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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization VARIETY OF EASTERN TENNESSEE		D Employer identification number 33-1025696	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 7132 REGAL LANE	Room/suite	E Telephone number (865) 521-9096	
	City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37918		G Gross receipts \$ 822,988	
	F Name and address of principal officer TED COOPER 7132 REGAL LANE KNOXVILLE, TN 37918		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.VARIETYTN.ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 2002	M State of legal domicile TN	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities VARIETY OF EASTERN TENNESSEE'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE FUNDING AND SERVICES FOR PROGRAMS THAT STRIVE TO IMPROVE THE QUALITY OF LIFE FOR UNDERPRIVILEGED, PHYSICALLY AND MENTALLY CHALLENGED, ILL, ABUSED, NEGLECTED AND ABANDONED CHILDREN IN EASTERN TENNESSEE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	1	
	6	Total number of volunteers (estimate if necessary)	100	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	30,590	770,747
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	641,388	-58,786
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	671,978	711,961
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	647,661	620,877
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,299	32,205
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>21,421</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	126,633	128,106
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	806,593	781,188
	19	Revenue less expenses Subtract line 18 from line 12	-134,615	-69,227
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	198,325	151,727
21		Total liabilities (Part X, line 26)	63,500	86,129
22		Net assets or fund balances Subtract line 21 from line 20	134,825	65,598

Part II Signature Block

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

Sign Here	*****			2014-02-04	
	Signature of officer			Date	
Paid Preparer Use Only	TED COOPER PRESIDENT				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LEIGH ANNE JOSEPH CPA		Preparer's signature		Date
	Firm's name ▶ LATTIMORE BLACK MORGAN & CAIN PC		Check ☐ if self-employed		PTIN P00497850
	Firm's address ▶ 10024 INVESTMENT DRIVE STE 200 KNOXVILLE, TN 37932		Firm's EIN ▶ 62-1199757		Phone no (865) 691-9000
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No					

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO ASSIST AT-RISK, PHYSICALLY CHALLENGED, ABUSED AND NEGLECTED CHILDREN

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 629,871 including grants of \$ 620,877) (Revenue \$)
	VARIETY PROVIDED FINANCIAL SUPPORT TO VARIOUS LOCAL CHILDREN'S CHARITIES
4b	(Code) (Expenses \$ 88,756 including grants of \$) (Revenue \$)
	KIDS ON THE GO - VARIETY PROVIDED WHEELCHAIRS AND ACCESSIBILITY EQUIPMENT FOR DISABLED CHILDREN
4c	(Code) (Expenses \$ 11,311 including grants of \$) (Revenue \$)
	FACILITATED CHILDREN'S EVENTS, SUCH AS KIDS DAY AT THE ZOO AND MOVIE PREMIERS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7 29,938

Part IV

Checklist of Required Schedules

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

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			No
7h			No
8			No
9 Sponsoring organizations maintaining donor advised funds.			
9a			No
9b			No
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	CAROL FUSCO 7132 REGAL LANE KNOXVILLE, TN (865) 925-9906

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREG DUNN PAST PRESIDENT	1 00	X		X				0	0	0
(2) MIKE CAMPBELL BOARD MEMBER	30	X						0	0	0
(3) ANN FURROW BOARD MEMBER	30	X						0	0	0
(4) ERIC SCHWARZENTRAUB BOARD MEMBER	30	X						0	0	0
(5) ROBIN WILHOIT BOARD MEMBER	30	X						0	0	0
(6) TED COOPER PRESIDENT	2 00			X				0	0	0
(7) AMY MILES VICE PRESIDENT	1 00			X				0	0	0
(8) CHRIS BLEVINS 2ND ASSISTANT	1 00			X				0	0	0
(9) KEN THEWES 3RD ASSISTANT	1 00			X				0	0	0
(10) RANDY SMITH SECRETARY	1 00			X				0	0	0
(11) ROB DELMORO TREASURER	1 00			X				0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

				(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	4,495			
	c	Fundraising events	1c	756,558			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,694			
	g	Noncash contributions included in lines 1a-1f \$		23,750			
	h	Total. Add lines 1a-1f			770,747		
Program Service Revenue	2a		Business Code				
	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)				
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 \$ 756,558 of contributions reported on line 1c) See Part IV, line 18					
a			52,241				
b		Less direct expenses	b	111,027			
c		Net income or (loss) from fundraising events . .			-58,786		-58,786
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			711,961	0	0	-58,786

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).

