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Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

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

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

A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 9/30, 2012

B Check if applicable	C VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, TENT 25 4601 WILSHIRE BLVD #260 LOS ANGELES, CA 90010	D Employer identification number 95-1330495
		E Telephone number (323) 655-1547
		G Gross receipts \$ 2,290,347.

I Tax exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(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)

J Website: ► WWW.VARIETYSOCAL.ORG

H(c) Group exemption number ►

K Form of organization Corporation Trust Association Other ► L Year of Formation 1941 M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, FOUNDED IN 1941, IS MADE UP OF MEN AND WOMEN PRIMARILY IN THE ENTERTAINMENT INDUSTRY WHO RAISE THE MUCH NEEDED FUNDS TO PROVIDE LIFESAVING SUPPORT FOR DISABLED, ABUSED, PHYSICALLY CHALLENGED AND UNDERPRIVILEGED CHILDREN
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3 27
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 2
	6 Total number of volunteers (estimate if necessary) 6 300
	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.
Expenses	8 Contributions and grants (Part VIII, line 1h) 1,787,429. 1,594,226.
	9 Program service revenue (Part VIII, line 2g) 19,114. 14,636.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48,926.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,806,543. 1,657,788.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 532,303. 629,315.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 223,578. 232,277.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 179,645. 179,645.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 161,509. 168,692.
	16a Professional fundraising fees (Part IX, column (A), line 1e) 917,390. 1,030,284.
	b Total fundraising expenses (Part IX, column (D), line 25) 889,153. 627,504.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,463,606. 294,364.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 839,419. 1,466,923.
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12 OGDEN, UT
	20 Total assets (Part X, line 16) Beginning of Current Year 2,303,025. End of Year 1,761,287.
	21 Total liabilities (Part X, line 26) 1,463,606. 294,364.
	22 Net assets or fund balances Subtract line 21 from line 20 3/27/13 839,419. 1,466,923.

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 filer) is based on all information of which preparer has any knowledge

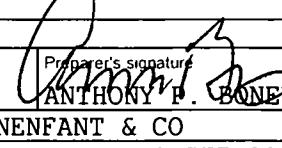
Sign Here

Signature of officer
ELIZABETH O'NEIL

Type or print name and title

Date

EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name ANTHONY P. BONENFANT	Preparer's signature 	Date 3-7-13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00104187
	Firm's name ► ANTHONY BONENFANT & CO				
	Firm's address ► 16601 VENTURA BLVD. SUITE 200 ENCINO, CA 91436			Firm's EIN ► 95-4140785	
				Phone no (818) 907-1975	

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

98 10

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If 'Yes' describe these new services on Schedule O Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If 'Yes,' describe these changes on Schedule O Yes No

4 Describe the 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 \$ 629,104. including grants of \$ 473,540.) (Revenue \$)
IN SOUTHERN CALIFORNIA, THERE ARE A MULTITUDE OF FOUNDATIONS, CHILDREN AND FAMILY SERVICES, HOSPITALS AND ORGANIZATIONS WHOSE SOLE PURPOSE IS TO PROVIDE LIFESAVING AND LIFE-ENRICHING ASSISTANCE. VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, PROVIDES ONGOING FUNDRAISING AND VOLUNTEER SUPPORT TO OVER 35 OF THOSE ORGANIZATIONS.

4b (Code) (Expenses \$ 103,316. including grants of \$ 100,000.) (Revenue \$ 73,500.)
VARIETY BOYS AND GIRLS CLUB:

THE VARIETY BOYS & GIRLS CLUB HAS BEEN SERVING CHILDREN IN THE BOYLE HEIGHTS COMMUNITY FOR 60 YEARS. FOUNDED IN 1949 BY VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA. THE BOYS & GIRLS CLUB NOW SERVES OVER 4,000 AT-RISK AND PRIMARILY LOW-INCOME CHILDREN A YEAR. THE CLUB PROVIDES DAILY PROGRAMS SUCH AS: HOMEWORK ASSISTANCE, MENTORS, COMPUTER LESSONS, LITERACY, ARTS & CRAFTS, GAMES AND MORE.

