See a Social Security Number? Say Something!
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Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 10/01 , 2012, and ending 09/30 , 20 13

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

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **2200 WESTPORT PLAZA DRIVE SUITE 306**

Room/suite

City, town or post office, state, and ZIP code **SAINT LOUIS, MO 63146**

D Employer identification number **43-6078016**

E Telephone number **314-453-0453**

G Gross receipts $ **5,984,726**

F Name and address of principal officer: **JAN ALBUS**
2200 WESTPORT PLAZA DRIVE SUITE 306, SAINT LOUIS, MO 63146

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.VARIETYSTL.ORG**

K Form of organization. ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1933**

M State of legal domicile **MO**

Part I Summary

1	Briefly describe the organization's mission or most significant activities: **TO HELP LOCAL CHILDREN WITH DISABILITIES REACH THEIR FULL "I CAN" POTENTIAL.**		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	89
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,746,150	4,359,396
9	Program service revenue (Part VIII, line 2g)	65,381	84,594
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,594	107,798
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-591,245	-635,760
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,264,880	3,916,028
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,501,087	1,591,701
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)	1,148,881	1,328,479
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 447,044		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	848,045	800,977
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,498,013	3,721,157
19	Revenue less expenses. Subtract line 18 from line 12	766,867	194,871

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,363,802	5,635,617
21	Total liabilities (Part X, line 26)	331,774	213,558
22	Net assets or fund balances. Subtract line 21 from line 20	5,032,028	5,422,059

RECEIVED
FEB 24 2014
IRS-SCC
OGDEN, UT

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

Signature of officer — Date 2/13/14

JAN ALBUS, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2012)

9-19 3

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO HELP LOCAL CHILDREN WITH DISABILITIES REACH THEIR FULL POTENTIAL BY PROVIDING SERVICES EVERY TIME THEY NEED ASSISTANCE. WE HELP CHILDREN WITH DISABILITIES SAY "I CAN" BY PROVIDING VITAL MEDICAL EQUIPMENT AS WELL AS EDUCATIONAL, THERAPEUTIC AND RECREATIONAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,102,404 including grants of $ 164,500) (Revenue $ 84,594)

EDUCATION - VARIETY CHILDREN'S THEATRE IS A UNIQUE PRODUCTION WHICH SHOWCASES THE TALENTS OF THEATRICALLY GIFTED CHILDREN AND ADULTS IN AN INCLUSIVE SETTING WITH MANY CHILDREN WITH DISABILITIES APPEARING ON STAGE. IN ADDITION TO THE ONSTAGE TALENT, TEENS HAVE WORKED TO LEARN PROFESSIONAL SKILLS AND ASSIST THE SHOW'S DESIGNERS AND DIRECTORS. ADDITIONALLY, FORTY CHILDREN HAVE PERFORMED WITH VARIETY'S CHILDREN'S CHORUS. THE RESOURCE CENTER PROVIDES VALUABLE INFORMATION AND COMMUNITY CONNECTIONS TO RESOLVE THE LEGAL, SOCIAL, THERAPEUTIC, EDUCATIONAL, MEDICAL AND COUNSELING ISSUES OFTEN ENCOUNTERED BY FAMILIES OF CHILDREN WITH DISABILITIES. THE RESOURCE CENTER'S SIGNATURE EVENT IS THE ANNUAL CHAMPION FOR CHILDREN SUMMIT, BRINGING TOGETHER FAMILIES, EDUCATORS AND EXPERTS IN SPECIAL NEEDS TO NETWORK AND ADDRESS GROWING TRENDS IN THE FIELD. VARIETY COLLABORATES WITH PARTNER AGENCIES TO DEVELOP EDUCATIONAL PROGRAMS TAILORED TO THE NEEDS OF CHILDREN WITH PHYSICAL AND MENTAL DISABILITIES INCLUDING EVALUATION AND EARLY INTERVENTION.

(Continued on Schedule O, Statement 1)

4b (Code:) (Expenses $ 1,087,531 including grants of $ 883,205) (Revenue $ 0)

EQUIPMENT - SPECIAL EQUIPMENT ENCOMPASSES MEDICALLY PRESCRIBED EQUIPMENT TO HELP EACH CHILD REACH HIS OR HER FULL POTENTIAL. SPECIAL EQUIPMENT AIDS IN MOBILITY (WHEELCHAIRS, STANDERS, WALKERS, BACK BRACES), COMMUNICATION (HEARING AIDS, AUGMENTATIVE SPEECH DEVICES, TALKERS, IPAD APPLICATIONS) AND THERAPY (INDOOR SWINGS, THERAPEUTIC BIKES, WEIGHTED VESTS).

