Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information should Form 200 and its instructions is at your immension of the provided in the control of t

Open to Public

inte		ue Service	► Information about Form 990 and its instructions is at www.irs		0	inspection
A	For the	2016 cale	ndar year, or tax year beginning 10/01 , 2016, and endir	ig 0	9/30	, 20 17
В	Check if	applicable	C Name of organization VARIETY THE CHILDREN'S CHARITY OF ST LOUIS		D Employe	r identification number
	Address	change	Doing business as			43-6078016
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/su	ute	E Telephon	e number
	Initial ret	*	11840 WESTLINE INDUSTRIAL SUITE 220		}	314-720-7700
ᅙ		n/terminated				
Ħ	Amende		SAINT LOUIS, MO, 63146		G Gross red	cerpts \$ 10,109,277
H				Trace No. 1 - 1 - 1		
ليا	Applicati	on penaing	· y			ubordinates? Yes No
			11840 WESTLINE INDUSTRIAL DRIVE, SUITE 220, SAINT LOUIS, MO/63140			included? LYes LNo
<u> </u>		npt status			•	e instructions)
J.	Website		W.VARIETYSTL.ORG		p exemption i	
K			Corporation ☐ Trust ☐ Association ☐ Other ►	tion 1933	M State	of legal domicile MO
	art	Summ				
	1	Briefly de	escribe the organization's mission or most significant activities: TO HE	LP LOCAL	CHILDREN	WITH
8	{	DISABILI	ITIES REACH THEIR FULL POTENTIAL BY PROVIDING THEM WITH SERVIC	ES EVERY	TIME THEY	NEED
VOS Activities & Governance	}	ASSISTA	INCE.			
le l	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more tha	n 25% of i	ts net assets.
<u>်</u>	3	Number	of voting members of the governing body (Part VI, line 1a)		. 3	37
ಷ	4	Number	of independent voting members of the governing body (Part VI, line 1b)		. 4	37
es			nber of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	114
Ø E			nber of volunteers (estimate if necessary)		. 6	250
\ું ઇ			elated business revenue from Part VIII, column (C), line 12		. 7a	
Z)		lated business taxable income from Form 990-T, line 34		. 7b	0
Z -	 _	Met unite	ated business taxable income from Form 990-1, line 34	Prior \		Current Year
DENNADS Activiti		المالية المالية	trans and supply (Dark VIII. Bug 4b)			
~			tions and grants (Part VIII, line 1h)		4,731,418	5,162,095
APR APR		-	service revenue (Part VIII, line 2g)		133,299	151,019
ဆေနို	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	131,438	752,658	
<u></u> -			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,041,097	-1,212,233
t=1			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,955,058	4,853,539
2	13	Grants at	nd similar amounts paid (Part IX, column (A), lines 333)		1,233,770	1,325,427
2018			paid to or for mornboro h art his obtaining by, mile is		0	0
	15	Salaries,	other compensation, employee benefits (Part IX, collumn (A), lines 5-10) [1,457,282	1,588,284	
JSG			onal fundraising fees (Part IX, column (A), line 11e)		0	118,000
Expenses			draising expenses (Part IX, column (D), line 25)			
Φ			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		924,648	1,016,571
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,615,700	4,048,282
	1		less expenses. Subtract line 18 from line 12		339,358	805,257
		HOVEHUC		Beginning of C		End of Year
Net Assets or	20	Total ago	ets (Part X, line 16)	Doyg C. C		
SS	20		· · · · · · · · · · · · · · · · · · ·		7,156,898	7,979,480
et (21		ulities (Part X, line 26)		514,610	666,084
			ts or fund balances. Subtract line 21 from line 20		6,642,288	7,313,396
_	art II		ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and state lete. Declaration of preparer (other than officer) is based on all information of which prepare			y knowledge and belief, it is
	ie, correct	t, and comp	lete Declaration of preparer (other than onicer) is based on all information of which prepare	r nas any know	/reage	
		1	driding junes			
Sig	_	Sign	ature of officer	D:	ate	
He	ere	CH	RISTINA ALTHOLZ, CHIEF FINANCIAL OFFICER		OAIN	8/2018
		Туре	or pnnt name and title			
D:	aid	Print/Ty	pe preparer's name Preparer's signature Da	ite	Check [7 if PTIN
	epare	-	}		self-emp	
	se Oni		ame ►	Firt	n's EIN ▶	
U:	o c UIII	y	iddress ►		one no	
Ma	y the IF		s this return with the preparer shown above? (see instructions)			Yes No
				lo 11282Y		Form 990 (2016)
1 0	· - where	1 10uu	Car No. 110400, 000 ale coparate manacacina.	112021		FUITI 234 (2010)

Form 99	0 (2016)	Page 2
Part I		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> 7</u>
1	Briefly describe the organization's mission:	
	VARIETY EMPOWERS CHILDREN WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES, ALSO REFERRED TO AS	
	CHILDREN WITH SPECIAL NEEDS, AND IMPROVES THEIR QUALITY OF LIFE. THIS HOLISTIC APPROACH GIVES ACCESS TO CRITICAL MEDICAL FOURMENT AND THERAPIES. ALONG WITH INNOVATIVE CAMP AND DEPENDING ADTE	
	TO CRITICAL MEDICAL EQUIPMENT AND THERAPIES, ALONG WITH INNOVATIVE CAMP AND PERFORMING ARTS (Continued on Schedule O, Statement 1)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ 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?	☐ 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 mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	o)
	EQUIPMENT - VARIETY PROVIDES MEDICALLY PRESCRIBED EQUIPMENT TO HELP EACH CHILD REACH THEIR	<u>,,</u>
	POTENTIAL. THESE INCLUDE AIDS TO ENHANCE MOBILITY (WHEELCHAIRS, ADAPTIVE BEDS, VAN LIFTS, ORTHOTICS)	
	AND COMMUNICATION (HEARING AIDS, AUGMENTATIVE SPEECH DEVICES INCLUDING SOFTWARE APPLICATIONS), AS	
	WELL AS AIDS FOR THERAPY (THERAPEUTIC BIKES, SENSORY EQUIPMENT). VARIETY PROVIDED 447 PIECES OF	
	MEDICAL EQUIPMENT TO 290 CHILDREN IN FISCAL YEAR 2017. THE GOAL FOR PROVIDING EQUIPMENT IS TO	
	INCREASE THE CHILD'S DEGREE OF INDEPENDENCE AT HOME/FAMILIAR SETTINGS AS WELL AS AWAY FROM HOME	
	AND IN SETTINGS LESS FAMILIAR. WITH THE PROVISION AND USE OF THIS EQUIPMENT, 60% OF VARIETY CHILDREN	
	SURVEYED REPORTED AN INCREASE IN INDEPENDENCE.	

