE 2C	THE FINANCE COMMITTEE OF THE ORGANIZATION ASSUMES RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR THERE WERE NO CHANGES IN THE COMMITTEE'S PROCESS FROM PRIOR YEARS
	SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE	THERAPY SERVICES ALMOST HOME-INTERNAL COUNSELING FOR TEENAGE MOTHERS ADDRESSING BEHAVIORAL AND ANGER MANAGEMENT, LIFE SKILLS TRAINING, JOB TRAINING AND PARENTING SKILLS CATHOLIC FAMILY SERVICES-100 COUNSELING SESSIONS FOR 10 CHILDREN WITH MENTAL DISABILITIES CENTER FOR HEARING/SPEECH-SPEECH/LANGUAGE PROGRAM FOR CHILDREN BIRTH TO AGE 4 TO OVERCOME SPEECH/LANGUAGE DISABILITIES & ACHIEVE AGE-APPROPRIATE SKILLS-116 5 HOURS OF THERAPY AT REMOTE LOCATIONS CORNERSTONE FOR EARLY LEARNING-EARLY THERAPEUTIC INTERVENTION SPEECH AND LANGUAGE PROVIDED 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 CHILDREN WITH SEVERE EMOTIONAL DISABILITIES EPWORTH FAMILY & CHILDREN SERVICES-SPECIAL ED PROGRAM (RESIDENTIAL TREATMENT PROGRAM) SERVING CHILDREN WITH SEVERE LEARNING, EMOTIONAL AND BEHAVIORAL DISABILITIES GOOD SHEPHERD SCHOOL-PEDIATRIC THERAPY SERVICE PROGRAM-PEDIATRIC PT, OT, SPEECH & DEVELOPMENTAL THERAPY SERVICES FOR CHILDREN GREAT CIRCLE (EDGEWOOD CHILDREN'S CENTER) RESIDENTIAL TREATMENT PROGRAM-HELPING CHILDREN WITH AUTISM TO IMPROVE LIVING, SOCIALIZATION, OVERALL FUNCTIONING AND EDUCATIONAL SKILLS HOWARD PARK CENTER-PEDIATRIC PARTNERSHIP PROGRAM-PROVIDES COMPREHENSIVE PEDIATRIC THERAPY SERVICES-PT, OT, SPEECH DEVELOPMENTAL THERAPY JEWISH FAMILY & CHILDREN SERVICES-SAFE TOUCH PLUS PROGRAM-SPECIALIZED CHILD ABUSE PREVENTION PROGRAM FOR CHILDREN WITH INTELLECTUAL DELAYS, FUNCTIONAL AND OR PSYCHOLOGICAL DISABILITIES KINGDOM HOUSE-THERAPY SCREENING, EVALUATIONS OF BI-LINGUAL CHILDREN WITH BEHAVIORAL DISORDERS & COGNITIVE DELAYS LEMAY DAYCARE CENTER-EARLY CHILDHOOD INCLUSIVE THERAPY PROGRAM LOGOS SCHOOL-AFTERSCHOOL THERAPY COUNSELING SERVICES CHILD CENTER-MARYGROVE-DRURY HOUSE-PROVIDING PSYCHIATRIC THERAPY SERVICES TO MALES 16-21 WITH MENTAL DISABILITIES CHILD CENTER-MARYGROVE-ONE ON ONE SITUATIONAL COUNSELING THERAPY FOR 135 CHILDREN WITH A CLINICAL DIAGNOSIS BY A PSYCHIATRIST CHILD CENTER-MARYGROVE-CRISIS CARE FOR BABIES PROGRAM-PROVIDING THERAPY SERVICES TO SINGLE AND PREGNANT TEENS IN THE TRANSITIONAL AND INDEPENDENT LIVING PROGRAM OUR LADY'S INN-IN HOME THERAPY SERVICES PROVIDED TO CHILDREN WITH INTELLECTUAL DELAYS FOR 25 CHILDREN SHOW ME AQUATICS-AQUA ABILITY PROGRAM