4c (Code:) (Expenses $ 461,413 including grants of $ 436,221) (Revenue $ 0)

THERAPY - VARIETY ENSURES THAT CHILDREN WHO NEED PHYSICAL, OCCUPATIONAL, SPEECH, AQUA OR EQUINE THERAPY RECEIVE IT NO MATTER THEIR INSURANCE OR ABILITY TO PAY. IN ORDER FOR CHILDREN TO SUSTAIN AND/OR IMPROVE THEIR PHYSICAL AND MENTAL HEALTH, PROFESSIONALLY PRESCRIBED THERAPY IS CRITICAL TO THEIR OVERALL HEALTH CARE PLAN.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 2
(Expenses $ 426,616 including grants of $ 107,775) (Revenue $ 0)

4e **Total program service expenses ▶** 3,077,964

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
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		✓
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		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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	✓	
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	✓	
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		✓
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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	✓	
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		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
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 any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
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	✓	
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	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
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? *If "Yes," complete Schedule L, Part II*	26		✓
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	89		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
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			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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 as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	38		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	38		
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		✓	
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			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6			✓
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			✓
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			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
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			✓

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		✓
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	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
	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		✓
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 ▶ **None**

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

☑ 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: ▶ **CHRISTINA ALTHOLZ, (314)720-7715**

2200 WESTPORT PLAZA DRIVE, SUITE 306, SAINT LOUIS, MO 63146

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 (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			
GREG BOYCE	1									
PRESIDENT	0	✓		✓				0	0	0
STEVE CRIMMINS	1									
VICE PRESIDENT	0	✓		✓				0	0	0
MARILYN FOX	1									
VICE PRESIDENT	0	✓		✓				0	0	0
THELMA STEWARD	1									
VICE PRESIDENT	0	✓		✓				0	0	0
JOAN MALLOY	1									
SECRETARY	0	✓		✓				0	0	0
LESLIE WILSON	1									
TREASURER	0	✓		✓				0	0	0
MARK ABELS	1									
BOARD MEMBER	0	✓						0	0	0
MARK BURKHART	1									
BOARD MEMBER	0	✓						0	0	0
SHEILA BANKS	1									
BOARD MEMBER	0	✓						0	0	0
SCOTT BUSH	1									
BOARD MEMBER	0	✓						0	0	0
JOE DENOTHER	1									
BOARD MEMBER	0	✓						0	0	0
CATHY DUNKIN	1									
BOARD MEMBER	0	✓						0	0	0
CLIFF EASON	1									
BOARD MEMBER	0	✓						0	0	0
CHERI FROMM	1									
BOARD MEMBER	0	✓						0	0	0

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

(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			
STEVE GROSS	1									
BOARD MEMBER	0	✓						0	0	0
RAY GRUENDER	1									
BOARD MEMBER	0	✓						0	0	0
MARGIE IMO	1									
BOARD MEMBER	0	✓						0	0	0
NEVADA A KENT IV	1									
BOARD MEMBER	0	✓						0	0	0
J CHRISTOPHER KERCKHOFF JR	1									
BOARD MEMBER	0	✓						0	0	0
PATRICIA KOPETZ	1									
BOARD MEMBER	0	✓						0	0	0
MARK KORITZ	1									
BOARD MEMBER	0	✓						0	0	0
NANCY KRANZBERG	1									
BOARD MEMBER	0	✓						0	0	0
PATRICK LARMON	1									
BOARD MEMBER	0	✓						0	0	0
MIKE LEFTON	1									
BOARD MEMBER	0	✓						0	0	0
KEVIN MOWBRAY	1									
BOARD MEMBER	0	✓						0	0	0
NOEMI NEIDORFF	1									
BOARD MEMBER	0	✓						0	0	0
MARCIA SMITH NIEDRINGHAUS	1									
BOARD MEMBER	0	✓						0	0	0
LAWRENCE OTTO	1									
BOARD MEMBER	0	✓						0	0	0

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

(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			
PENNY PENNINGTON	1									
BOARD MEMBER	0	✓						0	0	0
LUCIA RODRIGUEZ	1									
BOARD MEMBER	0	✓						0	0	0
BRIAN ROTHERY	1									
BOARD MEMBER	0	✓						0	0	0
STEVE SCHANKMAN	1									
BOARD MEMBER	0	✓						0	0	0
SCOTT SCHNUCK	1									
BOARD MEMBER	0	✓						0	0	0
BEVIS SCHOCK	1									
BOARD MEMBER	0	✓						0	0	0
ALISON SHEEHAN	1									
BOARD MEMBER	0	✓						0	0	0
KIM SPRINGER	1									
BOARD MEMBER	0	✓						0	0	0
MICHAEL STAENBERG	1									
BOARD MEMBER	0	✓						0	0	0
DAVID STEWARD	1									
CHAIRMAN EMERITUS	0	✓						0	0	0
JAN ALBUS	40									
CHIEF EXECUTIVE OFFICER	0			✓				175,468	0	11,795
CHRISTINA ALTHOLZ	40									
CHIEF FINANCIAL OFFICER (STARTED JAN 2013)	0			✓				0	0	0
BRIAN ROY	40									
CHIEF OPERATING OFFICER	0					✓		118,353	0	6,732

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

(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			
1b **Sub-total** ▶								293,821	0	18,527
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								293,821	0	18,527

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

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
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*	✓	
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*		✓

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 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 1,688,377				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,671,019				
	g	Noncash contributions included in lines 1a-1f: $ 307,487					
	h	**Total.** Add lines 1a–1f ▶		4,359,396			
Program Service Revenue			Business Code				
	2a	VARIETY CHILDREN'S THEATRE	711110	84,594	84,594	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f ▶		84,594			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		76,007	0	0	76,007
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,274,229 / (ii) Other 0				
	b	Less: cost or other basis and sales expenses	1,242,438 / 0				
	c	Gain or (loss)	31,791 / 0				
	d	Net gain or (loss) ▶		31,791	0	0	31,791
Other Revenue	8a	Gross income from fundraising events (not including $ 1,688,377 of contributions reported on line 1c). See Part IV, line 18 a	190,500				
	b	Less: direct expenses b	826,260				
	c	Net income or (loss) from fundraising events ▶		-635,760		0	-635,760
	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 ▶		0			
	12	**Total revenue.** See instructions. ▶		3,916,028	84,594	0	-527,962