4c (Code) (Expenses \$ 61,375. including grants of \$ 61,375.) (Revenue \$)
SCHOLARSHIP PROGRAM:

VARIETY OF SOUTHERN CALIFORNIA - TENT 25, SUPPORTS THE LOS ANGELES COMMUNITY WITH A REWARDING SCHOLARSHIP PROGRAM THAT GIVES ITS YOUTH AN OPPORTUNITY TO EXPAND THEIR KNOWLEDGE BASE, ENABLING THEM TO STRIVE FOR THEIR DREAM. THE SCHOLARSHIP PROGRAM HAS AWARDED OVER \$1 MILLION TO OVER 500 RECIPIENTS SINCE THE INCEPTION OF THE PROGRAM. ALL OF THE SCHOLARSHIP RECIPIENTS ARE AT-RISK YOUTH FROM THE GREATER LOS ANGELES AREA - MANY OF THE VARIETY BOYS AND GIRLS CLUB OF BOYLE HEIGHTS - WHO HAVE WORKED HARD TO BETTER THEIR LIVES THROUGH EDUCATION. AMONG ITS GRADUATES ARE DOCTORS, LAWYERS, TEACHERS AND OTHER COMMUNITY LEADERS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 793,795.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
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 X	
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	4	
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	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If 'Yes,' enter the name of the foreign country ► See 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	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
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	X	
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).	7a	X	
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?	7b	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
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?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a		
11 Section 501(c)(12) organizations. Enter	11b		
a Gross income from members or shareholders	12a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	13b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13c		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	14a	X	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b		
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			

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

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

Section A. Governing Body and Management

		Yes	No
1a	27		
1b	27		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b	X		
9		X	

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

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
► ELIZABETH O'NEIL 4601 WILSHIRE BLVD., STE 260 LOS ANGELES CA 90010 (323) 655-1547

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) <u>SHIRLEY BECKER</u> DIRECTOR	1	X					0.	0.	0.
(2) <u>ANN-ELIZABETH CROTTY</u> DIRECTOR	1	X					0.	0.	0.
(3) <u>DEAN GORDON</u> DIRECTOR	1	X					0.	0.	0.
(4) <u>SAM ENGLEBARDT</u> DIRECTOR	1	X					0.	0.	0.
(5) <u>SCOTT FORMAN</u> PRESIDENT	1	X	X				0.	0.	0.
(6) <u>NANCY KLUETER</u> DIRECTOR	1	X					0.	0.	0.
(7) <u>LARRY KRUTCHIK</u> DIRECTOR	1	X					0.	0.	0.
(8) <u>PATRICIA GONZALEZ</u> DIRECTOR	1	X					0.	0.	0.
(9) <u>DAVID JOHNSON</u> DIRECTOR	1	X					0.	0.	0.
(10) <u>MICHAEL A. ALVAREZ, JR</u> DIRECTOR	1	X					0.	0.	0.
(11) <u>MICHELLE MADDALENA</u> DIRECTOR	1	X					0.	0.	0.
(12) <u>DALE DAVISON</u> DIRECTOR	1	X					0.	0.	0.
(13) <u>GRETCHEN MCCOURT</u> DIRECTOR	1	X					0.	0.	0.
(14) <u>SHAUN BARBER</u> DIRECTOR	1	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related orga- niza- tions in Sch 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	
		or director	Individual trustee	Officer	Key employee	Highest compensated	Former		
(15) BRANDEN D. MILLER DIRECTOR	1	X					0.	0.	0.
(16) DOMINIC PARERO DIRECTOR	1	X					0.	0.	0.
(17) JERRY POKORSKI DIRECTOR	1	X					0.	0.	0.
(18) ALLISON FULLMER DIRECTOR	1	X					0.	0.	0.
(19) ADRIAN SMITH DIRECTOR	1	X					0.	0.	0.
(20) MICKIE SULLIVAN DIRECTOR	1	X					0.	0.	0.
(21) ERIC TABAK DIRECTOR	1	X					0.	0.	0.
(22) JOHN V TAMBORELLI DIRECTOR	1	X					0.	0.	0.
(23) ALAN DAVY CHAIRMAN	1	X		X			0.	0.	0.
(24) MARY NAKAGAWA-MARTI DIRECTOR	1	X					0.	0.	0.
(25) WILLIAM D ESENSTEN TREASURER	1	X		X			0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	156,827.	0.	0.
d Total (add lines 1b and 1c)						►	156,827.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 in compensation from the organization ► 0		

