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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 10/01 , 2013, and ending 09/30 , 20 14

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

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

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
SAINT LOUIS, MO 63146

D Employer identification number
43-6078016

E Telephone number
314-453-0453

G Gross receipts $ 5,660,774

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 subordinates? ☐ Yes ☑ No

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

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

J Website: ▶ WWW.VARIETYSTL.ORG

H(c) Group exemption number ▶

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	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	105
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)	4.359.396	5.318.319
9	Program service revenue (Part VIII, line 2g)	84,594	84,640
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,798	84,638
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-635,760	-1,314,912
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,916,028	4,172,685
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,591,701	1,681,427
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)	1,328,479	1,423,047
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 461,754		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	800,977	824,886
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,721,157	3,929,360
19	Revenue less expenses. Subtract line 18 from line 12	194,871	243,325

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,635,617	6,116,084
21	Total liabilities (Part X, line 26)	213,558	208,787
22	Net assets or fund balances. Subtract line 21 from line 20	5,422,059	5,907,297

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 2/12/15

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 AND SUNSHINE COACH VANS.

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 $ 1,197,072 including grants of $ 221,500) (Revenue $ 84,640)

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, VARIETY TEENS HAVE WORKED TO LEARN PROFESSIONAL SKILLS AND ASSIST THE SHOW'S DESIGNERS AND DIRECTORS. VIEWERS OF THE PRODUCTION INCLUDE OVER 1,300 CHILDREN WITH DISABILITIES. 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. OUTINGS ARE ALSO OFFERED TO VARIETY CHILDREN AND THEIR FAMILIES TO ATTEND ST. LOUIS ATTRACTIONS FOR A DAY OF LEARNING.

(Continued on Schedule O, Statement 1)

4b (Code.) (Expenses $ 981,356 including grants of $ 770,377) (Revenue $ 0)

EQUIPMENT - SPECIAL EQUIPMENT IS MEDICALLY PRESCRIBED EQUIPMENT TO HELP EACH CHILD REACH HIS OR HER FULL POTENTIAL AND AID 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 $ 579,420 including grants of $ 488,581) (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 $ 511,505 including grants of $ 200,969) (Revenue $ 0)

4e Total program service expenses ▶ 3,269,353

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74		
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	105		
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" to line 3b, 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 or note to any line 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	41		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	41		
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 or note to any line 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									
CHAIRMAN	0	✓		✓				0	0	0
STEVE CRIMMINS	1									
VICE CHAIRMAN	0	✓		✓				0	0	0
MARILYN FOX	1									
VICE CHAIRMAN	0	✓		✓				0	0	0
THELMA STEWARD	1									
VICE CHAIRMAN	0	✓		✓				0	0	0
LAWRENCE OTTO	1									
SECRETARY	0	✓		✓				0	0	0
LESLIE WILSON	1									
TREASURER	0	✓		✓				0	0	0
MARK ABELS	1									
BOARD MEMBER	0	✓						0	0	0
JOE BURGESS	1									
BOARD MEMBER	0	✓						0	0	0
MARK BURKHART	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
RAY FARRIS	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			
CHERI FROMM	1									
BOARD MEMBER	0	✓						0	0	0
STEVE GROSS	1									
BOARD MEMBER	0	✓						0	0	0
RAY GRUENDER	1									
BOARD MEMBER	0	✓						0	0	0
DAVID HOGAN	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
LEE KLING	0									
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
DAVIDA LAYER	1									
BOARD MEMBER	0	✓						0	0	0
MIKE LEFTON	1									
BOARD MEMBER	0	✓						0	0	0
NOEMI NEIDORFF	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			
MARCIA SMITH NIEDRINGHAUS	1									
BOARD MEMBER	0	✓						0	0	0
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
KEVIN SHORT	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
ELIZABETH STROBLE	1									
BOARD MEMBER	0	✓						0	0	0
JAN ALBUS	40									
CHIEF EXECUTIVE OFFICER	0			✓				181,561	0	12,508

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			
BRIAN ROY	40									
CHIEF OPERATING OFFICER	0				✓			126,315	0	9,151
CHRISTINA ALTHOLZ	40									
CHIEF FINANCIAL OFFICER	0			✓				85,106	0	4,223
1b Sub-total ▶								392,982	0	25,882
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								392,982	0	25,882