	(Code: \(\frac{1}{2}\)	
4b	(Code:) (Expenses \$ 771,007 including grants of \$ 0) (Revenue \$ 151,01	<u>19</u>)
	EDUCATION - VARIETY PERFORMING ARTS PROGRAM INCLUDES THEATRE, CHORUS AND DANCE. VARIETY THEATRE PROVIDES A PROFESSIONAL THEATRICAL EXPERIENCE IN AN INCLUSIVE ENVIRONMENT THAT SHOWCASES THE	
	TALENTS OF VARIETY CHILDREN PERFORMING ALONGSIDE PROFESSIONAL ACTORS FROM THE COMMUNITY. THIS	
	PAST YEAR 23 VARIETY CHILDREN APPEARED ON STAGE IN THE PRODUCTION OF DISNEY'S BEAUTY AND THE BEAST,	
	BRINGING GREATER AWARENESS OF THE THEATRICAL ABILITIES OF CHILDREN WITH DISABILITIES. IN ADDITION TO	
	THE ON-STAGE TALENT, 6 VARIETY TEENS WORKED AS PRODUCTION INTERNS, LEARNING PROFESSIONAL SKILLS AS	
	THEY ASSISTED THE SHOW'S DESIGNERS AND DIRECTORS. A SURVEY WAS USED TO DETERMINE THE IMPACT OF	
	THEATRE PARTICIPATION ON SKILLS NEEDED BY VARIETY CHILDREN TO ENGAGE AND EXPERIENCE THE WORLD AS	
	FULLY AS POSSIBLE. OVER HALF OF VARIETY THEATRE CHILDREN (52%) IMPROVED IN THEIR ABILITY TO EXPRESS	
	THEMSELVES AND ENGAGE IN THEIR ENVIRONMENT. THE PERFORMING ARTS PROGRAM ALSO INCLUDES BOTH A	
	CHORUS AND DANCE COMPONENT IN WHICH CHILDREN OF ALL ABILITIES ARE TAUGHT THESE PERFORMING ARTS	
	(Continued on Schedule O, Statement 2)	
4c	(Code:) (Expenses \$ 342,142 including grants of \$ 0) (Revenue \$	<u>o</u>)
	RECREATION - VARIETY ADVENTURE CAMP IS UNIQUE AS IT IS THE ONLY CAMP IN THE REGION SPECIFICALLY	
	DESIGNED FOR CHILDREN WITH MULTIPLE DISABILITIES. OPEN TO CHILDREN AGES 4-16, THE SUMMER PROGRAM	
	INCLUDES A MULTIPLE WEEK DAY-CAMP EXPERIENCE WITH AN ADDITIONAL SESSION OVER WINTER BREAK.	
	ACTIVITIES ARE DESIGNED TO ENHANCE CAMPERS CONFIDENCE BY CHALLENGING THEM TO TRY NEW EXPERIENCES, INCLUDING SWIMMING, ROCK CLIMBING, BASEBALL, ICE SKATING, AND MANY OTHERS. ADVENTURE CAMP PAIRS	L
	COUNSELORS WITH VARIETY CHILDREN IN ONE-ON-ONE ACTIVITY COMPANIONSHIP, PLACING EMPHASIS ON THE	
	INDIVIDUAL CHILD AS THE FOCUS OF THE CAMP. THIS ALLOWS AN OPPORTUNITY FOR EACH VARIETY CHILD TO	
	IMPROVE THEIR SOCIALIZATION SKILLS, A KEY COMPONENT OF OUR ASSESSMENT OUTCOMES. IN FISCAL YEAR 2017	
	OVER 150 VARIETY CHILDREN ATTENDED CAMP. A TEEN TRACK IS OFFERED TO OLDER CHILDREN, AGES 14-20,	
	WHICH INCLUDES AGE APPROPRIATE ADVENTURE CAMP ACTIVITIES PLUS ADDITIONAL OPPORTUNITIES FOR	
	(Continued on Schedule O, Statement 3)	
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 4	
	(Expenses \$ 320,420 including grants of \$ 159,669) (Revenue \$ 0)	
4e	Total program service expenses ▶ 2.914.163	

Checklist of Required Schedules

Part IV

	31)(27	<u> </u>
		F	age 3	_
			- No.	
rivate foundation)? If "Yes,"		Yes	No	
	1	/		
ee instructions)?	2	1		
behalf of or in opposition to				
	3	!	✓_	
es, or have a section 501(h)	4	!!	,	
receives membership dues,	-			
es," complete Schedule C,	}	1		
	5		✓	
accounts for which donors				
such funds or accounts? If]		
nts to preserve open space,	6		-	
nedule D, Part II	7	1	1	
ther similar assets? If "Yes,"	<u> </u>		_ 	
	8	L_	✓	
account liability, serve as a	}			
anagement, credit repair, or			1	
s in temporarily restricted	9			
Schedule D, Part V	10	1		
plete Schedule D, Parts VI,				
	}.	_		
Part X, line 10? If "Yes,"				
K, line 12 that is 5% or more	11a	\ <u> </u>		
VII	11b		✓	
K, line 13 that is 5% or more				
VIII	11c	L	✓	
% or more of its total assets			,	
omplete Schedule D, Part X	11d 11e		7	
ude a footnote that addresses	<u>-</u>		<u> </u>	
nplete Schedule D, Part X .	11f	1		
e tax year? If "Yes," complete				
ements for the tax year? If	12a	-		
D, Parts XI and XII is optional	12b		1	
e Schedule E	13		7	
d States?	14a		1	
10,000 from grantmaking,				
Inited States, or aggregate Parts I and IV			1	
nts or other assistance to or	14b	<u> </u>		
· · · · · · · · · · · ·	15		1	
	لستسا			

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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	,	1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		/
С	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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		7
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		 	
J	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		1
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		1
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		1
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	<u>·</u>	
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		/
			990	(2016)
				,-,

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic 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 or for domestic individuals on	-21		- -
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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	-23	<u> </u>	
	\$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) 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		<u> </u>
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 "Yes," complete Schedule L, Part II	00		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		 •
21	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		1
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):			
а	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		✓
С	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	20		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		-
٠.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ے۔ ا		 -
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-37 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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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	√	<u> </u>
		For	n 990	(2016)