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.	620,877	620,877		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
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.	25,527	7,658	765	17,104
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.	6,678	1,336	2,336	3,006
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	10,350		10,350	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	500			500
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.	1,673		1,673	
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	KIDS ON THE GO	88,756	88,756		
b	CHILDREN'S EVENTS	11,311	11,311		
c	DUES TO VARIETY INTERNA	8,655		8,655	
d	OTHER EXPENSES	3,284		3,284	
e	All other expenses	3,577		2,766	811
25	Total functional expenses. Add lines 1 through 24e.	781,188	729,938	29,829	21,421
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

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		169,305	1	146,452
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		22,581	3	3,163
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,439	9	2,112
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		10c	
	b	Less accumulated depreciation	10b			
	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)		198,325	16	151,727
Liabilities	17	Accounts payable and accrued expenses		0	17	1,129
	18	Grants payable			18	
	19	Deferred revenue		63,500	19	85,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		63,500	26	86,129
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		134,825	27	65,598
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		134,825	33	65,598
	34	Total liabilities and net assets/fund balances		198,325	34	151,727

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	711,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	781,188
3	Revenue less expenses Subtract line 2 from line 1	3	-69,227
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,825
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,598

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
VARIETY OF EASTERN TENNESSEE

Employer identification number
33-1025696

Part I

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

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

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- ☒ 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- ☐ 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

☐ a Type I ☐ b Type II ☐ c Type III - Functionally integrated ☐ d Type III - Non-functionally integrated
- ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- ☐ f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- ☐ g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

☐ (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

☐ (ii) A family member of a person described in (i) above?

☐ (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- ☐ h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	318,232	135,013	155,811	30,590	770,747	1,410,393
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	49,477	587,516	734,093	768,309	52,241	2,191,636
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	367,709	722,529	889,904	798,899	822,988	3,602,029
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						3,602,029

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	367,709	722,529	889,904	798,899	822,988	3,602,029
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.)	450	1,494		151		2,095
13 Total support. (Add lines 9, 10c, 11, and 12.)	368,159	724,023	889,904	799,050	822,988	3,604,124
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.940%	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.910%	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b	33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization VARIETY OF EASTERN TENNESSEE	Employer identification number 33-1025696
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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 Year
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 XIII, 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 XIII, 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

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1	836,057	
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	13,069	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	111,027	
e	Add lines 2a through 2d	2e	124,096	
3	Subtract line 2e from line 1	3	711,961	
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 XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	711,961	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	905,284	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	13,069	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	111,027	
e	Add lines 2a through 2d	2e	124,096	
3	Subtract line 2e from line 1	3	781,188	
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 XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	781,188	

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	VARIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION RECOGNIZES AN UNCERTAIN TAX POSITION AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. THE ORGANIZATION HAS NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. AS OF MONDAY, SEPTEMBER 30, 2013, THE ORGANIZATION HAS ACCRUED NO INTEREST AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION FILES A U.S. FEDERAL INFORMATION TAX RETURN. VARIETY IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS ENDED SEPTEMBER 30, 2010 THROUGH 2013.
PART XI, LINE 2D - OTHER ADJUSTMENTS		EXPENSES REPORTED ON PAGE 9, LINE 8B ATTRIBUTABLE TO SPECIAL EVENTS 111,027
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES REPORTED ON PAGE 9, LINE 8B ATTRIBUTABLE TO SPECIAL EVENTS 111,027

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
VARIETY OF EASTERN TENNESSEE

Employer identification number

33-1025696

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>MOVIE PREMIERS</u>	<u>GOLF TOURNAMENT</u>	<u>5</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	510,353	251,685	46,761	808,799
	2	Less Contributions	493,343	248,165	15,050	756,558
3	Gross income (line 1 minus line 2)	17,010	3,520	31,711	52,241	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	92,455	17,347	1,225	111,027
	10	Direct expense summary Add lines 4 through 9 in column (d) ►				(111,027)
	11	Net income summary Combine line 3, column (d), and line 10 ►				-58,786

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes..... ☐ No	☐ Yes..... ☐ No	☐ Yes..... ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 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).