Continuation Sheet for Form 990

Department of the Treasury
Internal Revenue Service

2011

Name of the Organization

Employer identification number
95-1330495

VARIETY - THE CHILDREN'S CHARITY OF

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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	1,043,020.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	551,206.			
	g Noncash contributions included in lns 1a-1f		\$ 340,872.			
	h Total. Add lines 1a-1f		► 1,594,226.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		►			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		14,636.	14,636.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		►			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
c Gain or (loss)						
d Net gain or (loss)		►				
8a Gross income from fundraising events (not including \$ 1,043,020.)						
of contributions reported on line 1c)						
See Part IV, line 18	a	632,559.				
b Less direct expenses	b	632,559.				
c Net income or (loss) from fundraising events		►				
9a Gross income from gaming activities						
See Part IV, line 19	a	48,926.				
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►	48,926.	48,926.		
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►				
12 Total revenue. See instructions		► 1,657,788.	63,562.	0.	0.	

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	459,000.	459,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	170,315.	170,315.		
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	156,827.	94,098.	15,683.	47,046.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	60,801.	18,240.	6,080.	36,481.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,649.	4,394.	1,465.	8,790.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	22,200.	3,060.	13,020.	6,120.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	26,610.	8,540.	2,580.	15,490.
14 Information technology				
15 Royalties				
16 Occupancy	50,639.	15,191.	5,064.	30,384.
17 Travel	9,578.	1,584.	4,825.	3,169.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,921.	1,176.	392.	2,353.
23 Insurance	30,273.	8,481.	4,828.	16,964.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEMBERSHIP DUES	12,585.	3,546.	1,947.	7,092.
b PUBLIC RELATIONS	5,608.	5,608.		
c WEB DESIGN	5,600.		800.	4,800.
d POSTAGE AND SHIPPING	1,273.	438.	119.	716.
e All other expenses	405.	124.	41.	240.
25 Total functional expenses. Add lines 1 through 24e	1,030,284.	793,795.	56,844.	179,645.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here □ if following

SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	608,959.	1	491,163.
	2 Savings and temporary cash investments	1,624,542.	2	1,149,003.
	3 Pledges and grants receivable, net	36,325.	3	87,666.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,240.	9	25,417.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,861.		
	b Less accumulated depreciation	10b 21,823.	10c 11,959.	8,038.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,303,025.	16	1,761,287.
LIABILITIES	17 Accounts payable and accrued expenses	23,576.	17	22,069.
	18 Grants payable	1,093,185.	18	224,695.
	19 Deferred revenue	311,845.	19	27,000.
	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	35,000.	25	20,600.
	26 Total liabilities. Add lines 17 through 25	1,463,606.	26	294,364.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	-7,061.	27	1,460,833.
	28 Temporarily restricted net assets	846,480.	28	6,090.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	839,419.	33	1,466,923.
	34 Total liabilities and net assets/fund balances	2,303,025.	34	1,761,287.

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck 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	1,657,788.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,030,284.
3 Revenue less expenses Subtract line 2 from line 1	3	627,504.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	839,419.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,466,923.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2011

Open to Public
Inspection

Name of the organization **VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, TENT 25** **Employer identification number** **95-1330495**

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

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

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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
11g (i)		
11g (ii)		
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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,518,604.	1,519,560.	1,085,976.	1,732,532.	1,208,669.	7,065,341.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,518,604.	1,519,560.	1,085,976.	1,732,532.	1,208,669.	7,065,341.
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)						0.
6 Public support. Subtract line 5 from line 4						7,065,341.

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	1,518,604.	1,519,560.	1,085,976.	1,732,532.	1,208,669.	7,065,341.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,782.	11,143.	20,613.	19,114.	20,613.	145,265.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV				54,897.	48,926.	103,823.
11 Total support. Add lines 7 through 10						7,314,429.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	96.59 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.82 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr 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 yr 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 Ins 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545 0047

2011Open to Public
Inspection

Name of the organization

Employer identification number

VARIETY - THE CHILDREN'S CHARITY OF
SOUTHERN CALIFORNIA, TENT 25

95-1330495

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

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	10,472.	8,418.	2,054.	
e Other	19,389.	13,405.	5,984.	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,038.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12) ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15) ►	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	20,600.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►	20,600.

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 (ASC 740).

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1,657,788.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1,030,284.
3 Excess or (deficit) for the year Subtract line 2 from line 1	627,504.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	627,504.

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	1,657,788.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,657,788.
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	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,657,788.

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

1 Total expenses and losses per audited financial statements	1	1,030,284.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,030,284.
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	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,030,284.