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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 83			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 114			
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		<u> </u>
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			1
	account)?	4a		-
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	5a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 •
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 00		
Va	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			Ė
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	✓	
С	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			
е	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. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9_	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	- 9a	-	-
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
10	Section 501(c)(7) organizations. Enter:	- O.D.		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	ì		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received from them.)			
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	Į		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	ــــ
_	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	1		1
	the organization is licensed to issue qualified health plans	-	1	1
C	Enter the amount of reserves on hand		├	+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	├-	+*
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	<u> </u>	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 37			
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.		1	1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 37			
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	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		
	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		1
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?	_] ,
	one or more members of the governing body?	7a		/
b	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:	}	1	}
а	The governing body?	8a	1	
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	L	✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
46		-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<u> </u>
U	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	1	
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	1	{
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	1	
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?		 -	1
a	The organization's CEO, Executive Director, or top management official	15a	<u>/</u>	
þ	Other officers or key employees of the organization	15b	-	<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		1
þ	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		}	Ì
Saati	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
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)e	onlyl
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551	J)(U)3	, , ,
	☑ 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 int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	CHRISTINA ALTHOLZ. (314)720-7715			

Form	$\alpha \alpha \alpha$	1201	21

Page 7

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

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 no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any currer	nt officer, directo	r, or trustee.
= -		<u> </u>			C)				<u> </u>	
(A)	(B)	(do n	Pos do not check			than (200	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		$\overline{}$		_	or/trus	·	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ag H	Former	the	organizations	compensation
	related organizations	rect.	盲	ğ	e m	loye	Ì₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약률	na I	ĺ	ğ	l [©] §	ļ	ĺ .		and related
	iirie)	stee	Trust		ď	Dens	[organizations
]	8			Highest compensated employee				
									[
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PRESIDENT	0	├ ✓	\vdash	✓	-	<u> </u>	-	0	0	0
STEVE CRIMMINS	11	1		/			{	1		
VICE PRESIDENT	0	 •	-	┡	-	├	├	0	<u>_</u>	0
MARILYN FOX	1 0	1		1	Į		l	١ .		
VICE PRESIDENT	1	┝┷	├─	┡	-		-	0	<u>_</u>	0
THELMA STEWARD VICE PRESIDENT	· · · · · ·	1		/			}	l	ا م	O
STEVE GROSS	1	 	-	 	-	├──	├─	 	<u>-</u>	-
SECRETARY	0	1	ĺ	1	1		1	o	0	o
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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	related	d d	쁄	Officer	y er	ple	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		ğ	ן ר	Key employee	yee c] =	(W-2/1099-MISC)		organization and related
	line)) trus	함	ļ	yee	mp		t		organizations
	[e e	Institutional trustee		"	Highest compensated employee		ĺ		•
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J CHRISTOPHER KERCKHOFF JR	1	ŀ	1	}			}	ł		
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PATRICIA KOPETZ	1]	-		
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MARK KORITZ	1	}								
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NANCY KRANZBERG	1	}	-							
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PATRICK LARMON	1							[
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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	week (list any				_	or/trust		from	related	other
	hours for	Individual to or director	nstı	Officer	Key employee	불투	Former	the	organizations	compensation
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	line)	trustee	ŧ	l	8	l g		Į.	l	organizations
	,	8	Institutional trustee		ļ.,	Highest compensated employee			{	
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ROBERT O'LOUGHLIN	1	}					l	1		
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RIDLEY PEARSON	1	}		-			} ¯	}		
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LUCIA ROSENBLOOM	1						J	,		
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BEVIS SCHOCK	1			ļ [—]						
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PAUL SHAUGHNESSY	1									
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KIM SPRINGER	1									-
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MICHAEL STAENBERG	1		Γ		Г					
BOARD MEMBER	0	/	L	Ì			}) o	0	C
DAVID STEWARD	1	1	Γ				Г			
CHAIRMAN EMERITUS	0	1)	}		1)	0	i o	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/ees		_	lighes	st C	ompensated E	mployees (co	ntinu	∍d)		
	•				(0	•								
	(A)	(B)	(do n			ition	. 45		(D)	(E)			(F)	
	Name and title	Average					than our		Reportable	Reportable		Est	ımated	
		hours per					or/trust		compensation	compensation for			ount of	
		week (list any	23	5	0	×	gΙ	Ē	from	related			other	
		hours for related	흑	∰	Officer	ey (를	Form	the organization	organizations (W-2/1099-MIS			ensation	'n
		organizations	Individual trustee or director	Institutional trustee	暭	Key employee	oyer	₫	(W-2/1099-MISC)		~		ınızatıor	า
		below dotted	익별	<u>a</u>		ğ	egn	ļ	Γ΄ ΄		- }	and	related	ļ
		line)	ust	[[]	ĺ	8	þe					orga	nızatıon	s
		1	8	👸		1	Highest compensated employee		1		- }			
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ELIZA	BETH STROBLE	1		1							1			
BOAR	D MEMBER (THROUGH DECEMBER 2016)	0	✓	l 1				ĺ	l 0		0			0
JAN A	LBUS	40		П					1					
	EXECUTIVE OFFICER	0		1 1	1				109,862	į	o			7,011
	STINA ALTHOLZ	40						_						
	FINANCIAL OFFICER	0			1				101,625		o			8,599
BRIAN	I DOV	40			•	-		 			—Ÿ—			0,000
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EXEC	UTIVE DIRECTOR	0		₩		-	- -	<u> </u>	147,219		-0		!	0,596
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1b	Sub-total			•	•		•		358,706	 	0		2	6,206
C	Total from continuation sheets to Part	-		•	•		•	•	ļ	ļ	\dashv			
<u>d</u>		<u></u>						<u> </u>	358,706		0		2	<u> 6,206</u>
2	Total number of individuals (including but		to th	iose	list	ed a	above	e) w	ho received m	ore than \$100	0,000	of		
	reportable compensation from the organ	ization ►							3					
													Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or tru	uste	ee,	key e	emp	oloyee, or high	est compens	sated			
	employee on line 1a? If "Yes," complete	Schedule J	for st	uch i	indi	ivid	ıal					3		1
4	For any individual listed on line 1a, is the	sum of re	oortal	ble c	om	nper	nsatio	n a	nd other com	ensation from	n the			
	organization and related organizations													1
	ındividual							-, 				4	1	ĺ
5	Did any person listed on line 1a receive of	or accrue co	nmne	nsati	ion	froi	m anv	/ IIn	related organi	zation or indiv	/idual		┿	┼──
3	for services rendered to the organization											5		
Saction			,5.	-									ــــــ	
	on B. Independent Contractors			•							<u> </u>		. 	
1	Complete this table for your five highest													
	compensation from the organization. Rep	ооп сотре	nsatio	on to	r tr	ne c	alend	ar y	ear ending wi	th or within th	e org	anızatı	on's t	ax
	year.													
	(A)	_						1	(B)	1		(C)		
	Name and business add	iress							Description of s	services		Compen:	sation	
See S	chedule O, Statement 5													
			_	_		-								
				_		_		Г						
								\vdash						
2	Total number of independent contractor	ors (includir	na hi	ıt no	ot 1	imit	ed to	th	ose listed ah	ove) who				
_	received more than \$100,000 of compens								1					
				J		٠.,								