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VARIETY OF EASTERN TENNESSEE

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
33-1025696

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

52

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AGENCY VISITS ARE CONDUCTED FOR EACH GRANT DISTRIBUTION TO INSURE THAT THE GRANT FUNDS ARE BEING SPENT AS DESCRIBED IN THE GRANT REQUEST SOME ORGANIZATIONS PROVIDE DOCUMENTATION SHOWING RESULTS FROM THE FUNDING

Software ID:
Software Version:
EIN: 33-1025696
Name: VARIETY OF EASTERN TENNESSEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION OF HOPEPO BOX 51824 KNOXVILLE,TN 37933	62-1794508	501(C)(3)	15,000				FUNDING FOR THEIR BACK TO SCHOOL PROGRAM SUPPLYING CHILDREN IN RURAL APPALACHIA WITH BACKPACK AND SCHOOL SUPPLIES
BOYS AND GIRLS CLUB OF THE TENNESSEE VALLEY 200 CARRICK STREET SUITE 318 KNOXVILLE,TN 37921	62-0475743	501(C)(3)	30,000				FUNDING TO SUPPORT "PROJECT LEARN," PURCHASING EDUCATIONAL SUPPLIES, FURNITURE, READING AND LITERACY ITEMS AND VARIOUS EDUCATIONAL FIELD TRIP COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JONI AND FRIENDS1540 ROBINSON ROAD KNOXVILLE,TN 37923	95-3402002	501(C)(3)	10,000				SCHOLARSHIPS FOR EAST TENNESSEE CHILDREN WITH DISABILITIES TO THE 2012 FAMILY RETREAT CAMP
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE127 DILLION CIRCLE GRAY,TN 37615	62-1303822	501(C)(3)	16,500				FUNDING FOR THEIR FOOD FOR KIDS BACKPACK PROGRAM PROVIDING A BAG FULL OF HEALTH READY TO EAT MEALS AND SNACKS TO TAKE HOME OVER THE WEEKEND TO HUNGRY CHILDREN ATTENDING SCHOOLS IN THE TENNESSEE NORTHEAST REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF EASTERN TENNESSEE119 SUMMIT HILL DRIVE KNOXVILLE,TN 37902	62-0842531	501(C)(3)	30,000				COVER EXPENSES FOR BACKGROUND CHECKS ENSURING SAFE MATCHES BETWEEN ADULT VOLUNTEER MENTORS AND DISADVANTAGED YOUTHS FOR THEIR MENTORING PROGRAM
IN FULL MOTIONPO BOX 7027 NASHVILLE,TN 37207	20-3543271	501(C)(3)	25,000				FUNDING TO ESTABLISH AN ACT PROGRAM IN KNOXVILLE FOR 100 DISADVANTAGED STUDENTS FOR ACT FEES, FOOD, COLLEGE VISITS, BOOKS, SUPPLIES, INCENTIVES, AND AWARDS THE GRANT WOULD BE USED TOWARDS ACT REGISTRATION FEES, FOOD, COLLEGE VISITS, BOOKS AND MATERIALS, SUPPLIES, INCENTIVES AND AWARDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL COUNTY CHILDREN'S CENTER2315 JACKSBORO PIKE LA FOLLETTE, TN 37766	11-3820921	501(C)(3)	5,903				PURCHASE BEDDING FOR CHILDREN IN FOSTER CARE AND PROGRAM SUPPLIES/EQUIPMENT FOR THE CHILDREN'S CENTER
KNOX COUNTY IMAGINATION LIBRARY 500 WEST CHURCH STREET KNOXVILLE, TN 37902	23-7208195	501(C)(3)	30,000				TO PROVIDE OVER 30,000 BOOKS FOR CHILDREN IN KNOX COUNTY FROM BIRTH UNTIL THEIR FIFTH BIRTHDAY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK136 HARVEST LANE MARYVILLE, TN 37801	58-1450139	501(C)(3)	30,000				SUPPORT FOR THEIR 2013-2014 FOOD FOR KIDS PROGRAM SUPPLYING BACKPACKS OF NUTRITIOUS FOOD TO NEEDY CHILDREN THROUGHOUT THE YEAR