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	729,711	729,711		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 . . .	861,990	861,990		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . .	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	392,194	262,337	40,583	89,274
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	756,354	550,202	33,301	172,851
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,882	11,625	812	3,445
9	Other employee benefits	84,363	60,362	4,716	19,285
10	Payroll taxes	79,686	56,442	5,067	18,177
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	38,925	24,834	8,583	5,508
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	36,333	19,544	4,373	12,416
12	Advertising and promotion	37,458	17,792	422	19,244
13	Office expenses	82,427	9,863	68,071	4,493
14	Information technology	33,889	21,488	1,748	10,653
15	Royalties	0	0	0	0
16	Occupancy	104,593	75,943	11,876	16,774
17	Travel	18,547	10,833	2,763	4,951
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	1,679	429	1,250	0
23	Insurance	15,134	9,145	3,989	2,000
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	PRODUCTION COSTS	231,999	229,451	0	2,548
b	FOOD AND SUPPLIES	97,995	83,651	4,726	9,618
c	POSTAGE AND PRINTING	84,237	37,562	2,454	44,221
d	OTHER EXPENSES	17,761	4,760	1,415	11,586
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	3,721,157	3,077,964	196,149	447,044
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)	367,110	83,331	348	283,431

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,356,595	1	1,257,621
	2	Savings and temporary cash investments	264,030	2	259,276
	3	Pledges and grants receivable, net	995,783	3	190,825
	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	80,336	9	160,010
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 42,712			
	b	Less: accumulated depreciation — 10b: 39,311	779	10c	3,401
	11	Investments—publicly traded securities	2,666,279	11	3,764,484
	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)	5,363,802	16	5,635,617
Liabilities	17	Accounts payable and accrued expenses	305,183	17	190,794
	18	Grants payable		18	
	19	Deferred revenue	26,591	19	22,764
	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	0
	26	**Total liabilities.** Add lines 17 through 25	331,774	26	213,558
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	3,048,583	27	3,377,957
	28	Temporarily restricted net assets	883,445	28	819,102
	29	Permanently restricted net assets	1,100,000	29	1,225,000
		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	5,032,028	33	5,422,059
	34	Total liabilities and net assets/fund balances	5,363,802	34	5,635,617

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	3,916,028
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,721,157
3	Revenue less expenses. Subtract line 2 from line 1	3	194,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,032,028
5	Net unrealized gains (losses) on investments	5	195,160
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
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	5,422,059

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	2a		✓
b	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	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
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		✓
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		

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST LOUIS	43-6078016

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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	
(A)									
(B)									
(C)									
(D)									
(E)									
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.")	2,406,519	2,419,689	2,835,116	4,746,150	4,359,395	16,766,869
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	2,406,519	2,419,689	2,835,116	4,746,150	4,359,395	16,766,869
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)						4,103,086
6 **Public support.** Subtract line 5 from line 4.						12,663,783

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	2,406,519	2,419,689	2,835,116	4,746,150	4,359,395	16,766,869
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,209	26,355	47,425	44,672	76,007	241,668
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	179,044	0	0	0	179,044
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	11,999	0	11,999
11 **Total support.** Add lines 7 through 10						17,199,580
12 Gross receipts from related activities, etc. (see instructions)					12	149,976

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 2012 (line 6, column (f) divided by line 11, column (f))	14	73.63 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	76.5 %

16a **33⅓% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
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).

General Explanation - SCHEDULE A, PART II, LINE 10 - OTHER INCOME

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

VARIETY THE CHILDREN'S CHARITY OF ST LOUIS

Employer identification number

43-6078016

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part 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 ▶ $

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:

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

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

b If "Yes," explain the arrangement in Part 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . .	3,080,062	1,623,420	1,484,778	1,249,687	1,207,660
b Contributions	383,714	1,100,000	163,000	120,273	0
c Net investment earnings, gains, and losses	302,958	356,642	-34,358	124,818	42,027
d Grants or scholarships	34,056	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	450	0	0	0	0
g End of year balance	3,732,228	3,080,062	1,613,420	1,494,778	1,249,687

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

a Board designated or quasi-endowment ▶ 65 %
b Permanent endowment ▶ 33 %
c Temporarily restricted endowment ▶ 2 %

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:

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		✓
(ii) related organizations . . . . . 3a(ii)		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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	0	0	[redacted]	0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	17,612	14,211	3,401
e Other	0	25,100	25,100	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶				3,401

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	0

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII . . . . . ☑

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	4,285,129
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	195,160		
b	Donated services and use of facilities	2b	173,941		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	369,101
3	Subtract line **2e** from line **1**			3	3,916,028
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	0		
b	Other (Describe in Part XIII.)	4b	0		
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	3,916,028

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

1	Total expenses and losses per audited financial statements			1	3,895,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	173,941		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	173,941
3	Subtract line **2e** from line **1**			3	3,721,157
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	0		
b	Other (Describe in Part XIII.)	4b	0		
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	3,721,157

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.