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

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

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 or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 2,395,916				
	d	Related organizations . . .	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,922,403				
	g	*Noncash contributions included in lines 1a-1f* $ 377,181					
	h	**Total.** Add lines 1a–1f . . . . . ▶		5,318,319			
Program Service Revenue			Business Code				
	2a	VARIETY CHILDREN'S THEATRE	711110	84,640	84,640	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		84,640			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		84,638	0	0	84,638
	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) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less. cost or other basis and sales expenses .					
	c	Gain or (loss) . .	0 / 0				
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ 2,395,916 of contributions reported on line 1c). See Part IV, line 18 . . . . a	173,177				
	b	Less. direct expenses . . . . b	1,488,089				
	c	Net income or (loss) from fundraising events . ▶		-1,314,912		0	-1,314,912
	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. . . . . ▶		4,172,685	84,640	0	-1,230,274

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 or note to any line 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	753,348	753,348		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 . . .	928,079	928,079		
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	446,312	253,756	52,982	139,574
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			
7	Other salaries and wages	801,912	623,362	48,060	130,490
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,986	12,814	1,027	2,145
9	Other employee benefits	71,374	53,012	4,331	14,031
10	Payroll taxes	87,463	61,750	6,968	18,745
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	17,000	9,673	4,150	3,177
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) . .	21,012	6,258	4,137	10,617
12	Advertising and promotion	25,847	14,854	0	10,993
13	Office expenses	61,918	9,949	47,049	4,920
14	Information technology	59,038	34,656	3,975	20,407
15	Royalties	0	0	0	0
16	Occupancy	118,015	102,801	3,934	11,280
17	Travel	27,799	18,842	2,074	6,883
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 .	1,386	711	675	0
23	Insurance	13,936	2,644	11,292	0
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	278,323	275,258	47	3,018
b	FOOD AND SUPPLIES	82,503	67,743	1,745	13,015
c	POSTAGE AND PRINTING	94,261	36,101	3,525	54,635
d	OTHER EXPENSES	23,848	3,742	2,282	17,824
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	3,929,360	3,269,353	198,253	461,754
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)	468,892	92,831	164	375,897

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,257,621	1	1,192,654
	2	Savings and temporary cash investments	259,276	2	0
	3	Pledges and grants receivable, net	190,825	3	217,900
	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	160,010	9	161,989
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 44,111			
	b	Less: accumulated depreciation — 10b: 40,697	3,401	10c	3,414
	11	Investments—publicly traded securities	3,764,484	11	4,540,127
	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)	5,635,617	16	6,116,084
Liabilities	17	Accounts payable and accrued expenses	190,794	17	168,878
	18	Grants payable		18	
	19	Deferred revenue	22,764	19	39,909
	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	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	213,558	26	208,787
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	3,377,957	27	3,673,716
	28	Temporarily restricted net assets	819,102	28	830,653
	29	Permanently restricted net assets	1,225,000	29	1,402,928
		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	5,422,059	33	5,907,297
	34	Total liabilities and net assets/fund balances	5,635,617	34	6,116,084

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,172,685
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,929,360
3	Revenue less expenses. Subtract line 2 from line 1	3	243,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,422,059
5	Net unrealized gains (losses) on investments	5	241,913
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	5,907,297

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	2,419,689	2,835,116	4,746,150	4,359,395	5,318,319	19,678,669
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	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
4 **Total.** Add lines 1 through 3	2,419,689	2,835,116	4,746,150	4,359,395	5,318,319	19,678,669
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,025,422
6 **Public support.** Subtract line 5 from line 4.						13,653,247

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,419,689	2,835,116	4,746,150	4,359,395	5,318,319	19,678,669
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,355	47,425	44,672	76,007	84,638	279,097
9 Net income from unrelated business activities, whether or not the business is regularly carried on	179,044	0	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	11,999	0	0	11,999
11 **Total support.** Add lines 7 through 10						20,148,809
12 Gross receipts from related activities, etc. (see instructions)					12	234,615

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 2013 (line 6, column (f) divided by line 11, column (f)) . . .	14	67.76 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	73.63 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule 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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 . . .	3,732,228	3,080,062	1,623,420	1,484,778	1,249,687
b Contributions	245,133	383,714	1,100,000	163,000	120,273
c Net investment earnings, gains, and losses	326,551	302,958	356,642	-34,358	124,818
d Grants or scholarships . . .	54,867	34,056	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	450	450	0	0	0
g End of year balance	4,248,595	3,732,228	3,080,062	1,613,420	1,494,778

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

a Board designated or quasi-endowment ▶ 64 %
b Permanent endowment ▶ 33 %
c Temporarily restricted endowment ▶ 3 %

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	19,011	15,597	3,414
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).)* . . . . ▶				3,414

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	0

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,530,833
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	241,913		
b	Donated services and use of facilities	2b	116,235		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	358,148
3	Subtract line **2e** from line **1**			3	4,172,685
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	4,172,685

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,045,595
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	116,235		
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	116,235
3	Subtract line **2e** from line **1**			3	3,929,360
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	3,929,360

Part XIII Supplemental Information.

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 GENEROUS $1.1 MILLION DOLLAR PERMANENTLY RESTRICTED ENDOWMENT GIFTS TO SUPPORT VARIETY ADVENTURE CAMP. AN ADDITIONAL $125,000 WAS RECEIVED IN FISCAL YEAR 2013 AND $177,928 IN FISCAL YEAR 2014. 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 $1,402,928 DONOR RESTRICTED ENDOWMENT FUNDS WILL BE HELD IN PERPETUITY.

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 AUTHORATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY AT THIS TIME TO COVER ANY UNCERTAIN TAX POSITIONS.

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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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	2,156,362	340,789	71,942	2,569,093
	2 Less: Contributions	2,058,043	285,115	52,758	2,395,916
	3 Gross income (line 1 minus line 2)	98,319	55,674	19,184	173,177
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	15,000	0	7,650	22,650
	7 Food and beverages	65,330	13,942	2,536	81,808
	8 Entertainment	823,342	23,262	5,000	851,604
	9 Other direct expenses	316,098	199,110	16,819	532,027
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,488,089
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,314,912

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. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity operated in:

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

14 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.** 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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

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 . . . . . ▶ 60

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.** 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 PROGRAM 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 ORGANIZATION AND EVALUATES THE ORGANIZATION BASED UPON 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 FUNDING WAS AWARDED). IF FUNDING IS NOT SPENT APPROPRIATELY, THE ORGANIZATION MUST REFUND THE GRANT AND FORFEIT VARIETY PARTNER AGENCY PRIVILEDGES INCLUDING AN INVITATION TO APPLY FOR FUNDING THE FOLLOWING YEAR. AWARDED 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 ORGANIZATION. ORGANIZATIONS 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 PROGRAM 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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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 directors, trustees, and officers, including 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)	181,561	0	0	5,447	7,061	194,069	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

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.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

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	✓	11	202,364	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.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

Form 990, Part VI, Section A, Line 2 - DAVID STEWARD (CHAIRMAN EMERITUS) AND THELMA STEWARD (VICE CHAIRMAN) - FAMILY RELATIONSHIP. MARK KORITZ (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 NONPROFIT TIMES - A NATIONAL SOURCE OF INFORMATION ON SUCH SALARIES. ALL SALARIES ARE REVIEWED AND APPROVED ANNUALLY BY THE FINANCE COMMITTEE.

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

VARIETY THE CHILDREN'S CHARITY OF ST LOUIS
43-6078016

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

		Recipient EIN	Amt. of cash grant	Amt. of non-cash asst.
Name and address	Academy of St Louis 1633 Kehrs Mill Road Chesterfield, MO 63005	73-1712404	7,500	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	EDUCATION - three academic scholarships			
Name and address	Almost Home 3200 St Vincent Avenue St Louis, MO 63104	43-1645686	6,000	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	THERAPY - support 15 - 20 children's therapeutic assessment and services as part of the day care program			
Name and address	Archdiocesan Department of Special Education 20 Archbishop May Drive St Louis, MO 63119	43-0690316	15,000	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	EDUCATION - 15 scholarships for special education services and therapies			
Name and address	Asthma & Allergy Foundation 1500 South Big Bend Suite 1S St Louis, MO 63117	43-1484316	7,000	
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 321 children to manage their asthma and allergies			
Name and address	Camp Happy Day 4224 Watson Road Number 2 St Louis, MO 63109	23-7157234	6,000	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	EDUCATION -8 scholarship for 7 weeks of special needs summer tutoring program			
Name and address	Cardinal Glennon Children's Foundation 1465 South Grand Boulevard St Louis, MO 63104	43-1754347	8,000	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	THERAPY - provide 10 scholarships for PEERS program, a 14 week social skills training curriculum that teaches skills in conversation, building and maintaining friendships, self esteem, how to handle rejection and bullying			
Name and address	Catholic Charities Community Services - Midtown Center	74-3169773	8,000	