CATHOLIC CHARITIES OF EAST TENNESSEE3009 LAKE BROOK BLVD KNOXVILLE, TN 37909	62-1377551	501(C)(3)	30,000				FUNDING TO PURCHASE SUPPLIES FOR THEIR COLUMBUS HOME AND EMERGENCY SHELTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID TO DISTRESSED FAMILIES OF APPALACHIAN COUNTIES PO BOX 5953 OAK RIDGE, TN 37831	58-1727751	501(C)(3)	20,000				PURCHASE SCHOOL SUPPLIES AND BACKPACKS FOR CHILDREN OF ECONOMICALLY DISADVANTAGED CHILDREN OF LOW INCOME FAMILIES FOR THE 2013 SCHOOL YEAR
FISH HOSPITALITY PANTRIES 800 S NORTHSHORE DRIVE KNOXVILLE, TN 37919	62-1584500	501(C)(3)	20,000				PURCHASING HEALTHY ORGANIC FOOD FOR THEIR BOOST PROGRAM THAT SERVES UNDERPRIVILEGED AT RISK CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOME CARE KATERPILLAR KAMP3001 LAKE BROOK BLVD KNOXVILLE,TN 37909	62-1748601	501(C)(3)	20,000				TO FUND THEIR ANNUAL "KATERPILLAR KIDS CAMP" WHICH IS A CAMP THAT HELPS GRIEVING CHILDREN IN 1ST TO 12TH GRADE COPE WITH THE DEATH OF A CLOSE FAMILY MEMBER
EMERALD YOUTH FOUNDATION1718 N CENTRAL ST KNOXVILLE,TN 37917	62-1474791	501(C)(3)	20,000				FUNDING TO BE USED FOR THEIR 2012-2013 JUSTLEAD PROGRAMS FOR AT RISK YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH VILLAGES9111 CROSS PARK DRIVE SUITE E-475 KNOXVILLE,TN 37923	58-1716970	501(C)(3)	18,000				FUNDS TO PURCHASE CHRISTMAS PRESENTS FOR THEIR HOLIDAY HEROES PROGRAM SERVING 216 CHILDREN
EPILEPSY FOUNDATIONPO BOX 3156 KNOXVILLE,TN 37927	58-1328013	501(C)(3)	6,000				FUNDING FOR THEIR SUMMER CAMP AND HELMET PROGRAMS FOR CHILDREN WHO SUFFER FROM EPILEPTIC SEIZURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE NEWS SENTINEL-EMPTY STOCKING FUND2332 NEWS SENTINEL DRIVE KNOXVILLE,TN 37921	51-0141541	501(C)(3)	30,000				PURCHASE TOYS AND BOOKS FOR THE "EMPTY STOCKING FUND " "ESF" PROVIDES APPROXIMATELY 3,000 DISADVANTAGED CHILDREN IN EAST TN WITH A NEW TOY AND BOOK
FRIENDS OF TENNESSEE'S BABIES WITH SPECIAL NEEDS INC FOTPO BOX 544 ALCOA,TN 377010544	62-1637324	501(C)(3)	15,000				TO FUND THEIR INDIVIDUAL RESPITE CARE, RESPITE DAY CAMP, AND FAMILY ZOO DAY FOR CHILDREN AND THEIR FAMILIES TO ENHANCE THE POTENTIAL OF INFANTS AND YOUNG CHILDREN WITH DISABILITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSCULAR DYSTROPHY ASSOCIATION6408 PAPERMILL DRIVE 230 KNOXVILLE, TN 37919	13-1665552	501(C)(3)	12,000				SPONSOR 12 EAST TN CHILDREN AFFECTED BY ANY OF 43 NEUROMUSCULAR DISEASES COVERED BY THE ASSOCIATION TO WEEK LONG SUMMER CAMP
KNOX COUNTY HEALTH DEPARTMENT140 DAMERON AVENUE KNOXVILLE, TN 37920	62-6007979	501(C)(3)	15,000				SUPPORT THE ET SAFE SLEEP INITIATIVE CRIBS FOR KIDS PROGRAM SUPPLYING 100 KITS (PACK-PLAY, HALO SLEEP SACK, CRIP SHEET AND PACIFIER) TO UNDERPRIVILEGED LOW INCOME CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHILOH RIDERSPO BOX 6503 SEVIERVILLE, TN 37864	62-1799184	501(C)(3)	9,000				PURCHASE NEEDED CLOTHING, HYGIENE ITEMS, SCHOOL SUPPLIES AND BACKPACKS TO UNDER PRIVILEGED CHILDREN