Schedule D, Part V, Line 4 - BOARD DESIGNATED QUASI-ENDOWMENT: INCOME EARNED BY THE BOARD DESIGNATED FOR ENDOWMENT ASSETS MAY BE INITIALLY EXPENDED, AT THE DISCRETION OF THE ENDOWMENT COMMITTEE, TO ENSURE THAT VITALLY ESSENTIAL MEDICAL EQUIPMENT IS PROVIDED, BASED ON NEED, TO DISABLED AND DISADVANTAGED CHILDREN. ONCE THE FUNDS NEEDED TO PERPETUATE THIS GOAL HAVE BEEN OBTAINED, THE INCOME MAY BE EXPENDED FOR ANY PURPOSE THE ENDOWMENT COMMITTEE DEEMS TO BE IN THE BEST INTEREST OF VARIETY, INCLUDING BUT NOT LIMITED TO: PROVIDING SUPPLEMENTAL SUPPORT OF ANNUAL GENERAL OPERATING REVENUES, PROVIDING FINANCIAL ASSISTANCE TO ONGOING AND NEW PROGRAMS, AND COMPENSATION AND TRAINING APPROPRIATE STAFF TO SUPPORT THE BOARD IN CARRYING OUT VARIETY'S MISSION. PERMANENT ENDOWMENT: IN FISCAL YEAR 2012, VARIETY RECEIVED A GENEROUS $1.1 MILLION DOLLAR PERMANENTLY RESTRICTED ENDOWMENT GIFT TO SUPPORT VARIETY ADVENTURE CAMP. AN ADDITIONAL $125,000 WAS RECEIVED IN FISCAL YEAR 2013. IN ACCORDANCE WITH THE SPENDING POLICY OF THE ENDOWMENT WHICH IS MONITORED BY THE ENDOWMENT COMMITTEE, INCOME EARNED BY THE ENDOWMENT ASSETS MAY BE USED TO SUPPORT VARIETY ADVENTURE CAMP. THE ORIGINAL $1.225 MILLION DONOR RESTRICTED ENDOWMENT FUNDS WILL BE HELD IN PERPETUITY.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

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

Employer identification number
43-6078016

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

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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
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 DINNER W/ THE STARS (event type)	(b) Event #2 FASHION SHOW (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,520,939	300,979	56,959	1,878,877
	2 Less: Contributions	1,413,383	231,810	43,184	1,688,377
	3 Gross income (line 1 minus line 2)	107,556	69,169	13,775	190,500
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	15,000	0	1,300	16,300
	7 Food and beverages	72,805	16,430	7,409	96,644
	8 Entertainment	289,633	18,791	600	309,024
	9 Other direct expenses	205,301	189,745	9,246	404,292
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(826,260)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-635,760

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 col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7 ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity operated in:

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

14 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 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, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

VARIETY THE CHILDREN'S CHARITY OF ST LOUIS

Employer identification number

43-6078016

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 57

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
1	See Schedule I, Part IV, Statement 2					
2						
3						
4						
5						
6						
7						

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.

Schedule I, Part I, Line 2 - VARIETY USES A 50 MEMBER STANDING COMMITTEE CALLED THE ALLOCATION COMMITTEE TO MONITOR THE USE OF FUNDS THAT ARE GRANTED TO VARIETY'S PARTNER AGENCIES WHO HAVE SPECIAL PROGRAMS SERVING CHILDREN WITH PHYSICAL AND INTELLECTUAL DISABILITIES. THE COMMITTEE ANNUALLY VISITS EACH AGENCY, AND EVALUATES THE ORGANIZATION BASED UPON EVALUATION CRITERIA INCLUDING MEASURABLE OUTCOMES, FINANCIAL STABILITY, STEWARDSHIP OF VARIETY FUNDS AND PARTNERSHIP WITH VARIETY. COMMITTEE MEMBERS REVIEW INVOICES AND DOCUMENTATION OF HOW THE FUNDING WAS SPENT (MUST BE USED IN ONE YEAR FROM THE DATE OF RECEIPT OF FUNDING). IF THE FUNDING IS NOT SPENT APPROPRIATELY, THE AGENCY MUST REFUND THE GRANT AND FORFEIT VARIETY PARTNER AGENCY PRIVILEDGES INCLUDING AN INVITATION TO APPLY FOR FUNDING THE FOLLOWING YEAR. ALLOCATED SUNSHINE COACH VANS ARE INSPECTED ANNUALLY FOR CONDITION AND MILEAGE. IF IT IS DEEMED THAT THE VAN IS NOT MAINTAINED OR INFRACTIONS HAVE OCCURRED (USAGE FOR TRANSPORTATION OF GOODS INSTEAD OF CHILDREN FOR EXAMPLE), NO FUTURE FUNDING WILL BE GRANTED TO THAT AGENCY. AGENCIES MUST ALSO SHOW MEASURABLE OUTCOMES AS A RESULT OF THE FUNDING AND/OR ANY OTHER EXPECTED RESULTS. THE OVERALL ORGANIZATION AND THE PROGRAM FOR WHICH FUNDING IS REQUESTED ARE ALSO EVALUATED. THIS DOCUMENTATION IS MAINTAINED ON A WORKSHEET PROVIDED BY VARIETY AND COMPLETED BY ALLOCATION COMMITTEE MEMBERS. THIS INFORMATION IS PRESENTED BY THE COMMITTEE MEMBER TO THE GROUP OF MEMBERS WHO WORK ON A CERTAIN CATEGORY OF AGENCIES (THERAPY, RECREATION, EQUIPMENT, EDUCATION AND SUNSHINE COACH VANS) FOR DISCUSSION AND DETERMINATION OF FUNDING AWARDED TO EACH PARTNER AGENCY.