Part XIV | Supplemental Information

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

Part XIV **Supplemental Information (continued)**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, TENT 25** Employer identification number **95-1330495**

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

Employer identification number
95-1330495

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

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

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

(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 column (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

- List events with gross receipts greater than \$5,000.

	(a) Event #1 TRIBUTE JOURNA (event type)	(b) Event #2 GOLD HEARTS (event type)	(c) Other events 8 (total number)	(d) Total events (add column (a) through column (c))
1 Gross receipts	682,864.	301,081.	691,634.	1,675,579.
2 Less Charitable contributions	654,660.	160,874.	227,486.	1,043,020.
3 Gross income (line 1 minus line 2)	28,204.	140,207.	464,148.	632,559.
4 Cash prizes				
5 Noncash prizes	10,000.	74,773.	246,799.	331,572.
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	18,204.	65,434.	217,349.	300,987.
10 Direct expense summary Add lines 4 through 9 in column (d)				► 632,559.
11 Net income summary Combine line 3, column (d), and line 10				►

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1 Gross revenue			48,926.	48,926.
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				►
8 Net gaming income summary Combine lines 1, column (d) and line 7				► 48,926.

9 Enter the state(s) in which the organization operates gaming activities. CA

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
- b An outside facility

13a	%
13b	100.0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► ELIZABETH O'NEIL, EXEC. DIRECTOR

Address ► 4601 WILSHIRE BLVD., STE 260, LOS ANGELES, CA 90010

15a Does the organization have a contact 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 of the third party

Name ► _____

Address ►

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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, lines 21 or 22.
► Attach to Form 990.

Open to Public
Inspection.

2011

Name of the organization

**VARIETY - THE CHILDREN'S CHARITY OF
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?

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

SEE PART IV

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.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>24TH STREET THEATRE</u> -- 1117 W. 24TH STREET -- LOS ANGELES, CA 90007	95-4607337	501C(3)	10,000	0.			FUND ORG. PROGRAM(S)
(2) <u>B & G CLUB OF CONEJO</u> -- 5137 CLARETON DRIVE -- AGOURA HILLS, CA 91301	91-2151731	501C(3)	10,000.	0.			FUND ORG. PROGRAM(S)
(3) <u>BOYS AND GIRLS CLUB OF VISTA</u> -- 410 W. CALIFORNIA AVE -- VISTA, CA 92083	95-2266749	501C(3)	10,000.	0.			FUND ORG. PROGRAM(S)
(4) <u>BOYS AND GIRLS CLUB-WEST VALL</u> -- PO BOX 6576 -- MISSION HILLS, CA 91365	95-4419365	501C(3)	10,000.	0.			FUND ORG. PROGRAM(S)
(5) <u>CASA DE AMPRO</u> -- 3355 MISSION AVE, STE 238 -- OCEANSIDE, CA 92058	95-3315571	501C(3)	10,000.	0.			FUND ORG. PROGRAM(S)
(6) <u>CASA PACIFICA</u> -- 1722 S. LEWIS RD -- CAMARILLO, CA 93012	77-019522	501C(3)	25,000.	0.			FUND ORG. PROGRAM(S)
(7) <u>DISCOVERY ARTS</u> -- 1938 NORTH BATAVIA NO. B -- ORANGE, CA 92867	95-4700750	501C(3)	10,000.	0.			FUND ORG. PROGRAM(S)
(8) <u>JEFFREY FOUNDATION FOR THE HA</u> -- 5470 W. WASHINGTON BLVD. -- LOS ANGELES, CA 90016	23-7208851	501C(3)	10,000.	0.			FUND ORG. PROGRAM(S)

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

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

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

Schedule I (Form 990) (2011)

►

2

19

►

2

1

►

Schedule I (Form 990) (2011) VARIETY - THE CHILDREN'S CHARITY OF
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.

95-1330495
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	36	61,375.		BOOK	N/A
2 COMPASSION GRANTS	36	105,240.		BOOK	N/A
3 OTHER ASSISTANCE	50		3,700 . FMV	WEB DESIGN & DODGER TICKETS	
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ANY GRANT REQUESTS RECEIVED BY THE ORGANIZATION ARE FIRST REVIEWED BY THE EXECUTIVE DIRECTOR WHO ENSURES THAT ALL NECESSARY FINANCIAL AND ORGANIZATIONAL BACKGROUND INFORMATION IS COMPLETE. THE REQUESTS THEN GO TO THE GRANTS COMMITTEE FOR REVIEW AND DETERMINATION IF THE GRANT REQUEST SHOULD GO BEFORE THE BOARD OF DIRECTORS. ANY GRANT REQUESTS THAT ARE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION REQUIRE A MAJORITY BOARD VOTE TO BE APPROVED.