SOAR YOUTH MINISTRIES 1319 CONNECTICUT AVENUE KNOXVILLE, TN 37921	62-1714010	501(C)(3)	5,500				PURCHASE SUPPLIES AND UNIFORMS FOR THEIR SPORTS AND DRAMA PROGRAMS SERVING AT RISK CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILD ADVOCACY CENTER OF THE NINTH JUDICIAL DISTRICT OF TENNESSEE INCPO BOX 928 LENOIR CITY,TN 37771	62-1846638	501(C)(3)	10,000				PURCHASE SUPPLIES FOR THEIR 2013 PROGRAMMING WHICH ASSISTS CHILDREN OF SEVERE PHYSICAL AND SEXUAL ABUSE
THE DREAM CONNECTION INCPO BOX 10924 KNOXVILLE,TN 37939	58-1678211	501(C)(3)	30,000				HELP FULFILL SPECIAL DREAMS OF CHILDREN WITH LIFE THREATENING AND CHRONICALLY DEBILITATING ILLNESSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY HOUSE COMMUNITY CENTER923 DAMERON AVE KNOXVILLE,TN 37921	59-1766786	501(C)(3)	10,000				FUNDS FOR SCHOLARSHIPS FOR 55 CHILDREN TO THEIR CARES PROGRAM SERVING AT RISK CHILDREN
YOUTH TRANSITION4941 ANGELIA DRIVE KNOXVILLE,TN 37921	27-0132531	501(C)(3)	10,000				PURCHASE UNIFORMS, EQUIPMENT AND TRAINING MATERIALS NEEDED IN 2013 FOR CULINARY TRAINING AND JOB PLACEMENT SERVICES FOR HIGH SCHOOL STUDENTS WITH SPECIAL NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER KINGSPORTPO BOX 784 KINGSPORT,TN 37762	62-0481370	501(C)(3)	2,500				TO PROVIDE SCHOLARSHIPS TO UNDERPRIVILEGED CHILDREN
BOYS & GIRLS CLUB OF GREENVILLE & GREEN COUNTYPO BOX 1977 GREENVILLE,TN 37744	62-1706248	501(C)(3)	2,500				SCHOLARSHIPS FOR THEIR AFTER SCHOOL AND SUMMER PROGRAMS FOR UNDERPRIVILEGED CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE MONROE AREA615 WARREN STREET MADISONVILLE,TN 37354	62-1634566	501(C)(3)	2,500				PURCHASE EQUIPMENT AND SUPPLIES
BOYS & GIRLS CLUB OF THE CLINCH VALLEY102 S JEFFERSON CIRCLE OAK RIDGE,TN 37831	62-0589052	501(C)(3)	5,000				PURCHASE SUPPLIES AND PROGRAM MATERIAL FOR ACT PREP TO UNDERPRIVILEGED YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRADLEY INITIATIVE FOR CHURCH & FAMILYPO BOX 5404 CLEVELAND,TN 37320	62-1790686	501(C)(3)	3,715				FUNDING FOR HOME VISITING STAFF/TEACHERS TO ATTEND STATE REQUIRED COURSES FOR THOSE WHO SUPPORT CHILDREN
CHILD HELP2505 KINGSTON PIKE KNOXVILLE,TN 37917	95-2884608	501(C)(3)	10,000				PURCHASE CLOTHING FOR CHILDREN IN FOSTER CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CENTER OF CUMBERLAND COUNTYPO BOX 37841 ONEIDA,TN 37841	62-1873070	501(C) (3)	6,047				PURCHASE SUPPLIES TO SUPPORT THEIR PREVENTION EDUCATION PROGRAM TEACHING PERSONAL BODY SAFETY TO RAISE AWARENESS OF CHILD ABUSE AND NEGLECT
COALITION FOR KIDSPPO BOX 3156 JOHNSON CITY,TN 37602	62-1765487	501(C) (3)	2,500				FUNDING TO PROVIDE SCHOLARSHIPS TO UNDERPRIVILEGED CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURT APPOINTED SPECIAL ADVOCATE CORRIDOR OF EAST TENNESSEE110 NORTH JACKSON STREET ATHENS,TN 37303	27-3814818	501(C)(3)	3,250				FUNDING TO PURCHASE COMPUTER SOFTWARE TO SUPPORT CHILDREN OF ABUSE
COURT APPOINTED SPECIAL ADVOCATE OF BRADLEY COUNTY170 NORTH OCOEE STREET CLEVELAND,TN 37311	27-2961555	501(C)(3)	4,000				SUPPLIES ASSOCIATED WITH RECRUITING AND TRAINING VOLUNTEER COURT ADVOCATES WHO SERVE ABUSED AND NEGLECTED CHILDREN