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

2012

Open to Public Inspection

Name of the organization

VARIETY THE CHILDREN'S CHARITY OF ST LOUIS

Employer identification number

43-6078016

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the 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, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	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:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✓
b	Any related organization?	6b		✓
	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		✓
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		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(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 & incentive compensation	(iii) Other reportable compensation				
1	JAN ALBUS, CHIEF EXECUTIVE OFFICER	(i)	175,468	0	0	5,264	6,531	187,263	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

VARIETY THE CHILDREN'S CHARITY OF ST LOUIS

Employer identification number

43-6078016

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	✓	5	107,889	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Sch M, Stmt 1)				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		✓
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
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.			

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 M, Part I, Line 9 - IN COLUMN (B) THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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 THE CHILDREN'S CHARITY OF ST LOUIS

Employer identification number

43-6078016

Form 990, Part VI, Section A, Line 2 - DAVID STEWARD (CHAIRMAN EMERITUS) AND THELMA STEWARD (VICE PRESIDENT) - FAMILY RELATIONSHIP. MARK KORTIZ (BOARD MEMBER) AND MIKE LEFTON (BOARD MEMBER) - FAMILY RELATIONSHIP.

Form 990, Part VI, Section B, Line 11b - THE FINANCE COMMITTEE REVIEWS AND DISCUSSES A DRAFT OF THE 990. ANY CHANGES ARE INCORPORATED INTO THE FORM PRIOR TO ITS SUBMISSION TO THE IRS. AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE, THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION.

Form 990, Part VI, Section B, Line 12c - AN ATTORNEY WHO SITS ON THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND MAKES CHANGES AS NEEDED. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, BOARD MEMBERS SIGN OFF ON THE POLICY AT THE INITIAL AND SUBSEQUENT RENEWAL OF TERMS. EXCEPTIONS TO THE CONFLICT OF INTEREST POLICY ARE NOT ALLOWED.

Form 990, Part VI, Section B, Line 15 - SALARIES FOR ALL STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER, KEEP WITHIN THE BENCHMARKING STATISTICS PROVIDED BY COMPENSATION SURVEYS SUCH AS BY THE NON-PROFIT TIMES - A NATIONAL SOURCE OF INFORMATION ON SUCH SALARIES. ALL SALARIES ARE REVIEWED AND APPROVED ANNUALLY BY THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE.

Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AND 990 AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Part XIII - Supplemental Information (Continued)

Schedule D, Part X, Line 2 - VARIETY HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME TAXES. IN THAT REGARD, VARIETY HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY AT THIS TIME TO COVER ANY UNCERTAIN TAX POSITIONS.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amt. of cash grant	Amt. of non-cash asst.
Name and address	Almost Home 3200 St Vincent Avenue St Louis, MO 63104	10,000	
EIN	43-1645686		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - internal counseling for teenage mothers addressing behavioral and anger management, life skills training, job training and parenting skills		
Name and address	Archdiocesan Dept of Special Education 20 Archbishop May Drive St Louis, MO 63119	7,000	
EIN	43-0653242		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - Autism Program at St Gemme-need based scholarships for 8 students with autism		
Name and address	Asthma & Allergy Foundation 1500 South Big Bend Suite 1S St Louis, MO 63117	7,000	
EIN	43-1484316		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EQUIPMENT - Project Concern to provide bed casings, nebulizers, peak flow meters to children to manage their asthma and allergies		
Name and address	CHAMP Assistance Dogs 4910 Parker Road Florissant, MO 63033	7,000	
EIN	43-1803006		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - training and placement of a service dog to a special needs child		
Name and address	Camp Happy Day 4224 Watson Road Number 2 St Louis, MO 63109	7,000	
EIN	23-7157234		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - Ten partial scholarship for 7 weeks of special needs summer tutoring program		

Name and address	Cardinal Glennon Children's Foundation 1465 South Grand Blvd St Louis, MO 63104	10,000
EIN	43-1754347	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - provide 10 scholarships for PEERS program, a 14 week social skills training curriculum that teaches skills in conversation building and maintaining friendships as well as self esteem and how to handle rejection and bullying	
Name and address	Catholic Charities of St Louis 1202 S Boyle St Louis, MO 63110	7,500
EIN	43-0653244	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Year round afterschool outreach program (Healthy Kids project) for 29-30 special needs children including tracking of the progress of child with autism behavioral disorders and intellectual delays	
Name and address	Center for Autism Education 105 Sheriff Dierker Ct O Fallon, MO 63366	10,000
EIN	68-0501030	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Respite program scholarships for the school based child with autism	
Name and address	Center for Hearing-Speech 9835 Manchester Road St Louis, MO 63119	15,000
EIN	43-0652678	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - speech & language program for children birth to age 4 to overcome speech & language disabilities & achieve age-appropriate skills -116 and a half hours of therapy at remote locations	
Name and address	Central Institute for the Deaf 825 South Taylor Avenue St Louis, MO 63110	10,000
EIN	43-0662456	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EQUIPMENT - Pediatric Audiology program-purchase ear molds, replacement parts, batteries and	

	loaner hearing aids	
Name and address	Children's Home Society 9445 Litzsinger Road Brentwood, MO 63144	20,000
EIN	43-0652622	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EQUIPMENT - Developmental Disabilities Program providing medical supplies equipment & partial funding for Program Service Coordinator	
Name and address	Community Living Inc 1040 St Peters Howell Road St Peters, MO 63376	5,013
EIN	43-1129770	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EQUIPMENT - Providing equipment such as weighted vests and blankets for children 6-21 in the Respite program	
Name and address	Crider Health Center 1032 Crosswinds Court Wentzville, MO 63385	18,000
EIN	43-1160049	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Wrap Around Services-comprehensive "systems of care" designed to provide services and support for children with severe emotional disabilities	
Name and address	Delta Gamma Center 1715 S Big Bend St Louis, MO 63117	6,000
EIN	43-0725282	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - GRADS Program-providing children 3-18 with socialization skills among their peers increasing independence and community participation	
Name and address	Dev Serv of JeffCo & NextStep For Life 3875 Plass Road PO Box 97 Mapaville, MO 63065	7,500
EIN	43-1204559	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Transitional fair informational material DVD's to educate these youth in helping them to transition from school to the process of getting	

	employment ($2,500) & THERAPY - KidSmart Lending Library providing therapeutic equipment and 30 $100 vouchers for respite care scholarships ($5,000)	
Name and address	Disabled Athlete Sports Association 1236 Jungerman Road Suite A St Peters, MO 63376	10,000
EIN	43-1775519	
IRC code section		
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - supporting the wheelchair soccer program for children with disabilities age 5-21 ($5,000) and ski Program for children with physical disabilities ($5,000)	
Name and address	Equine Assisted Therapy Inc 5591 Calvey Creek Road Robertsville, MO 63072	10,000
EIN	20-0319917	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - 12 equine therapy scholarships	
Name and address	Family Resource Center 3309 S Kingshighway Blvd St Louis, MO 63139	18,000
EIN	43-1071300	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Preschool therapy program serving 3-5 year olds who have severe emotional or behavioral disabilities and intellectual delays	
Name and address	German St Vincent Orphanage Organization 7401 Florissant Road Normandy, MO 63121	6,000
EIN	43-0653319	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Viva Vox Program - music & performing arts therapy for children with moderate to severe emotional problems and behavioral disorders	
Name and address	Giant Steps of St Louis 2685 Metro Blvd St Louis, MO 63043	6,500
EIN	43-1671946	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - One full scholarship for six week session of camp for a child with autism	

Name and address	Good Shepherd School for Children 1170 Timber Run Drive St Louis, MO 63146	10,000
EIN	43-0955225	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Pediatric Therapy Service program - pediatric PT, OT, speech & developmental therapy service scholarships for children in a 4 to 6 week program	
Name and address	Great Circle 330 North Gore Avenue St Louis, MO 63119	21,200
EIN	43-0681471	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Meramec Learning Center providing therapeutic activities and equipment for each individual child with behavioral disorders's treatment plan a place to work on social interaction, personality, self esteem and emotional control ($7,500) and THERAPY - residential treatment program-helping children with Autism to improve living socialization overall functioning and educational skills ($13,700)	
Name and address	HISKIDS PO Box 412 908 Laurel St Highland, IL 62249	8,500
EIN	37-1170527	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - Free camp for children with Variety's grant providing funds for camp supplies, snacks and facility rental	
Name and address	Howard Park Center 15834 Clayton Road Ellisville, MO 63011	28,475
EIN	43-0965295	
IRC code section	501(C)(3)	
Method of valuation	cost	
Desc. of Non-Cash Asst.	Sunshine Coach van	
Purpose of grant	SUNSHINE COACH VAN - Pediatric Partnership Program-providing transportation to comprehensive pediatric therapy services- PT, OT, aqua therapy and speech developmental therapy	
Name and address	Illinois Center for Autism 548 South Ruby Lane Fairview Heights, IL 62208	13,705
EIN	37-1023452	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash		

Asst. .		
Purpose of grant	EQUIPMENT - Variety provided two communication devices (Maestro and Novat Chat 7) for the Autism Spectrum Disorder program to promote vocabulary, language mastery and reading in non verbal children	
Name and address	Jamestown New Horizons 15805 Old Jamestown Road Florissant, MO 63034	14,000
EIN	43-1372620	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Responsibility based program scholarships based on learning the entire equine program	
Name and address	Jewish Community Center 2 Millstone Campus Drive St Louis, MO 63146	11,500
EIN	43-0681477	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Early Childhood Educational Services - scholarships for 16 children to subsidize fees for children with physical disabilities ($6,000) and RECREATION - Fit for Life -One on one personal trainer for 1 hour per week for 10 children with physical disabilities ($5,500)	
Name and address	Jewish Family & Children Services 10950 Schuetz Rd St Louis, MO 63146	15,000
EIN	43-0790330	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Safe Touch Plus Program-specialized child abuse prevention program for children with intellectual delays, functional and/or psychological disabilities	
Name and address	Kingdom House 1321 So 11th St St Louis, MO 63104	6,000
EIN	43-0652648	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - therapy screening evaluations of 4 - 6 bi-lingual children with behavioral disorders & cognitive delays	
Name and address	Lemay Day Care Center 9828 South Broadway St Louis, MO 63125	7,500
EIN	43-1269356	
IRC code section	501(C)(3)	

Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Therapy scholarships for the inclusive therapy program ($4,500) & EQUIPMENT - Therapeutic equipment for the early childhood inclusive therapy program ($3,000)	
Name and address	Lutheran Association for Special Education 3558 S Jefferson St Louis, MO 63118	8,000
EIN	43-0780770	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Jeremiah Program-2-4 scholarships for the individualized high school program for children with mental and educational disabilities	
Name and address	Marygrove 2705 Mullanphy Lane Florissant, MO 63031	27,000
EIN	43-1204440	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - providing psychiatric therapy services to males 16-21 with mental disabilities ($7,500) and THERAPY - one on one situational counseling therapy for 135 children with a clinical diagnosis by a psychiatrist ($12,000) and THERAPY - Crisis Care for Babies program -providing therapy services to single and pregnant teens in the transitional and independent living program ($7,500)	
Name and address	Mercy Health Foundation 615 S New Ballas Road St Louis, MO 63141	16,250
EIN	56-2410020	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Snozelen Multi Sensory Room for children with autism	
Name and address	Miriam Foundation 501 Bacon Avenue St Louis, MO 63119	8,000
EIN	43-0667478	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - tuition assistance for children who need specialized services	
Name and address	Missoun Girls Town Foundation Inc 8458 Jade Rd PO Box 59 Kingdom City, MO 65262	10,000
EIN	44-0648649	

IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - program in a therapeutic setting to help with social and psychological adjustment, and teach responsible group and independent living skills	
Name and address	Northside Community 4120 Maffitt Ave St Louis, MO 63113	8,000
EIN	43-1028098	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Dreams Program Scholarships-after school based program focused on youth with disabilities offering academic enrichment partnering with the St. Louis Mental Health Board and St Louis Public School system	
Name and address	Nurses for Newborns Foundation 7259 Lansdowne Avenue St Louis, MO 63119	8,500
EIN	43-1601329	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Bridge to the Future Program - nurses in 120 home visits for medically fragile preemies	
Name and address	Our Lady's Inn 4223 Compton St Louis, MO 63111	5,500
EIN	43-1213751	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - in home therapy services provided to 25 children with intellectual delays	
Name and address	Parent Teacher Organization for Exceptional Children 620 North Illinois St Belleville, IL 62220	7,000
EIN	37-6062325	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - camp scholarships for summer camp for children with physical & mental disabilities focused on social development, fun and experiences in the community	
Name and address	Ranken Jordan 11365 Dorsett Road Maryland Heights, MO 63043	11,000
EIN	43-0666765	
IRC code section	501(C)(3)	
Method of valuation		

Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - providing Orthopedic Rehab and Gait lab therapy for children	
Name and address	Ride on St Louis Inc PO Box 94 Kimmswick, MO 63053	5,925
EIN	43-1885666	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Hippotherapy scholarships	
Name and address	Saint Louis Crisis Nursery 11710 Administration Drive Suite 18 St Louis, MO 63146	17,000
EIN	43-1410297	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - scholarships for 1,200 hours of crisis care for emergency intervention, respite care and support for children with developmental, behavioral and physical disabilities	
Name and address	Show Me Aquatics 2085 Bluestone Drive St Charles, MO 63303	6,000
EIN	43-1848967	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - Aqua Ability Program - providing one on one physical aqua therapy for children age 3-21	
Name and address	South Side Early Childhood Center 2930 Iowa Avenue St Louis, MO 63118	7,500
EIN	43-0685348	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - 28 early childhood therapy scholarships	
Name and address	St Joseph Institute for the Deaf 1809 Clarkson Road Chesterfield, MO 63017	8,000
EIN	43-0653494	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - 12 Full Scholarships for the Pediatric Audiology program - ongoing assessments and management of each child's hearing aid fitting, use of assistive technology and software for hearing loss	
Name and address	St Louis ARC Inc	8,000

	1816 Lackland Hill Parkway Suite 200 St Louis, MO 63146	
EIN	43-0718811	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - Neighborhood Experiences-Employment placement scholarships for the community based volunteer and recreation program for youth with intellectual disabilities ages 13 to 21	
Name and address	St Louis Children's Hospital One Childrens Place St Louis, MO 63110	17,843
EIN	43-1626863	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EQUIPMENT - provided a Maestro Communication device and keyboards with Daessy Desktop Mount and Daessy rolling mount	
Name and address	St Louis Society For the Physically Disabled 1187 Corporate Lake Drive Ste 100 St Louis, MO 63132	8,800
EIN	43-0692190	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - Afterschool Program serving 28 children with a recreational session, snack and transportation to home	
Name and address	St Louis Transitional Hope House 1611 Hodiamont Avenue St Louis, MO 63112	18,000
EIN	43-1500761	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - speech & language therapy services for early intervention and early childhood services for children with intellectual delays	
Name and address	St Mary's Special Services 20 Archbishop May Drive St Louis, MO 63319	20,000
EIN	43-0653242	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EDUCATION - 18 financial assistance scholarships for children providing inclusive early intervention services in occupational, speech and physical therapies	
Name and address	Sunnyhill Adventures	16,000