ANY GRANTS AWARDED ARE DOCUMENTED IN THE BOARD OF DIRECTORS MEETING WHEN THE GRANTS ARE VOTED ON BY THE BOARD OF DIRECTORS. THE EXACT AMOUNT OF THE GRANT IS VOTED ON AND NOTED IN THE MINUTES OF THE MEETING. IN THE EVENT OF AN ELECTRONIC VOTE,

Continuation Sheet for Schedule I (Form 990)

2011

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization

VARIETY - THE CHILDREN'S CHARITY OF						
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
JEWISH BIG BROTHERS & SISTERS 6505 WILSHIRE BLVD., #600 LOS ANGELES, CA 90048	95-1691009	501C(3)	36,100			FUND ORG. PROGRAM(S)
KEEN LA 601 S. FIGUEROA ST #2 LOS ANGELES, CA 90017	52-1767631	501C(3)	17,250			FUND ORG. PROGRAM(S)
MATTEL CHILDREN'S HOSPITAL 23-10 REHABILITATION CENTER LOS ANGELES, CA 90095	95-6006143	501C(3)	7,150.			FUND ORG. PROGRAM(S)
REACH OUT AND READ 10 CAROLYN WAY MISSION HILLS, CA 91345	04-3481253	501C(3)	25,000.			FUND ORG. PROGRAM(S)
RIDE ON THERAPEUTIC 21126 CHATSWORTH ST CHATSWORTH, CA 91311	95-4465783	501C(3)	15,000.			FUND ORG. PROGRAM(S)
SERT EQUESTRIAN PROGRAM PO BOX 4116 CHATSWORTH, CA 91313	95-4121079	501C(3)	15,000.			FUND ORG. PROGRAM(S)
SOLUTIONS FOR CHANGE 722 W. CALIFORNIA AVE VISTA, CA 92083	33-0902617	501C(3)	10,000.			FUND ORG. PROGRAM(S)
ST. FRANCIS MEDICAL CENTER 3630 E. IMPERIAL HWY LYNWOOD, CA 90262	95-3190773	501C(3)	55,000.			FUND ORG. PROGRAM(S)
SUCCESS THROUGH EDU 756 AVONGLEN TERRACE GLENDALE, CA 91206	33-1135637	501C(3)	6,000.			FUND ORG. PROGRAM(S)
SURFER HEALING FOUNDATION 26791 CALLE MARIA CAPISTRANO BEACH, CA 92627	33-1931538	501C(3)	10,000.			FUND ORG. PROGRAM(S)

Schedule I Cont (Form 990) 2011

TEEA4001L 08/25/11

Continuation Sheet for Schedule I (Form 990)

- Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 2

Name of the organization

VARIETY - THE CHILDREN'S CHARITY OF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, grant or	(g) Description of non-cash	(h) Purpose of grant or

see [Section 1031](#) for more information on the treatment of gains and losses on the exchange of property.

VARIETY BOYS AND GIRLS CLUB
2530 CINCINNATI ST
FUND ORG.

LOS ANGELES, CA 90033
VARIETY INTERNATIONAL
95-1919219 501C(3)
100,000
PROGRAM (S)

4601 WILSHIRE BLVD	STE 260	10,500	10,500	FUND ORG. PROGRAMS
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PROGRAM (3)

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Schedule I Cont (Form 990) 2011

TEEA4001L 08/25/11

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

THE GRANT AMOUNT IS NOTED IN THE ELECTRONIC VOTE, ALL REPLIES ARE PRINTED AND SAVED BY THE EXECUTIVE DIRECTOR AND RESULTS OF THE VOTE ARE SUBSEQUENTLY NOTED IN THE NEXT BOARD OF DIRECTORS MEETING TO BE RECORDED INTO THE MINUTES.

SCHOLARSHIP REQUESTS RECEIVED ARE SENT TO THE SCHOLARSHIP COMMITTEE AND REVIEWED. STUDENTS REQUESTING SCHOLARSHIPS ARE INTERVIEWED IN PERSON BY THE COMMITTEE AND REQUIRED TO PRESENT ACADEMIC TRANSCRIPTS, NOTICES OF ACCEPTANCE TO ACCREDITED COLLEGES OR TRADE SCHOOLS AND ESSAYS. ANY STUDENT WHO RECEIVES A FINANCIAL SCHOLARSHIP BY THE ORGANIZATION RECEIVES THE AWARD ON A SEMESTER BY SEMESTER BASIS AND MUST SEND PROOF OF ACADEMIC GOOD STANDING BEFORE RECEIVING THE NEXT SEMESTER'S AWARD.

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, line 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

Part I Questions Regarding Compensation

Employer identification number
95-1330495

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

Yes

No

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations

- Written employment contract
- Compensation survey or study
- 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

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

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

Only section 501(c)(3) and 501(c)(4) organizations 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

5a

X

a The organization?

5b

X

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

6a

X

a The organization?

6b

X

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

X

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

8

X

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 VARIETY - THE CHILDREN'S CHARITY OF
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

95-1330495 Page 2

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, applicable columns (D) and (E) amounts 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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation				
ELIZABETH O'NEIL	(i) <u>139,327.</u>	(ii) <u>17,500.</u>	0.	0.	<u>0.</u>	<u>0.</u>
1	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
2	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
3	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
4	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
5	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
6	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
7	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
8	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
9	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
10	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
11	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
12	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
13	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
14	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
15	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>
16	(i) <u>0.</u>	(ii) <u>0.</u>	0.	0.	<u>0.</u>	<u>0.</u>

Schedule J (Form 990) 2011

TEEA4102L 01/24/12

BAA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

SCHEDULE M
(Form 990).

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545 0047

2011

**Open To Public
Inspection**

Name of the organization **VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, TENT 25**

Employer identification number
95-1330495

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GOODY BAGS -----)	X	20	19,100.	FMV
26 Other ► (PRINTING -----)	X	8	48,853.	FMV
27 Other ► (MERCHANDISE -----)	X	24	166,539.	FMV
28 Other ► (ADV./PROMO -----)	X	12	97,080.	FMV

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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2011

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information 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 SOUTHERN CALIFORNIA, TENT 25**

Employer identification number
95-1330495

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, FOUNDED IN 1941, IS MADE UP OF MEN AND WOMEN PRIMARILY IN THE ENTERTAINMENT INDUSTRY WHO RAISE THE MUCH NEEDED FUNDS TO PROVIDE LIFESAVING SUPPORT FOR DISABLED, ABUSED, PHYSICALLY CHALLENGED AND UNDERPRIVILEGED CHILDREN IN THE SOUTHERN CALIFORNIA COMMUNITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TREASURER. ONCE THE DRAFT IS APPROVED, A COPY OF THE FORM IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND REVIEWED AT THE BEGINNING OF THE CALENDAR YEAR FOR ANY NEW BOARD MEMBER AND AS A REMINDER FOR CURRENT BOARD MEMBERS. EVERY BOARD MEMBER SIGNS AN AGREEMENT THAT THEY HAVE RECEIVED, READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY. THE MONITORING OF THIS PROCEDURE IS DONE BY THE EXECUTIVE DIRECTOR, AND THE SIGNED ORIGINAL DOCUMENTS ARE KEPT IN THE EXECUTIVE DIRECTOR'S OFFICE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER OFFICERS IS REVIEWED IN A SPECIAL MEETING OF THE EXECUTIVE COMMITTEE USING GUIDELINES FROM THE "BENEFITS IN NON-PROFIT CORPORATIONS" SURVEYS. THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

VARIETY - THE CHILDREN'S CHARITY OF
SOUTHERN CALIFORNIA, TENT 25

95-1330495

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
RAFFLE INCOME	48,926.	54,897.			
TOTAL	\$ 48,926.	\$ 54,897.	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions VARIETY - THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA, TENT 25	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-1330495
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions 4601 WILSHIRE BLVD #260	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LOS ANGELES, CA 90010	

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

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

- The books are in the care of ► ELIZABETH O'NEIL

Telephone No. ► (323) 655-1547

FAX No ►

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 5/15, 20 13, to file the exempt organization return for the organization named above

The extension is for the organization's return for

► calendar year 20 or

► tax year beginning 10/01, 20 11, and ending 9/30, 20 12

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

Change in accounting period

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

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

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)