	1202 S Boyle St Louis, MO 63110		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - support for children with disabilities in the year round afterschool social growth and development programs		
Name and address	Catholic Children's Home 1400 State Street Alton, IL 62002	37-0662511	5,175
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - AED safety equipment as well as materials to teach 20 students and residents strategies to prepare for emergencies and be aware of personal safety issues		
Name and address	Center for Autism Education 105 Sheriff Dierker Court O Fallon, MO 63366	68-0501030	31,323
IRC code section	501(C)(3)		
Method of valuation	cost		
Desc. of Non-Cash Asst.	Sunshine Coach van		
Purpose of grant	SUNSHINE COACH VAN - transportation of children to therapy sessions as well as community experiences		
Name and address	Center for Hearing-Speech 9835 Manchester Road St Louis, MO 63119	43-0652678	16,000
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 - 14 young children received 223 individual therapy sessions		
Name and address	Central Institute for the Deaf 825 South Taylor Avenue St Louis, MO 63110	43-0662456	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EQUIPMENT - Pediatric Audiology program-purchase Vivosonic ABR system		
Name and address	CHAMP Assistance Dogs 4910 Parker Road Florissant, MO 63033	43-1803006	7,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - training and placement of service dog to a special needs child		
Name and address	Children's Home Society 9445 Litzsinger Road Brentwood, MO 63144	43-0652622	12,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - support for 15 children in residence to participate in community-based activities as well as outings, camps and recreational		

	opportunities		
Name and address	Child Center - Marygrove 2705 Mullanphy Lane Florissant, MO 63031	43-1204440	20,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - providing therapeutic educational treatment services to 49 children		
Name and address	Coordinated Youth & Human Services 2016 Madison Avenue Granite City, IL 62040	37-0662520	6,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - purchased interactive white boards or smart boards for classroom use by children with disabilities to increase motivation, engagement and academic comprehension		
Name and address	Crider Health Center 1032 Crosswinds Court Wentzville, MO 63385	43-1160049	20,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - Partnership with Families program - support case management and psychiatric/clinical services for 10 children with serious emotional disorders		
Name and address	Delta Gamma Center 1715 South Big Bend St Louis, MO 63117	43-0725282	8,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - GRADS Program- 13 scholarships to provide children ages 3-18 fun community based opportunities which improve socialization skills among their peers, increasing independence and community participation		
Name and address	Disability Resource Association 420 B South Truman Boulevard Crystal City, MO 63019	43-1794017	7,900
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EQUIPMENT - equipment for equine-assisted therapy program		
Name and address	Down Syndrome Association 8420 Delmar Boulevard Suite 200 St Louis, MO 63124	43-1108833	7,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - "Lose the Training Wheels Adaptive Bike Program" - support 34 children in the program teaching coordination and learning to ride a bike without training wheels		
Name and address	Easter Seals Midwest 13545 Barrett Parkway Drive Suite 300	43-0979927	15,000

	St Louis, MO 63021		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - provide 24 families autism assessments using the Autism Diagnostic Observation Schedule		
Name and address	Equine Assisted Therapy Inc 5591 Calvey Creek Road Robertsville, MO 63072	20-0319917	12,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - 10 adaptive riding scholarships		
Name and address	Family Resource Center 3309 S Kingshighway Boulevard St Louis, MO 63139	43-1071300	15,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - 29 children received services through the preschool therapy program serving 3-5 year olds who have severe emotional and/or behavioral disabilities and intellectual delays		
Name and address	German St Vincent Orphanage Organization 7401 Florissant Road Normandy, MO 63121	43-0653319	9,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - Viva Vox Program - support for 73 children to participate in arts mentoring program		
Name and address	Giant Steps of St Louis 2685 Metro Boulevard St Louis, MO 63043	43-1671946	6,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - 8 partial scholarships 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	43-0955225	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - 8 children received scholarships for the Pediatric Therapy Service program - pediatric PT, OT, speech & developmental therapy for children		
Name and address	Great Circle 330 North Gore Avenue St Louis, MO 63119	43-0681471	20,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - therapeutic treatment for 30 children in the Residential Treatment program at the Edgewood Children's Center Campus		
Name and address	HISKIDS 908 Laurel Street	37-1170527	9,000