	11140 So Towne Square Suite 101 St Louis, MO 63123	
EIN	43-1150250	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - 15 full residential camp scholarships for children with intellectual and physical disabilities	
Name and address	Support Dogs Inc 11645 Lilburn Park Road St Louis, MO 63146	6,000
EIN	43-1379801	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - training and placement of a service dog to a special needs child	
Name and address	Team Activities for Special Kids 11139 South Towne Square Suite D St Louis, MO 63123	7,000
EIN	43-1825054	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	RECREATION - 22 membership scholarships for children with special needs to participate in more than one sport & social program	
Name and address	Therapeutic Horsemanship 332 Stable Lane Wentzville, MO 63385	9,000
EIN	51-0198939	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - full scholarships for equine assisted therapy	
Name and address	TouchPoint Autism Services 1101 Olivette Executive Pkwy St Louis, MO 63132	10,000
EIN	43-0979927	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - providing 24 families autism assessments using the Autism Diagnostic Observation Schedule	
Name and address	United Services 4140 Old Mill Parkway St Peters, MO 63376	10,000
EIN	43-1136074	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash		

Asst.		
Purpose of grant	THERAPY - Early Childhood Special Education program and Intensive Behavioral Intervention program -special education equipment	
Name and address	William M Bedell Achievement & Resource Center 400 S Main St PO Box 349 Wood River, IL 62095	17,000
EIN	37-6046646	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	EQUIPMENT - Durable medical equipment and iPads with apps for therapy program	
Name and address	Organizations with Grants of 5000 (19 organizations)	95,000
EIN	00-0000000	
IRC code section	501(C)(3)	
Method of valuation		
Desc. of Non-Cash Asst.		
Purpose of grant	THERAPY - 4 organizations for a total of $20,000 in grants, RECREATION - 2 organizations for a total of $10,000 in grants, EQUIPMENT - 3 organizations for a total of $15,000 in grants, and EDUCATION - 10 organizations for a total of $50,000 in grants	

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	COLLABORATION WITH EQUIPMENT AND THERAPY PROVIDERS TO PROVIDE DURABLE MEDICAL EQUIPMENT AND THERAPY TO THE VARIETY CHILD COMPLETING THEIR CIRCLE OF CARE	668	0	861,990
Method of valuation	COST			
Desc. of Non-Cash Asst.	DURABLE MEDICAL EQUIPMENT AND/OR THERAPY SESSIONS			

Description of Other Types of Property

		lines on Part I	Contributions	Revenues
Description	OTHER - AIRFARE	Yes	1	54,760
Method of determining revenues	COST			
Description	OTHER - EVENT PRODUCTION	Yes	1	29,500
Method of determining revenues	COST			
Description	OTHER - EVENT TICKETS & FOOD	Yes	3	16,153
Method of determining revenues	FMV			
Description	OTHER - PROGRAM EQUIPMENT	Yes	2	2,786
Method of determining revenues	FMV			
Description	OTHER - DONATED AUCTION ITEMS	Yes	75	96,399
Method of determining revenues	FMV			

First Program Service Accomplishments Description

Description
ADDITIONALLY, VARIETY IS COMMITTED TO RAISING AWARENESS THROUGH COMMUNICATION TO THE GENERAL PUBLIC, CONSTITUENT BASE, PARENTS AND FAMILIES, PARTNER AGENCIES AND COMMUNITY HEALTH PROVIDERS REGARDING VARIETY'S MISSION, VISION, PROGRAMS AND EVENTS.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	RECREATION - OPEN TO CHILDREN AGES 4-12 WITH PHYSICAL AND MENTAL DISABILITIES, VARIETY ADVENTURE CAMP INCLUDES A FOUR-WEEK DAY CAMP IN THE SUMMER WITH 292 CAMPERS AND A SESSION IN THE WINTER. SPECIALLY TRAINED COUNSELORS AND MEDICAL PROFESSIONALS WORK ONE-ON-ONE WITH EACH CAMPER AS THEY NAVIGATE THE JOYS AND TRIUMPHS OF ROCK CLIMBING, BASKETBALL, TENNIS, COOKING, MUSIC, ART, BICYCLING, ICE SKATING, KARAOKE AND SO MUCH MORE A TEEN TRACK IS OFFERED TO OLDER CHILDREN AGES 13-16 WHICH INCLUDES ALL OF THE ABOVE ACTIVITIES PLUS LEADERSHIP DEVELOPMENT OUTINGS ARE ALSO OFFERED TO VARIETY CHILDREN AND THEIR FAMILIES TO ATTEND ST LOUIS ATTRACTIONS FOR A DAY OF LEARNING, SOCIALIZATION AND FUN EDUCATION DEPARTMENTS FROM SELECTED VENUES PARTNER WITH VARIETY TO PROVIDE AN UNFORGETTABLE EXPERIENCE FOR ALL IN ATTENDANCE, ALLOWING THE CHILDREN TO EXPERIENCE EVENTS WITH THEIR SIBLINGS PAST OUTINGS HAVE INCLUDED THE GATEWAY ARCH & RIVERFRONT, GRANT'S FARM, MISSOURI BOTANICAL GARDEN, ST LOUIS ART MUSEUM, PURINA FARMS, ST. LOUIS ZOO, THE MAGIC HOUSE AND THE MUNY	392,993	79,300	0
	SUNSHINE COACH VANS - SUNSHINE COACH VANS ARE PROVIDED TO VARIETY'S PARTNER AGENCIES THROUGH THE ALLOCATIONS PROCESS. SUNSHINE COACH VANS ARE USED TO TRANSPORT CHILDREN TO PHYSICIAN VISITS, THERAPY SESSIONS AND EDUCATIONAL AND RECREATIONAL ACTIVITIES VARIETY PROVIDED 1 SUNSHINE COACH VAN IN FISCAL YEAR 2013	33,623	28,475	0
Total:		**426,616**	**107,775**	**0**