Par	VIII	Statement of Revenue			D		_
	`	Check if Schedule O contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ran Cun	ь	Membership dues 1b					
Ω, Ĕ	c	Fundraising events 1c	2,372,494		•		
iffs ar A	ď	Related organizations 1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	10,000				
	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	2,779,601				
ĘĢ	g	Noncash contributions included in lines 1a-1f \$	253,825				
a S	h	Total. Add lines 1a-1f		5,162,095			
			Business Code				
Ze.	2a	VARIETY THEATRE	711110	151,019	151,019	0	0
æ	b						<u></u>
je Jie	С						
Sen	d						
E	е						
Program Service Revenue	f	All other program service revenue.		0	0	0	0
<u>_</u>	g	Total. Add lines 2a-2f		151,019			
	3	Investment income (including divid					
		and other similar amounts)		105,626	0	_0	105,626
	4	Income from investment of tax-exempt be		0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses 0					
	C	Rental income or (loss)	L0	-			-
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	0	0	0	0
	7a	oroso amosin nom carso or	`				,
	Ь	Less: cost or other basis 4,422,606	0				
	5						1
	С	and sales expenses . 3,775,574 Gain or (loss) 647,032					1
	d		•	647,032	0	· · · · · · · · · · · · · · · · · · ·	647,032
	"	110t gain or (1033)	,	047,032			647,032
Other Revenue	8a	Gross income from fundraising events (not including \$ 2,372,494 of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b	 -				
0		Net income or (loss) from fundraising	17.0001.00	-1,212,233		o	4 242 222
		Gross income from gaming activities. See Part IV, line 19 a		-1,212,233			-1,212,233
	ь	Less: direct expenses b	a			Į l	
	С	Net income or (loss) from gaming acti	vities ►	o	0	o	0
	10a	Gross sales of inventory, less returns and allowances a	o				
	b c	Less: cost of goods sold b Net income or (loss) from sales of invo		 	0	0	0
		Miscellaneous Revenue	Business Code			· · · · · · · · · · · · · · · · · · ·	
	11a					<u> </u>	
	b						
	С						
	ď	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	<u> ▶</u>	4,853,539	151,019	o	-459,575
							Form 990 (2016)

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 respons	e or note to any lin	e in this Part IX .		
	nt include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,325,427	1,325,427		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	o		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	226,065	81,278	121,693	23,094
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0		0
7	Other salaries and wages	1,146,863	728,171	110,571	308,121
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,908	17,405	2,080	7,423
9	Other employee benefits	90,683	55,885	11,526	23,272
10	Payroll taxes	97,765	57,900	16,127	23,738
11	Fees for services (non-employees):	i			
а	Management	0	o	0	0
b	Legal L	3,543	0	3,543	0
C	Accounting	17,200	9,804	4,300	3,096
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	118,000			118,000
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,035	6,705	12,330	0
12	Advertising and promotion	174,622	86,689	18,645	69,288
13	Office expenses	36,724	23,022	42 200	13,702
14	Information technology	140,239 47,548	34,528 25,176	43,208 7,676	62,503 14,696
15	Royalties	0	23,170	0	14,036
16	Occupancy	175,584	125,984	17,009	32,591
17	Travel	28,938	19,635	2,415	6,888
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	O	o	a	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	5,414	1,004	4,410	0
23	Insurance	19,060	5,086	13,500	474
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.)		,		
а	FOOD & SUPPLIES	55,765	38,711	3,273	13,781
b	PRODUCTION COSTS	269,084	269,084	0	0
C	OTHER EXPENSES	23,815	2,669	2,801	18,345
d					
е	All other expenses	0	0	0	0
25_	Total functional expenses. Add lines 1 through 24e	4,048,282	2,914,163	395,107	739,012
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)				
	tollowing SOP 98-2 (ASC 958-720)	441,451	87,893	85	353,473

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1,731,491 1,386,921 2 2 Savings and temporary cash investments 0 0 3 3 587,047 716,836 4 0 4 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 O 0 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 0 Assets 0 7 0 0 Inventories for sale or use 8 a 0 g Prepaid expenses and deferred charges 9 161,350 190,867 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 128,087 Less: accumulated depreciation 10b 44,685 84,985 10c 83,402 11 Investments—publicly traded securities 4,806,806 11 5,386,673 12 Investments - other securities. See Part IV. line 11 . 12 0 n 13 Investments-program-related. See Part IV, line 11 . . . 13 0 0 14 14 ol 0 15 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 7,156,898 7,979,480 17 Accounts payable and accrued expenses 17 469,315 630,536 18 o 18 0 19 19 45,295 35,548 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 0 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total liabilities. Add lines 17 through 25 . 26 26 514,610 666.084 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🚺 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 3,967,444 4.546.394 28 28 1,271,916 1,364,074 29 29 1,402,928 1,402,928 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 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 33 6,642,288 7,313,396 34 Total liabilities and net assets/fund balances . . 7,156,898 34 7,979,480 Form 990 (2016)

orm 99	0 (2016)			Pa	ige 12
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		4,85	3,539
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,04	8,282
3	Revenue less expenses. Subtract line 2 from line 1	3		80	5,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,64	2,288
5	Net unrealized gains (losses) on investments	5		-13	4,149
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7,31	3,396
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," ex	plain in			
	Schedule O.	p.a	1		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
20	If "Yes," check a box below to indicate whether the financial statements for the year were comp		120		
	reviewed on a separate basis, consolidated basis, or both:	J			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Ì	Ì
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
•	If "Yes," check a box below to indicate whether the financial statements for the year were audited	dona			
	separate basis, consolidated basis, or both:	,	Į,		ļ
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		i .	İ	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight			
U	of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c	1	ĺ
	If the arganization changed atther the aversight process or selection process during the tay year av		120		

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.

3a

Form **990** (2016)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

OMB No 1545-0047

2016

Name of the organization 43-6078016 **VARIETY THE CHILDREN'S CHARITY OF ST LOUIS** 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 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 33½% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E) **Total**

	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	r trie tests ils	ited below, pi	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,359,395	5,318,319	4,759,596	4,731,418	5,162,095	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	4,339,399	<u>9,318,519</u> 0	4,739,330	4,751,418	3, 102,033	24,330,823
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	4,359,395	5,318,319	4,759,596	4,731,418	5,162,095	24,330,823
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)						7,140,284
6	Public support. Subtract line 5 from line 4						17,190,539
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4,359,395	5,318,319	4,759,596	4,731,418	5,162,095	24,330,823
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,007	84,638	83,159	110,050	105,626	459,480
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	03,133	0	0	433,400
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	O	o	0	0	0
11	Total support. Add lines 7 through 10						24,790,303
12	Gross receipts from related activities, etc					12	585,325
13	First five years. If the Form 990 is for the				, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>	<u></u>	<u></u>	<u> </u>
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line		•			14	69.34 %
15 16a	Public support percentage from 2015 Scl 331/2% support test—2016. If the organibox and stop here. The organization qua	ization did not	check the box	on line 13, an	d line 14 is 33		
b	331/3% support test – 2015. If the organithis box and stop here. The organization						ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organization	this box and son qualifies as	stop here.
18	Private foundation. If the organization di						_

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

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

(Complete only if you checked the box on line 10 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.)

Cooti	on A. Public Support						
		(-) 0010	(h) 0010	(-) 0014	/d\ 0015	(a) 2016	(f) Total
_	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(i) Total
1	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		1				
3	organization's tax-exempt purpose Gross receipts from activities that are not an		<u> </u>				
3	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						
-	•	ļ					
5	The value of services or facilities furnished by a governmental unit to the		i		.,	1	
	organization without charge		}				
e	_			 			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons .	!					
L					/		
b	Amounts included on lines 2 and 3 received from other than disqualified			/	·	ı	
	persons that exceed the greater of \$5,000	ı					
	or 1% of the amount on line 13 for the year		j				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	<u> </u>		/			
_	line 6.)	i I	ŀ				
Secti	on B. Total Support	!		r			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		1	(0) = 0	<u> </u>	(=/ == :=	(1)
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1	1				
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses	<i>[</i>	}		, ,		1
	acquired after June 30, 1975						
C	Add lines 10a and 10b		1				
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ	İ		
	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 VI.)	L					<u></u>
13	Total support. (Add lines 9, 10c, 11,	ļ					
	and 12.)	L	<u> </u>	<u> </u>	L		L
14	First five years. If the Form 990 is for the				' = '		* * : :
	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	<u> </u>	<u> ▶ □</u>
	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line					15	%
16 Saati	Public support percentage from 2015 Sc					16	%
<u> </u>	on D. Computation of Investment In			u line 12 police	mp (f)\	147	
18	Investment income percentage for 2016 (Investment income percentage from 2019)			-		17	<u>%</u>
19a	33 ¹ / ₃ % support tests—2016. If the organ					18 ore than 331 _m	
198	17 is not more than 331/3%, check this box						
ь	33 ¹ / ₃ % support tests—2015. If the organiz		_	•		-	_
D	line 18 is not more than 331/2%, check this						
20	Private foundation If the organization d		_			-	

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		\\	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		·
Þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		10
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
3000	on or 13ho ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		-
	the supported organization(s).	1_	L	
Secti	on D. All Type III Supporting Organizations		V	N.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ—	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's]		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	1	Ìi	
0-4		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (coo in	ctrict	ionel
		50 0 1/1		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of] [
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	1	[
	how the organization was responsive to those supported organizations, and how the organization determined	ļ		
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}	}	<u> </u>
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	۱		l
•	•	2b	-	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or)	\
u	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	_ "	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		1
emergency temporary reduction (see instructions). 7	لتا	correted Type III assessed	ing organization (see
instructions).	y IIII	egrateu Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.		 	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	-		
	Line o amount divided by Line 9 amount		(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
<u>b</u> _				
c	From 2013			
d	From 2014		- <u>-</u>	
<u>e</u>	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		_ .	
<u>h</u>	Applied to 2016 distributable amount			
<u>-</u> !	Carryover from 2011 not applied (see instructions)			-
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
<u>a</u>				
		 		
5	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
<u>e</u>	Excess from 2016			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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 2016

Open to Public Inspection

Employer identification number

	Y THE CHILDREN'S CHARITY OF ST LOUIS	43-6078016	
Part			
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		·
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year		<u></u>
	Did the organization inform all donors and donor		
	funds are the organization's property, subject to th	_	
	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · · Yes 🗌 No
Part			
	Complete if the organization answered '		
	Purpose(s) of conservation easements held by the		
[Preservation of land for public use (e.g., recreated)	tion or education) 🔲 Preservation o	f a historically important land area
[☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
[Preservation of open space		
2 (Complete lines 2a through 2d if the organization he	eld a qualified conservation contribute	on in the form of a conservation
(easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
Ь.	Total acreage restricted by conservation easement	ts	. 2b
c i	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
	Number of conservation easements included in		
	historic structure listed in the National Register .		
3 1	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	
	tax year ►		, ,
4 1	Number of states where property subject to conse	rvation easement is located ▶	
	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	
	>	g or mountaine, and ornor ening	and your
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	> \$	g, nanamig or violations, and other oning	construction substituting and your
8 I	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
		• • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part I			Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF.		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		caracter, or recourse in further affect to
			~ ¢
,	(i) Revenue included on 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 tractures or other similar	r accete for financial gain provide th
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	
D /	assers included in Form 990, PSH A		– 4

	Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):		er records, che	ck any of the	followi	ng that are a	significant use of its
а	Public exhibition		d 🗌 Loai	n or exchange	progra	ams	
b	☐ Scholarly research						
С	☐ Preservation for future generations	3					
4	Provide a description of the organization XIII.	tion's collections a	nd explain how	they further th	he orga	ınızation's exe	empt purpose in Part
5	During the year, did the organization	solicit or receive of	lonations of art	historical tre	asures.	or other simi	ilar
	assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra	angements.					
	Complete if the organization 990, Part X, line 21.						
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not ·
b	If "Yes," explain the arrangement in Pa	art XIII and complet	te the following	table:			Amount
_	Paginning halance				4-	├ '	-mount
۲. C	Beginning balance				10	 	
d	Additions during the year				1d		
e f	Distributions during the year Ending balance				1e	 -	
2a	Did the organization include an amoun					eccust lie bild	y2 □ Voc □ No
	If "Yes," explain the arrangement in Pa						•
Par		art XIII. Offeck fiere	ii tile explanati	on has been p	JOVIGE	On Fart Am	<u> </u>
· ai	Complete if the organization	answered "Yes"	on Form 990	Part IV line	10		
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years		d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	4,515,275	4,127,30	 	8,595	3,732,2	
b	Contributions	42,971	7,75		2,361	<u>3,732,2</u> 245,1	
C	Net investment earnings, gains, and	42,371		9	2,301	243,1	303,714
•	losses	618,509	453,39		7,722	226 5	202.059
ď	Grants or scholarships	62,579	72,88		5,626	326,5 54,8	
e	Other expenditures for facilities and	02,379	72,00	<u> </u>	3,020	34,0	34,036
•	programs	0	,	0	اه		0
f	Administrative expenses	19,035	30		300		0 0 50 450
g g	End of year balance	5,095,141	4,515,27		7.308	4,248,5	
2	Provide the estimated percentage of t						3,732,220
a	Board designated or quasi-endowmer		•	g, column (a),	11010 00	5.	
b		27 %	• ^ ~				
C	Temporarily restricted endowment ▶						
_	The percentages on lines 2a, 2b, and		0%.				
3a	Are there endowment funds not in the			nat are held a	nd adm	unistered for t	he
	organization by:	•	J				Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required on S	Schedule R? .			3b
4	Describe in Part XIII the intended uses	of the organization	n's endowment	funds.			
Part							
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line	11a. S	ee Form 990), Part X, line 10.
	Description of property	(a) Cost or oth (investme	er basis (b) Cost	or other basis (other)	(c) Ac	ocumulated preciation	(d) Book value
1a	Land		0	0			0
b	Buildings		0	0		0	0
c	Leasehold improvements		0	0		0	
d	Equipment		0	47,136		19,585	27,551
е	Other		0	80,951		25,100	55,851
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, colum	ın (B), line 10c	:.)	▶	83,402

Part VII	Investments—Other Securities		000 Ded IV III	11h C	OOO Dark V. lima 40
	Complete if the organization ans				
	(a) Description of security or category (including name of security)	y	(b) Book value		hod of valuation [.] -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests		L	<u> </u>	
(3) Other			ļ	<u> </u>	
(A)					
(B)				<u> </u>	
(C)			<u> </u>	<u> </u>	
(D)				↓	
(E)			<u> </u>	<u> </u>	
(F)			. 	Ļ	
(G)			·{		
(H)			ļ	ļ	
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	1	
Part VIII	Investments - Program Relater Complete if the organization ans		orm 990. Part IV. lir	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment	<u> </u>	(b) Book value	(c) Met	thod of valuation
			ļ	Cost or end	-of-year market value
(1)			 		
(2)			 	 	
(3)			 	 -	
(4)			 	 	_
(5)			ļ		
(6)			 	 	
(7)			 	{	
(8)			 	 	
	b) must equal Form 990, Part X, col. (B) line 13.)		 	 -	
Part IX	Other Assets.			·	
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, lir	ne 11d, See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)				·	
(6)					
(7)					
(8)					L
(9)	4 1 5 600 5 	(5)			
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		<u> </u>	L
Part X	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Fo	orm 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal II		 			
(2)		 			
(3)		 			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25)		<u> </u>		
2. Liability fo	r uncertain tax positions. In Part XIII, prov	ide the text of the foot	note to the organization	on's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions unde	r FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has bee	en provided in Part XIII 🔽

Part		r Re	eturn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	_	1	E 202 200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	\vdash	' -	5,202,290
a			ì	
a b	Net unrealized gains (losses) on investments	1	ı	
C	Recoveries of prior year grants	2	- }	
d	Other (Describe in Part XIII.)	픩		
_	Add lines 2a through 2d	٣,	2e	367,786
3	Subtract line 2e from line 1		3	4,834,504
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	┢	<u>-</u>	1,001,001
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 19,0	35		
b	Other (Describe in Part XIII.)	<u>~</u>	i i	
c	Add lines 4a and 4b	٦,	4c	19,035
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	F	5	4,853,539
Part			Retur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	Т	1	4,531,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	35	1	
b	Prior year adjustments	0	- 1	
С	Other losses	0		
d	Other (Describe in Part XIII.)	0		
е	Add lines 2a through 2d	Ŀ	2e	501,935
3	Subtract line 2e from line 1		3	4,029,247
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 19,0	35	1	
b	Other (Describe in Part XIII.)	0	}	
C	Add lines 4a and 4b		4c	19,035
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,048,282
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and			
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional			
	Jule D, Part V, Line 4 - BOARD DESIGNATED QUASI-ENDOWMENT: INCOME EARNED BY THE BOARD DI			
	WMENT ASSETS MAY BE INITIALLY EXPENDED AT THE DISCRETION OF THE ENDOWMENT COMMITTE			
	LY ESSENTIAL MEDICAL EQUIPMENT IS PROVIDED TO CHILDREN WITH DISABILITIES. ONCE THE FUN			
	ETUATE THIS GOAL HAVE BEEN OBTAINED, THE INCOME MAY BE EXPENDED FOR ANY PURPOSE TH			
	AITTEE DEEMS TO BE IN THE BEST INTEREST OF VARIETY, INCLUDING, BUT NOT LIMITED TO: PROVID			
	ORT OF ANNUAL GENERAL OPERATING REVENUES, PROVIDING FINANCIAL ASSISTANCE TO ONGOIN			
	RAMS, AND COMPENSATION AND TRAINING OF APPROPRIATE STAFF TO SUPPORT THE BOARD IN C			
	ETY'S MISSION. PERMANENT ENDOWMENT: IN FISCAL YEAR 2012, VARIETY RECEIVED \$1.1 MILLION IN			
	IANENTLY RESTRICTED ENDOWMENT GIFTS TO SUPPORT VARIETY ADVENTURE CAMP. AN ADDITION			
	IVED IN FISCAL YEAR 2013 AND \$177,928 IN FISCAL YEAR 2014. IN ACCORDANCE WITH THE SPENDIN			
	DWMENTS, WHICH ARE MONITORED BY THE ENDOWMENT COMMITTEE, INCOME EARNED BY THE ENDOWNENTS, WHICH ARE MONITORED BY THE ENDOWNENT COMMITTEE, INCOME EARNED BY THE ENDOWNENTS, WHICH ARE ARE ARE ARE ARE ARE ARE ARE ARE ARE			
	BE USED TO SUPPORT VARIETY ADVENTURE CAMP. THE ORIGINAL \$1,402,928 DONOR RESTRICTED B	.nDC	MWEN	I FUNDS
WILL	BE HELD IN PERPETUITY.			
Sahad	hid D. Dard V. Ling 2. VADIETY HAS ADDDESSED THE DDOVISIONS OF EAST ASS ASSOCIATIONS	~~~~		TAVEC
	Jule D. Part X. Line 2 - VARIETY HAS ADDRESSED THE PROVISIONS OF FASB ASC-740, ACCOUNTING F			
	AT REGARD, VARIETY HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, A LEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROV			
	S IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS.	1310	<u> </u>	IIICOME
IAXE	313 NECESSART, AT THIS TIME, TO GOVER ANY DISCLATANT TAX POSITIONS.			***************************************
	***************************************			*