	PO Box 412 Highland, IL 62249		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - 12 scholarships for children to attend a week-long therapeutic summer camping experience for children with cancer ages 8 - 17		
Name and address	Howard Park Center 15834 Clayton Road Ellisville, MO 63011	43-0965295	15,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - support 18 children with autism in the Intensive Behavior Intervention Program		
Name and address	Illinois Center for Autism 548 South Ruby Lane Fairview Heights, IL 62208	37-1023452	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - purchased sensory experience playground equipment		
Name and address	Jewish Community Center 2 Millstone Campus Drive St Louis, MO 63146	43-0681477	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - 8 scholarships to subsidize fees at the Early Childhood Center for children with disabilities		
Name and address	Jewish Family & Children Services 10950 Schuetz Road St Louis, MO 63146	43-0790330	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - Safe Touch Plus Program- specialized child abuse prevention program for children with developmental delays, functional and/or psychological disabilities		
Name and address	Kingdom House 1321 South 11th Street St Louis, MO 63104	43-0652648	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - therapy screening and evaluations as well as therapy services for 4 children in the day care and after school program with behavioral disorders & cognitive delays		
Name and address	Lemay Child and Family Center 9828 South Broadway St Louis, MO 63125	43-1061831	7,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - 10 scholarships for the early childhood inclusive therapy program		

Name and address	LifeBridge Partnership 1187 Corporate Lake Drive Suite 100 St Louis, MO 63132	43-0692190	13,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - Afterschool Program serving 39 children at Gateway Michael School		
Name and address	Logos School 9137 Old Bonhomme Road St Louis, MO 63132	43-0968673	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - 2 academic scholarships		
Name and address	Mercy Health Foundation 615 S New Ballas Road St Louis, MO 63141	56-2410020	16,250
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - Snoezelen Multi Sensory Room for autism therapy services		
Name and address	Minam Foundation 501 Bacon Avenue St Louis, MO 63119	43-0667478	7,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - tuition assistance for academic program		
Name and address	Missouri Girls Town Foundation Inc 8458 Jade Road PO Box 59 Kingdom City, MO 65262	44-0648649	8,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - educational staff to serve 67 children in 4 North Callaway classrooms		
Name and address	Next Step for Life Inc 3875 Plass Road PO Box 97 Mapaville, MO 63065	43-1204559	6,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - support for recreation/leisure club established for teens ages 14 - 18 with a developmental disability to foster skills needed for greater independence		
Name and address	Northside Youth and Senior Service Center Inc 4120 Maffitt Avenue St Louis, MO 63113	43-1028098	8,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - support for 20 scholarships for the after school recreation and enrichment program focused on youth with disabilities		

Name and address	Nurses for Newborns Foundation 7259 Lansdowne Avenue St Louis, MO 63119	43-1601329	8,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - Bridge to the Future Program - nurses in home visits for 15 medically fragile infants including assessment, parent education, evaluation and support with needed items		
Name and address	One Hope United - Hudelson Region 1400 East McCord Street PO Box 548 Centralia, IL 62801	37-0697157	31,323
IRC code section	501(C)(3)		
Method of valuation	cost		
Desc. of Non-Cash Asst.	Sunshine Coach van		
Purpose of grant	SUNSHINE COACH VAN - transportation for children in the family support program		
Name and address	Our Lady's Inn 4223 Compton St Louis, MO 63111	43-1213751	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - in home therapy services provided to 19 children with physical, developmental, learning and/or emotional delays		
Name and address	Parent Teacher Organization for Exceptional Children 620 North Illinois Street Belleville, IL 62220	37-6062325	7,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - 41 camp scholarships for summer camp for children with disabilities focused on social development, fun and experiences in the community		
Name and address	Saint Louis Crisis Nursery 11710 Administration Drive Suite 18 St Louis, MO 63146	43-1410297	7,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - scholarships for 510 hours of crisis care for children with developmental or physical disabilities		
Name and address	Sherwood Forest Camp Inc 2708 Sutton Boulevard St Louis, MO 63143	43-0653401	31,323
IRC code section	501(C)(3)		
Method of valuation	cost		
Desc. of Non-Cash Asst.	Sunshine Coach van		
Purpose of grant	SUNSHINE COACH VAN - transportation for youth in the summer camp program		
Name and address	SouthSide Early Childhood Center 2930 Iowa Avenue St Louis, MO 63118	43-0685348	8,000
IRC code section	501(C)(3)		
Method of valuation			

Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - support for 31 children ages 2 - 5 for special education services		
Name and address	St Louis ARC Inc 1816 Lackland Hill Parkway Suite 200 St Louis, MO 63146	43-0718811	15,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - Neighborhood Experiences - 58 scholarships for the community based volunteer and recreation program for youth with developmental disabilities		
Name and address	St Louis Children's Hospital Foundation One Childrens Place St Louis, MO 63110	43-1626863	12,554
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EQUIPMENT - provided 150 communication boards and other equipment for the Augmentation Communication Program		
Name and address	St Louis Transitional Hope House Inc 1611 Hodiamont Avenue St Louis, MO 63112	43-1500761	20,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - 108 children received speech & language and occupational therapy services as well as developmental screening and surveillance for early intervention		
Name and address	St Martin's Child Center 6315 Garfield Avenue Berkeley, MO 63134	42-1001293	8,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - scholarships for child care for children ages 6 weeks to 6 years with physical, mental and/or developmental disabilities		
Name and address	St Mary's Special School for Exceptional Children 20 Archbishop May Drive St Louis, MO 63319	32-0301060	12,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - 13 financial assistance scholarships for children providing an inclusive early intervention services child care and pre-school education		
Name and address	Sunnyhill Inc 11140 So Towne Square Suite 101 St Louis, MO 63123	43-1150250	15,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	RECREATION - 34 residential camp scholarships for children with intellectual and physical disabilities to attend 1 week camp session		
Name and address	Support Dogs Inc	43-1379801	7,500

	11645 Lilburn Park Road St Louis, MO 63146		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - training and placement of service dog to a special needs child		
Name and address	The Demetrius Johnson Charitable Foundation 724 North Union Boulevard St Louis, MO 63108	43-1641257	6,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - Educational Enrichment Program - support for after-school and summer program focused on tutoring, mentoring and field experience		
Name and address	The Moog Center for Deaf Education 12300 South Forty Drive St Louis, MO 63141	43-1743898	7,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - 10 Tuition assistance scholarships		
Name and address	The Ranken Jordan Home for Convalescent Crippled Children 11365 Dorsett Road Maryland Heights, MO 63043	43-0666765	12,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - provided Saebo 5 program kit and therapeutic supplies to rehabilitate hand and arm motor skills of children		
Name and address	The William M Bedell ARC 400 S Main Street PO Box 349 Wood River, IL 62095	37-6046646	20,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - purchased computer equipment to enhance current therapeutic program		
Name and address	TREE House of Greater St Louis 332 Stable Lane Wentzville, MO 63385	51-0198939	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THERAPY - 10 full scholarships for equine assisted therapy		
Name and address	United Services for Children 4140 Old Mill Parkway St Peters, MO 63376	43-1136074	12,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EDUCATION - purchased mirrored climber and 30 iPads for video modeling project		
Name and address	Organizations with Grants of 5000 (11 organizations)	00-0000000	55,000
IRC code section	501(c)(3)		
Method of valuation			

Schedule I, Part IV, Statement 1 **VARIETY THE CHILDREN'S CHARITY OF ST LOUIS**

Desc. of Non-Cash Asst.

Purpose of grant	THERAPY - 3 organizations received $5,000 grants totaling $15,000, RECREATION - 1 organization received a $5,000 grant, EDUCATION - 7 organizations received $5,000 grants totaling $35,000

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 SERVICES TO THE VARIETY CHILD COMPLETING THEIR CIRCLE OF CARE	430	0	928,079
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 - AIR TRANSPORTATION & TRAVEL	Yes	1	54,324
Method of determining revenues	COST			
Description	OTHER - EVENT PRODUCTION	Yes	1	29,500
Method of determining revenues	COST			
Description	OTHER - EVENT TICKETS, RAFFLE ITEMS & FOOD	Yes	22	20,077
Method of determining revenues	FMV			
Description	OTHER - DONATED AUCTION ITEMS	Yes	108	70,466
Method of determining revenues	FMV			
Description	OTHER - PROGRAM EQUIPMENT	Yes	1	450
Method of determining revenues	FMV			

First Program Service Accomplishments Description

Description
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 VARIETY COLLABORATES WITH PARTNER AGENCIES TO DEVELOP EDUCATIONAL PROGRAMS TAILORED TO THE NEEDS OF CHILDREN WITH PHYSICAL AND INTELLECTUAL DISABILITIES INCLUDING EVALUATION AND EARLY INTERVENTION 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 INTELLECTUAL DISABILITIES, VARIETY ADVENTURE CAMP INCLUDES A FOUR-WEEK DAY CAMP IN THE SUMMER WITH OVER 300 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	414,827	107,000	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 3 SUNSHINE COACH VANS IN FISCAL YEAR 2014	96,678	93,969	0
Total:		**511,505**	**200,969**	**0**