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COURT APPOINTED SPECIAL ADVOCATES301 COLLEGE STREET MADISONVILLE, TN 37354	32-0204451	501(C)(3)	2,600				SUPPLIES ASSOCIATED WITH RECRUITING AND TRAINING VOLUNTEER COURT ADVOCATES WHO SERVE ABUSED AND NEGLECTED CHILDREN
COURT APPOINTED SPECIAL ADVOCATES OF CHILDRENPO BOX 4426 OAK RIDGE, TN 37830	62-1372126	501(C)(3)	10,000				SUPPLIES ASSOCIATED WITH RECRUITING AND TRAINING VOLUNTEER COURT ADVOCATES WHO SERVE ABUSED AND NEGLECTED CHILDREN

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FAMILY COURT SERVICES OF EAST TENNESSEE 1231/2 NORTH JACKSON STREET ATHENS,TN 37303	20-8726704	501(C)(3)	3,000				SUPPLIES ASSOCIATED WITH RECRUITING AND TRAINING VOLUNTEER COURT ADVOCATES WHO SERVE ABUSED AND NEGLECTED CHILDREN
GIRL TALK INCPO BOX 14634 KNOXVILLE,TN 37914	26-0187833	501(C)(3)	2,500				PURCHASE SUPPLIES FOR BACKGROUND CHECK AND SUPPLIES

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HAVEN HOUSEPO BOX 134 ALCOA,TN 37701	58-1534034	501(C) (3)	3,050				PURCHASE TOYS AND PLAYGROUND EQUIPMENT FOR THEIR EMERGENCY SHELTER
JUVENILE DIABETES RESEARCH FOUNDATION 355 TRANE LANE KNOXVILLE,TN 37919	23-1907729	501(C) (3)	8,000				SCHOLARSHIPS FOR UNDERPRIVILEGED CHILDREN WITH DIABETES TO ATTEND THE 2013 TYPE 1 DIABETES EDUCATIONAL OUTREACH SYMPOSIUM