PROVIDING ONE ON ONE PHYSICAL AQUA THERAPY FOR CHILDREN AGE 3-21 ST JOHN'S MERCY-SNOZELEN MULTI SENSORY ROOM FOR AUTISM ST LOUIS TRANSITIONAL HOPE HOUSE-SPEECH & LANGUAGE THERAPY SERVICES FOR EARLY INTERVENTION AND EARLY CHILDHOOD SERVICES FOR CHILDREN WITH INTELLECTUAL DELAYS ST MARY'S SPECIAL SERVICES-FINANCIAL ASSISTANCE TO CHILDREN PROVIDING AN INCLUSIVE EARLY INTERVENTION SERVICES IN OCCUPATIONAL, SPEECH AND PHYSICAL THERAPIES GERMAN ST VINCENT ORPHANAGE ORGANIZATION-VIVA VOX PROGRAM MUSIC/PERFORMING ARTS THERAPY-FOR CHILDREN WITH MODERATE TO SEVERE EMOTIONAL PROBLEMS AND BEHAVIORAL DISORDERS TOUCHPOINT AUTISM SERVICES-PROVIDING 24 FAMILIES AUTISM ASSESSMENTS WITH USING THE AUTISM DIAGNOSTIC OBSERVATION SCHEDULE THERAPEUTIC RECREATIONAL EQUIPMENT GREAT CIRCLE (BOYS & GIRLS TOWN OF MISSOURI)-MERAMEC LEARNING CENTER PROVIDING THERAPEUTIC ACTIVITIES AND EQUIPMENT FOR EACH INDIVIDUAL CHILD'S TREATMENT PLAN WITH BEHAVIORAL DISORDERS A PLACE TO WORK ON SOCIAL INTERACTION, PERSONALITY, SELF ESTEEM AND EMOTIONAL CONTROL EMERGENCY CRISIS SAINT LOUIS CRISIS NURSERY-SCHOLARSHIPS FOR EMERGENCY INTERVENTION, RESPITE CARE AND SUPPORT FOR CHILDREN WITH DEVELOPMENTAL, BEHAVIORAL AND PHYSICAL DISABILITIES EQUINE THERAPY SERVICES DISABILITY RESOURCE ASSOCIATION-EQUINE ASSISTED THERAPY FOR CHILDREN PROGRAM EQUINE ASSISTED THERAPY INC -EQUINE THERAPY SCHOLARSHIP JAMESTOWN NEW HORIZONS-EQUINE ASSISTED FULL SCHOLARSHIPS RIDE ON ST LOUIS INC -HIPPO THERAPY-SCHOLARSHIPS THERAPEUTIC HORSEMANSHIP-EQUINE ASSISTED FULL SCHOLARSHIPS MEDICAL EQUIPMENT ASTHMA & ALLERGY FOUNDATION-PROJECT CONCERN TO PROVIDE BED CASINGS, NEBULIZERS, PEAK FLOW METERS TO CHILDREN TO MANAGE THEIR ASTHMA ALLERGIES CARDINAL GLENNON CHILDREN'S FOUNDATION-PROVIDE A PORTION OF COST OF THE COCHLEAR IMPLANT FOR 1 CHILD CHILDREN'S HOME SOCIETY-DEVELOPMENTAL DISABILITIES PROGRAM PROVIDING MEDICAL SUPPLIES, EQUIPMENT & PARTIAL FUNDING FOR PROGRAM SERVICE COORDINATOR ST LOUIS CHILDREN'S HOSPITAL-PROVIDED DYNAWRITE, LIGHTWRITER AND COMLINK PIECES OF EQUIPMENT WINGS OF HOPE-PROVIDING CHILDREN WITH ASSISTANCE FROM THE MEDICAL RELIEF AND TRANSPORT PROGRAM SERVICING THE CRITICAL MEDICAL NEEDS OF CHILDREN WITH EQUIPMENT OR TRANSPORTATION EDUCATIONAL THERAPEUTIC EQUIPMENT & MATERIALS BOY SCOUTS OF AMERICA-ST LOUIS-CHAMPIONS PROGRAM-IN SCHOOL CHARACTER EDUCATION CURRICULUM FOCUSING ON COPING AND LIFE SKILLS FOR CHILDREN WITH PHYSICAL & MENTAL DISABILITIES CATHOLIC CHARITIES OF ST LOUIS-ONGOING OUTREACH FOR HEALTHY KIDS PROJECT-EDUCATIONAL MATERIALS FOR YEAR ROUND AFTER SCHOOL PROGRAMS FOR CHILDREN WITH AUTISM, BEHAVIORAL DISORDERS AND DEVELOPMENTAL DELAYS CATHOLIC CHILDREN'S HOME-CHARACTER EDUCATION PROGRAM TO TEACH, MODEL, REINFORCE PRINCIPLES OF CHARACTER ATTITUDE & ATTRIBUTES COORDINATED YOUTH & HUMAN SERVICES-CHARACTER EDUCATION PROGRAM MATERIALS FOR 258 STUDENTS WHO BENEFITED FROM THE RESOURCES PROVIDED TO HELP WITH INCREASE IN READING SKILL LEVELS COVENANT HOUSE MISSOURI-MENTAL HEALTH PROGRAM-EMPLOYMENT PROGRAM-EDUCATE & EQUIP SPECIAL NEEDS YOUTH AGES 16 TO 21 YEARS WITH SKILLS AND TOOLS TO TRANSITION TO INDEPENDENT LIVING AND ON THE JOB TRAINING DISABILITY SUPPORT SERVICES-KIDSMART LENDING LIBRARY WHICH BENEFITS AN ESTIMATED 250 CHILDREN AND RESPITE CARE SCHOLARSHIPS WITH A WAITING LIST OF 67 FAMILIES GIRLS SCOUT COUNCIL-ST LOUIS-EDUCATIONAL MATERIALS FOR THE PAVE PROGRAM-PROJECT ANTI VIOLENCE EDUCATION ILLINOIS CENTER FOR AUTISM-AUTISM SPECTRUM DISORDER PROGRAM PROVIDING RESEARCH BASED SOFTWARE TO PROMOTE VOCABULARY, LANGUAGE MASTERY AND READING IN THE CHILDREN NEXTSTEP FOR LIFE-TRANSITIONAL FAIR INFORMATIONAL MATERIAL DVD'S TO EDUCATE THESE YOUTH IN HELPING THEM TO TRANSITION FROM SCHOOL TO THE PROCESS OF GETTING EMPLOYMENT RANKEN JORDAN-A PEDIATRIC SPECIALTY HOSPITAL-INTERACTIVE WHITEBOARD USED TO ALLOW CHILDREN TO PHYSICALLY INTERACT WHILE LEARNING TO MOVE LETTERS, NUMBERS, PICTURES AND WORDS WITH THEIR FINGERS SPECIAL CHILDREN-PRIME CARE PLAY, PRIME HOMEBOUND THERAPY PROGRAMS-EDUCATIONAL MATERIALS & EQUIPMENT TO PROMOTE SOCIAL INTERACTION, SPEECH AND LANGUAGE DEVELOPMENT, SENSORY MOTOR DEVELOPMENT AND SENSORY INTEGRATION TO CHILDREN INFANT TO PRESCHOOL UNITED SERVICES-EARLY CHILDHOOD SPECIAL ED PROGRAM AND INTENSIVE BEHAVIORAL INTERVENTION PROGRAM-SPECIAL EDUCATION EQUIPMENT WILLIAM M BEDELL ACHIEVEMENT & RESOURCE CENTER-ADAPTIVE SWINGS, MATERIALS, EDUCATIONAL EQUIPMENT AND SUPPLIES FOR EXISTING THERAPEUTIC PROGRAMS YOUTH IN NEED, INC -EARLY CHILDHOOD ADAPTIVE CLASSROOM EQUIPMENT AND ASSESSMENTS FOR CHILDREN WITH DISABILITIES SERVICE DOGS C H A M P ASSISTANCE DOGS-TRAINING AND PLACEMENT OF SERVICE DOG TO SPECIAL NEEDS CHILD SUPPORT DOGS, INC -TRAINING AND PLACEMENT OF SERVICE DOG TO SPECIAL NEEDS CHILD AUDIOLOGY PROGRAM CENTRAL INSTITUTE FOR THE DEAF-PEDIATRIC AUDIOLOGY PROGRAM-PURCHASE EAR MOLDS, REPLACEMENT PARTS, BATTERIES, LOANER HEARING AIDS ST JOSEPH INSTITUTE FOR THE DEAF-PEDIATRIC AUDIOLOGY PROGRAM-ON GOING ASSESSMENTS AND MANAGEMENT OF EACH CHILD'S HEARING AID FITTING, USE OF ASSISTIVE TECHNOLOGY AND SOFTWARE FOR HEARING LOSS
	SCHEDULE I, PURPOSE OF GRANT OR ASSISTANCE (CONTINUED)	HEALTH/FITNESS/RECREATIONAL PROGRAMS COMMUNITY LIVING, INC -TEEN CLUB PROGRAM PROVIDING EQUIPMENT SUCH AS AN ELLIPTICAL AND TREADMILL FOR THE STIMULATION ROOM FOR CHILDREN 6-21 WITH INTELLECTUAL DISABILITIES DISABLED ATHLETE SPORTS ASSOCIATION-SUPPORTING THE WHEEL CHAIR SOCCER PROGRAM FOR CHILDREN WITH DISABILITIES AGE 5-21 JCC-FIT FOR LIFE-USE OF ONE ON ONE TRAINERS FOR CHILDREN WITH PHYSICAL DISABILITY SPECIAL OLYMPICS MISSOURI-YOUTH ATHLETE PROGRAM-PROGRAM SUPPORT OF ST LOUIS' 16 OLYMPIC-TYPE SPORTS WITH TRANSPORTATION, MEDALS, UNIFORMS, FACILITIES, MEALS AND EQUIPMENT FOR THE YOUTH SPORTS PROGRAM SLARC-NEIGHBORHOOD EXPERIENCES-COMMUNITY BASED VOLUNTEER AND RECREATION PROGRAM FOR YOUTH WITH INTELLECTUAL DISABILITIES AGES 13 UP TO 21 ST LOUIS SOCIETY FOR THE PHYSICALLY DISABLED-AFTERSCHOOL PROGRAM SERVING 28 CHILDREN WITH A RECREATIONAL SESSION, SNACK AND TRANSPORTATION TO HOME TEAM ACTIVITIES FOR SPECIAL KIDS-MEMBERSHIP SCHOLARSHIPS FOR CHILDREN WITH SPECIAL NEEDS TO PARTICIPATE IN MORE THAN ONE SPORT/SOCIAL PROGRAM PREEMIE IN HOME VISITS & SERVICES NURSES FOR NEWBORNS FOUNDATION-NURSES IN HOME VISITS FOR MEDICALLY FRAGILE PREEMIES CAMPING PROGRAMS CROHN'S & COLITIS FOUNDATION-7 CAMP OASIS SCHOLARSHIPS FOR CHILDREN WITH IBD(INFLAMMATORY BOWEL DISORDER) H I S K I D S -CAMP SUPPLIES, SNACKS AND FACILITY RENTAL NATIONAL KIDNEY FOUNDATION, INC -8 SCHOLARSHIPS FOR CHILDREN WHO HAVE CHRONIC KIDNEY DISEASE TO ATTEND CAMP CHIMER PARENT TEACHER ORGANIZATION FOR EXCEPTIONAL CHILDREN-CAMP SCHOLARSHIPS FOR SUMMER CAMP FOR CHILDREN WITH PHYSICAL & MENTAL DISABILITIES FOCUSED ON SOCIAL DEVELOPMENT, FUN AND EXPERIENCES IN THE COMMUNITY SUNNYHILL ADVENTURES-RESIDENTIAL CAMP SCHOLARSHIPS FOR CHILDREN WITH INTELLECTUAL AND PHYSICAL DISABILITIES SOCIALIZATION/COPING SKILL PROGRAMS DELTA GAMMA CENTER-GRADS PROGRAM-PROVIDING CHILDREN 3-18 WITH SOCIALIZATION SKILLS AMONG THEIR PEERS, INCREASING INDEPENDENCE AND COMMUNITY PARTICIPATION HYDE PARK OUTREACH-YOUTH COACHING PROGRAM-SOCIAL SKILLS, INSTRUCTION/COUNSELING & COPING OPPORTUNITIES FOR SPECIAL EDUCATION STUDENTS WITH MENTAL/BEHAVIORAL DISORDERS LIFE SKILLS FOUNDATION-COMMUNITY ACCESS TRAINING PROGRAM FOCUSES ON PRE-VOCATIONAL, SKILL BUILDING AND GOAL FULFILLMENT IN CLIENTS AGE 11-21 MISSOURI GIRLS TOWN FOUNDATION, INC -PROGRAM IN A THERAPEUTIC SETTING TO HELP WITH SOCIAL AND PSYCHOLOGICAL ADJUSTMENT, TEACH RESPONSIBLE GROUP AND INDEPENDENT LIVING SKILLS 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 CHILDREN EDUCATIONAL SCHOLARSHIP CAMP HAPPY DAY-TEN PARTIAL SCHOLARSHIP FOR 7 WEEKS OF SPECIAL NEEDS SUMMER TUTORING PROGRAM CENTER FOR AUTISM EDUCATION-8 SCHOLARSHIPS FOR CHILDREN WITH SEVERE AND CHALLENGING BEHAVIORS IN THE CLINIC AND SCHOOL BASED PROGRAM ARCHDIOCESAN DEPT OF SPECIAL EDUCATION-AUTISM PROGRAM AT ST GEMME-NEED BASED SCHOLARSHIPS FOR 8 STUDENTS WITH AUTISM JCC-EARLY CHILDHOOD EDUCATIONAL SERVICES-SCHOLARSHIP ASSISTANCE FOR CHILDREN WITH PHYSICAL DISABILITIES LOGOS HIGH SCHOOL-TUITION ASSISTANCE FOR STUDENTS AGE 14-18 IN THE JOB SUSTAINABILITY PROJECT LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION-JEREMIAH PROGRAM-INDIVIDUALIZED HIGH SCHOOL PROGRAM FOR CHILDREN WITH MENTAL AND EDUCATIONAL DISABILITIES MIRIAM FOUNDATION-TUITION ASSISTANCE FOR CHILDREN WHO NEED SPECIALIZED SERVICES SOUTH SIDE DAY NURSERY- EARLY CHILD CARE FEES FOR 12 SPECIAL NEEDS CHILDREN ST MARTIN'S CHILD CENTER-EARLY CHILD CARE FEES FOR SPECIAL NEEDS CHILDREN UNIVERSITY CITY CHILDREN'S CENTER-EARLY CHILD CARE FEES FOR 4 CHILDREN WITH PHYSICAL DISABILITIES IN THE INCLUSIVE PRESCHOOL PROGRAM SUNSHINE COACH VAN FAMILY RESOURCE CENTER-TRANSPORTATION TO PRESCHOOL THERAPY PROGRAM SERVING 3-5 YR OLDS WHO HAVE SEVERE EMOTIONAL BEHAVIORAL DISABILITIES AND INTELLECTUAL DELAYS GIANTS STEPS OF ST LOUIS-PROVIDING TRANSPORTATION OF 16YR OLDS TO TRANSITION INTO THE COMMUNITY WORK SITES WITH JOB COACH, VOCATIONAL CLASSES AND FIELD TRIPS TO EVENTS SHERWOOD FOREST CAMP, INC -PROVIDING TRANSPORTATION TO SERVE CHILDREN FROM 6-14 YR OLDS WITH BEHAVIORAL DISABILITIES TO EXPERIENCE CAMP IN A POSITIVE ENVIRONMENT

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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
STEVE CRIMMINS 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
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

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			
MIKE LEFTON MEMBER	1 00	X						0	0	0
JOAN D MALLOY 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
JAN ALBUS CHIEF EXECUTIVE OFFICER	40 00			X				144,400	0	12,127
BRIAN ROY CHIEF OPERATING OFFICER	40 00			X				115,582	0	5,207