			_	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public

Name o	of the organization					Employer identification	ation number
	ETY THE CHILDREN'S CHARITY OF						078016
Par	Fundraising Activities. 6 Form 990-EZ filers are no				vered "Yes" on Fo	rm 990, Part IV, I	ine 17.
1	Indicate whether the organization				wing activities. Che	ck all that apply.	
а	☐ Mail solicitations		е [☐ Solicitati	on of non-governme	ent grants	
b	☐ Internet and email solicitation	ıs	f [] Solicitati	on of government g	rants	
C	Phone solicitations		g [] Special t	undraising events		
đ	In-person solicitations						
2a	Did the organization have a writt						
b	or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	entities (fun		•	•	
	Compensated at least \$5,000 by		лі. 				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody (ndraiser have or control of outlons?	(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 S	ee Schedule G, Part IV, Statement		Yes	No			
2							
3			<u> </u>				
4							
5							
6		, , ,					
7							
8							
9							
10							
Total				•	0	118,000	-118,000
3	List all states in which the orgar registration or licensing.	nization is regis	stered or lid	censed to s	olicit contributions of	or has been notifie	d it is exempt from
							••••••••••••
•							
•				•			

Ш	than \$15,000 of fundraisi	ng event contributions a			18, or reported more nd 6b. List events with
·	gross receipts greater that	(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))
1	Gross receipts	2,031,647	573,960	34,818	2,640,425
2	Less: Contributions Gross income (line 1 minus	1,826,227	521,557	24,710	2,372,494
	line 2)	205,420	52,403	10,108	267,931
4	Cash prizes	0	0	0	0
5	Noncash prizes	0	0		0
6	Rent/facility costs	15,000	2,480	1,500	18,980
7	Food and beverages	77,471	62,996	4,357	144,824
8	Entertainment	542,805	28,706	0	571,511
9	Other direct expenses .	384,703	357,430	2,716	744,849
0	Direct expense summary. Ac Net income summary. Subtr			•	1,480,164
Ш	Gaming. Complete if the than \$15,000 on Form 9	e organization answere			-1,212,233
111	Gaming. Complete if the	e organization answere			-1,212,233
1	Gaming. Complete if the	e organization answere 90-EZ, line 6a.	ed "Yes" on Form 990), Part IV, line 19, or i	-1,212,233 reported more (d) Total gaming (add
	Gaming. Complete if the than \$15,000 on Form 9	e organization answere 90-EZ, line 6a.	ed "Yes" on Form 990), Part IV, line 19, or i	-1,212,233 reported more (d) Total gaming (add
1	Gaming. Complete if the than \$15,000 on Form 9	e organization answere 90-EZ, line 6a.	ed "Yes" on Form 990), Part IV, line 19, or i	-1,212,233 reported more (d) Total gaming (add
1 2	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	e organization answere 90-EZ, line 6a.	ed "Yes" on Form 990), Part IV, line 19, or i	-1,212,233 reported more (d) Total gaming (add
1 2 3	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes	e organization answere 90-EZ, line 6a. (a) Bingo	ed "Yes" on Form 990 (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	-1,212,233 reported more (d) Total gaming (add
1 2 3 4	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs	e organization answere 90-EZ, line 6a.	ed "Yes" on Form 990), Part IV, line 19, or i	-1,212,233 reported more (d) Total gaming (add
1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	e organization answere 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	-1,212,233 reported more (d) Total gaming (add
	2 3 4 5 6 7 8 9	2 Less: Contributions	DINNER W/ THE STARS (event type) 1 Gross receipts	DINNER W/ THE STARS	DINNER W/ THE STARS FASHION SHOW 2 (total number)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

Yes
No
b If "Yes," explain:

chedu	e G (Form 990 or 990-EZ) 2016 Page	3
11	Does the organization conduct gaming activities with nonmembers?	0
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?	0
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	
b	An outside facility	6_
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?	0
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	0
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	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 provide any additional information. See instructions	
		·

SCHEDULEI (Form 990)

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

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

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OMB No. 1545-0047

► Attach to Form 990.

► Information about Schedule | (Form 990) and its instructions is at www.irs.

Open to Public Inspection Identification number

43-6078016

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✓ Yes

Department of the Treasury	► Attach to Form 990. ► Information about Schadule I (Sown 900) and its instructions is at usus, in accountration about	
Internal Revenue Service	Philoilliauoil about Schedule I (Folin 330) and its instructions is at WWW.iis.gov/rollinso.	
Name of the organization	Employ	Employer Identi
VARIETY THE CHILDREN'S CHARITY OF ST	EN'S CHARITY OF ST LOUIS	43-
Part General	Part I General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ice, and
the selection cr	the selection criteria used to award the grants or assistance?	

 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. 	istance to Do	res for monitoring mestic Organiz that received m	the use of grant fur ations and Dom ore than \$5,000.	nds in the United lestic Governm Part II can be d	States. ents. Complete if uplicated if addition	the organization answernal space is needed.	sred "Yes" on Form
1 (a) Name and address of organization or government	(p) 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)							
(\$)							
(5)							
(9)							
(a)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government of3 Enter total number of other organizations listed in the line	01(c)(3) and gov anizations listec	ernment organizat in the line 1 table	rganizations listed in the line 1 table 1 table	ne 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	s for Form 990.		ຶ່ວ	Cat. No 50055P		Schedule I (Form 990) (2016)

SURVEYING OF FAMILIES, PROGRAM STAFF AND THERAPISTS TO ENSURE FULL UTILIZATION OF THE RESOURCE PROVIDED AS WELL AS TO ASSESS THE IMPACT OF THE RESOURCE PROVIDED ON THE HEALTH AND WELL-BEING OF THE VARIETY CHILD. (f) Description of noncash assistance 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. THE FUNDING OF VARIETY'S PROGRAMS IS SUBJECT TO OPERATIONAL OVERSIGHT BY VARIETY LEADERSHIP, ALONG WITH EXTENSIVE MANAGEMENT PROCESS AS WELL AS DETERMINATION OF MEDICAL NECESSITY. COLLABORATION WITH VENDORS AND PROVIDERS, RESULTING IN PREFERRED Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. PRICING, ASSURES THE MOST COST EFFICIENT USE OF VARIETY FUNDS TO CREATE THE GREATEST POTENTIAL IMPACT. IN ADDITION, THERE IS THOROUGH AUDITING OVERSIGHT OF FUND USAGE BY THE PROGRAM AND FINANCE DEPARTMENTS. EQUIPMENT AND THERAPY ALLOCATION IS DIRECTED BY A CASE (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 See Schedule I, Part IV, Statement 1 Part III က 4 N S ဖ

Schedule I (Form 990) (2016)

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.

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

2016

OMB No 1545-0047

Open to Public Inspection

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

43-6078016

Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to p	ovided any of the following to or for a person listed on Form 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 (such as, maid, chauffeur, chef)	1	'	
	_ blood offer a mig account	E i disental estitione (edent del midia) e madire di i entre	1		
b	or reimbursement or provision of all of the ex	he organization follow a written policy regarding payment penses described above? If "No," complete Part III to			-
	explain		1b		
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line			
	14:		2		
3	organization's CEO/Executive Director. Check all t	ganization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a the CEO/Executive Director, but explain in Part III.			•
	☐ Compensation committee	☐ Written employment contract	1		
	☐ Independent compensation consultant	✓ Compensation survey or study			1
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 organization or a related organization:), Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a		1
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b		1
C	Participate in, or receive payment from, an equity-	· · · · · · · · · · · · · · · · · · ·	4c		1
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29)				1
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:	a, line 1a, did the organization pay or accrue any			
а	The organization?		5a		1
b			5b		1
	If "Yes" on line 5a or 5b, describe in Part III.				_
6	For persons listed on Form 990, Part VII, Section A	A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:	•			
а	The organization?		6a		✓
b	· ·		6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section	on A, line 1a, did the organization provide any nonfixed			
		describe in Part III	7		✓
8		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" on line 8, did the organization also fo	llow the rebuttable presumption procedure described in			

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (Bi(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.

Note: The sum of columns (B)(I)—(III) TO	or eac	n listed individual m	ust equal the total arm	DUILL OF FORTER 990, FR	irt VII, Section A, Iirle I	a, applicable colum	n (D) and (E) amount	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontavable (F) Total of columns (F) Compensation		(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(a)-(i)(g)	in column (B) reported as deferred on prior
				compensation				Form 990
BRIAN ROY, EXECUTIVE	8	147,219	0		4,417	8,180	157,816	0
1 DIRECTOR	Ξ)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	• • • • • • • • • • • • • • • • • • •	0		0
	8							
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16	⊞							

Schedule J (Form 990) 2016

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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 J (Form 980) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Employer identification number

VARIE	TY THE CHILDREN'S CHARITY OF S	T LOUIS				43-60780	16		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method o			
1	Art—Works of art	<u></u>				L			
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles	✓	1		11,288	FMV			
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	✓	7		69,036	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 ► ()	Li							
27	Other ► ()								
28	Other ► (<u> </u>							
29	Number of Forms 8283 received								
	which the organization completed	Form 8283	, Part IV, Donee Acknowle	dgement		29			0
								Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in F	Part I, lines	1 through	i i		
	28, that it must hold for at least the	hree years	from the date of the initial	contribution, and	d which isr	n't required	1 1	į	
	to be used for exempt purposes f		e holding period?				30a		
	If "Yes," describe the arrangemen								
31	Does the organization have a	gift accep	tance policy that require	es the review	of any no	onstandard		}	
	contributions?						31	/	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, prod	cess, or se	ll noncash	[]	1	
	contributions?					• • •	32a		
	If "Yes," describe in Part II.					!	{		
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which o	column (a)	s checked,		1	
	describe in Part II.						1)	ĺ	

schedule M (rom 990) (2016) Page 2
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 I	M, Part I - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN PART I, COLUMN B.

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
VARIETY THE CHILDREN'S CHARITY OF ST LOUIS	43-6078016
Form 990, Part III, Line 3 - IN FISCAL YEAR 2017, VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS MADE THE DECISION TO	
DIRECT ALL OF OUR RESOURCES IN SUPPORT OF OUR OWN DYNAMIC PROGRAMS. AS SUCH, WE NO LONGER PROVIDE	
GRANTS TO PARTNER AGENCIES. VARIETY CAN NOW FOCUS SOLELY ON OUR UNIQUE MODEL OF PROVIDING NECESSARY	
MEDICAL EQUIPMENT AND THERAPY AS WELL AS BOTH EDUCATIONAL AND RECREATIONAL PROGRAMS TO IMPROVE A	
CHILD'S QUALITY OF LIFE. THIS DECISION ALLOWS VARIETY TO MORE COMPREHENSIVELY TRACK THE DIRECT IMPACT AND	
EFFECTIVENESS OF OUR PROGRAMS.	
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 BEFORE	
FILING WITH THE IRS.	
Form 990, Part VI, Section B, Line 12c - AN ATTORNEY WHO SITS ON THE BOARD OF DIRECTORS RE	VIEWS 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 OF ALL STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE	
DIRECTOR, KEEP WITHIN BENCHMARKING STATISTICS PROVIDED BY COMPENSATION SURVEYS SUCH AS THE NON-PROFIT	
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 F	REQUEST.
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