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LADIES OF CHARITY120 W BAXTER AVE KNOXVILLE,TN 37917	62-0885571	501(C)(3)	15,000				FUNDING TO PURCHASE FOOD, CLOTHING, FORMULA, DIAPERS, TOILETRIES FOR NEEDY INFANTS
MANE SUPPORT2919 DAVIS FORD ROAD MARYVILLE,TN 37804	20-5107735	501(C)(3)	5,312				PURCHASE MATERIAL AND SUPPLIES FOR THEIR GRIEF COUNSELING PROGRAM

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MORRISTOWN HAMBLEN CENTRAL SERVICES2450 SOUTH CUMBERLAND STREET MORRISTOWN, TN 37816	62-0808245	501(C)(3)	2,500				TO SUPPORT THEIR CHRISTMAS TOY PROGRAM PURCHASING TOYS FOR UNDER PRIVILEGED YOUTH IN HAMBLEN COUNTY
SEXUAL ASSAULT CENTER OF EAST TN6215 KINGSTON PIKE SUITE A KNOXVILLE, TN 37919	23-7430851	501(C)(3)	5,000				PURCHASE SUPPLIES AND EQUIPMENT TO SUPPORT THEIR PROGRAM TEACHING YOUTH ABOUT SAFE TOUCH AND BODY AWARENESS TO PREVENT ABUSE

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SMALL MIRACLESPO BOX 6429 KINGSPORT,TN 37663	62-1603341	501(C)(3)	4,000				SCHOLARSHIP FOR YOUTH WITH SPECIAL NEEDS TO ATTEND THEIR THERAPY HORSEBACK RIDING PROGRAM
TELLICO VILLAGE COMPUTER USERS CLUB 298 VILLAGE SQUARE 128 LOUDON,TN 37774	62-1858121	501(C)(3)	2,000				PURCHASE SUPPLIES FOR COMPUTERS THAT ARE DISTRIBUTED FREE OF CHARGE TO UNDERPRIVILEGED YOUTH

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TENNESSEE SCHOOL FOR THE DEAF2725 ISLAND HOME BLVD KNOXVILLE,TN 37920	62-6079312	501(C)(3)	25,000				PURCHASING REPLACEMENT UNIFORMS, EQUIPMENT, AND SUPPLIES FOR THEIR YOUTH SPORTS, SUMMER CAMP, GOLF, COTTAGE CHRISTMAS, AND GUEST COTTAGE PROGRAMS
TENNESSEE THEATRE ART YOUTH ALLIANCE604 S GAY STREET KNOXVILLE,TN 37902	62-1651302	501(C)(3)	8,000				FUNDING TO PROVIDE OVER 200 UNDERPRIVILEGED CHILDREN THE CHANCE TO PARTICIPATE IN THE YOUTH ARTS ALLIANCE PROGRAM

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THE FIRST TEE OF GREATER KNOXVILLE2351 DANDRIDGE AVE KNOXVILLE,TN 37915	62-1845117	501(C)(3)	5,000				PURCHASE SUPPLIES FOR THEIR AFTER SCHOOL AND SUMMER MENTORING PROGRAMS
VARIETY THE CHILDREN'S CHARITY OF THE US4601 WILSHIRE BLVD SUITE 260 LOS ANGELES,CA 90010	25-1794405	501(C)(3)	5,000				SUPPORT THE CHILDREN AFFECTED BY THE MOORE, OKLAHOMA TORNADO DEVASTATION TO PURCHASE CLOTHING AND FOOD

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
VARIETY OF EASTERN TENNESSEE**Employer identification number**

33-1025696

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	COPY OF THE 990 RETURN IS SENT TO THE EXECUTIVE DIRECTOR, SIGNED BY THE PRESIDENT, AND FORWARDED TO THE OFFICERS FOR APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	VARIETY OF EASTERN TENNESSEE ENCOURAGES AND MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY INDEPENDENT PERSONS AND COMPARABILITY DATA
	FORM 990, PART VI, SECTION C, LINE 19	THIS INFORMATION IS PROVIDED UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR