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CISTZSBJVY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **NOV 1, 2006** and ending **OCT 31, 2007****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print on type. See Specific Instructions.

C Name of organization**EASTERN NATIONAL**

Number and street (or P O box if mail is not delivered to street address)

470 MARYLAND DRIVE

Room/suite

1

City or town, state or country, and ZIP + 4

FORT WASHINGTON, PA 19034**D** Employer identification number**23-1401703****E** Telephone number**(215) 283-6900****F** Accounting method☐ Cash☒ Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**G** Website: **WWW.EASTERNNATIONAL.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Group Exemption Number **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **30,349,117.****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:			
a	Contributions to donor advised funds			
b	Direct public support (not included on line 1a)			
c	Indirect public support (not included on line 1a)			
d	Government contributions (grants) (not included on line 1a)			
e	Total (add lines 1a through 1d) (cash \$ noncash \$)			1e 0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
3	Membership dues and assessments			3
4	Interest on savings and temporary cash investments			4 197,710.
5	Dividends and interest from securities			5
6a	Gross rents			
b	Less: rental expenses			
c	Net rental income or (loss). Subtract line 6b from line 6a			6c
7	Other investment income (describe)			7
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses			
c	Gain or (loss) (attach schedule)			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d 500.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1b)			
b	Less: direct expenses other than fundraising expenses			
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
10a	Gross sales of inventory, less returns and allowances			
b	Less: cost of goods sold			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c 15,580,016.
11	Other revenue (from Part VII, line 103)			11 -178,924.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 15,599,302.
13	Program services (from line 44, column (B))			13 11,199,703.
14	Management and general (from line 44, column (C))			14 3,356,866.
15	Fundraising (from line 44, column (D))			15
16	Payments to affiliates (attach schedule)			16
17	Total expenses. Add lines 16 and 44, column (A)			17 14,556,569.
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 1,042,733.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 7,437,865.
20	Other changes in net assets or fund balances (attach explanation)			20 173,622.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 8,654,220.

523001
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

70806 133301 697

2006.09001 EASTERN NATIONAL

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16 NE

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>1,978,969</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>1,978,969.</u>	<u>1,978,969.</u>		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	<u>672,586.</u>	<u>517,186.</u>	<u>155,400.</u>	<u>0.</u>
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	<u>5,581,126.</u>	<u>4,291,616.</u>	<u>1,289,510.</u>	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	<u>1,360,374.</u>	<u>1,046,062.</u>	<u>314,312.</u>	
29 Payroll taxes	<u>548,357.</u>	<u>421,660.</u>	<u>126,697.</u>	
30 Professional fundraising fees				
31 Accounting fees	<u>162,415.</u>		<u>162,415.</u>	
32 Legal fees	<u>65,359.</u>		<u>65,359.</u>	
33 Supplies	<u>576,891.</u>	<u>475,108.</u>	<u>101,783.</u>	
34 Telephone				
35 Postage and shipping	<u>891,308.</u>	<u>815,356.</u>	<u>75,952.</u>	
36 Occupancy	<u>210,244.</u>		<u>210,244.</u>	
37 Equipment rental and maintenance				
38 Printing and publications	<u>15,562.</u>		<u>15,562.</u>	
39 Travel	<u>427,597.</u>	<u>223,755.</u>	<u>203,842.</u>	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	<u>408,316.</u>	<u>194,210.</u>	<u>214,106.</u>	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	<u>1,657,465.</u>	<u>1,235,781.</u>	<u>421,684.</u>	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<u>14,556,569.</u>	<u>11,199,703.</u>	<u>3,356,866.</u>	<u>0.</u>

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A623011
01-23-07

Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a INTERPRETIVE PROGRAMS, MUSEUM ACTIVITIES, RESEARCH
ACTIVITIES FREE PUBLICATIONS AND LIBRARY, EQUIPMENT
DONATIONS, ADMINISTRATIVE AID TO SERVICE, OTHER DONATIONS.

(Grants and allocations \$ 1,978,969.) If this amount includes foreign grants, check here ► ☐

1,978,969.

b OPERATION OF SALES OUTLETS, PRIMARILY BOOKSTORES, LOCATED IN
NATIONAL AND STATE PARKS IN THE EASTERN SECTION OF THE
UNITED STATES.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

9,220,734.

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 11,199,703.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing	125,770.	124,891.
46	Savings and temporary cash investments	7,981,463.	6,574,996.
47 a	Accounts receivable	170,095.	
47 b	Less: allowance for doubtful accounts	14,033.	
		129,340.	156,062.
48 a	Pledges receivable	958,506.	
48 b	Less: allowance for doubtful accounts		
			958,506.
49	Grants receivable		
50 a	Receivables from current and former officers, directors, trustees, and key employees		
50 b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
51 a	Other notes and loans receivable		
51 b	Less: allowance for doubtful accounts		
52	Inventories for sale or use	4,677,249.	5,576,702.
53	Prepaid expenses and deferred charges	266,247.	224,514.
54 a	Investments - publicly-traded securities		
54 b	Investments - other securities	2,325,803.	2,400,794.
55 a	Investments - land, buildings, and equipment: basis		
55 b	Less: accumulated depreciation		
56	Investments - other	0.	0.
57 a	Land, buildings, and equipment: basis	4,157,410.	
57 b	Less: accumulated depreciation	3,289,107.	
		1,009,137.	868,303.
58	Other assets, including program-related investments (describe ► <u>DEPOSIT</u>)	78,238.	17,614.
59	Total assets (must equal line 74). Add lines 45 through 58	16,593,247.	16,902,382.
60	Accounts payable and accrued expenses	2,899,441.	3,257,529.
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees		
64 a	Tax-exempt bond liabilities		
64 b	Mortgages and other notes payable		
65	Other liabilities (describe ► <u>SEE STATEMENT 7</u>)	6,255,941.	4,990,633.
66	Total liabilities. Add lines 60 through 65	9,155,382.	8,248,162.
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	7,437,865.	8,654,220.
68	Temporarily restricted		
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	7,437,865.	8,654,220.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	16,593,247.	16,902,382.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	15,904,969.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): EARNINGS / LOSSES IN SUBSIDIARY	b4	305,667.	
	Add lines b1 through b4		b	305,667.
c	Subtract line b from line a		c	15,599,302.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	15,599,302.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	14,862,236.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>EARNINGS / LOSSES IN SUBSIDIARY</u>	b4	305,667.	
	Add lines b1 through b4		b	305,667.
c	Subtract line b from line a		c	14,556,569.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	14,556,569.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

	Yes	No
--	-----	----

- | | Yes | No |
|-----|-----|----|
| 75b | | X |
| 75c | | X |
| 75d | X | |

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

- | | | |
|-----|---|---|
| 76 | | X |
| 77 | | X |
| 78a | | X |
| 78b | | |
| 79 | | X |
| 80a | X | |
| 81b | | X |

697 2

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ PA, IL			
b	Number of employees employed in the pay period that includes March 12, 2006	90b	440	
91 a	The books are in care of ▶ HEIDI A. WHITE Telephone no. ▶ (215) 283-6900			
	Located at ▶ 470 MARYLAND DRIVE, SUITE 1, FORT WASHINGTON, PA ZIP + 4 ▶ 19034			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes No

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	197,710.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	500.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					15,580,016.
103 Other revenue:					
a TAPE TOUR INCOME					3,833.
b OTHER INCOME					59,049.
c NET FEE COLLECTION					-45,022.
d MANAGEMENT FEE INCOME					108,883.
e LOSS FROM SUBSIDIARY			01	-305,667.	
104 Subtotal (add columns (B), (D), and (E))		0.		-107,457.	15,706,759.
105 Total (add line 104, columns (B), (D), and (E))					15,599,302.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

☒ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

☒ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	EMPLOYEE & ALUMNI ASSOCIATION OF THE 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	54-0918485	SEE STATEMENT 12	101,260.
b				
c				
Totals				101,260.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	EMPLOYEE & ALUMNI ASSOCIATION OF THE 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	54-0918485	SEE STATEMENT 13	32,000.
b	NPS EMPLOYEE & ALUMNI ASSOCIATION, TH 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	23-7405044		18,000.
c				
Totals				50,000.

108 Did the organization have a binding written contract in effect on August 17, 2008, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Please Sign Here

Signature of officer _____ Date _____

JAMES DRAPER, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 **RSM MCGLADREY, INC.
512 TOWNSHIP LINE ROAD, SUITE 250
BLUE BELL, PA 19422**

Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN **215-641-8600**

Phone no. **215-641-8600**

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

EASTERN NATIONAL

Employer identification number

23 1401703

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEPHANIE MADALENA 470 MARYLAND DRIVE, SUITE 1, FORT WAS	REGIONAL MANAGER 40.00	69,392.	3,836.	0.
JASON SCARPELLO 470 MARYLAND DRIVE, SUITE 1, FORT WAS	PRODUCTION MANAGER 40.00	65,671.	4,245.	0.
PETER MILOVCICH 470 MARYLAND DRIVE, SUITE 1, FORT WAS	SYSTEMS ANALYST 40.00	65,416.	15,519.	0.
VINCENT DINENNA 470 MARYLAND DRIVE, SUITE 1, FORT WAS	NETWORK ADMSTRTR 40.00	65,108.	1,921.	0.
REBECCA BURKE 470 MARYLAND DRIVE, SUITE 1, FORT WAS	REG. MANAGER 40.00	55,724.	3,827.	0.
Total number of other employees paid over \$50,000 ▶	5			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CREATIVE DATA SOLUTIONS 104 EAST VINE STREET, HATFIELD, PA 19440	COMPUTER CONSULTANTING	171,027.
RSM MCGLADREY 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	ACCOUNTING & AUDITING	162,415.
DUANE, MORRIS, HECKSCHER ONE LIBERTY PLACE, PHILADELPHIA, PA 19103-7396	LEGAL SERVICES	65,359.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 14

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966? N/A

4b

c Did the organization make a distribution to a donor, donor advisor, or related person? N/A

4c

d Enter the total number of donor advised funds owned at the end of the tax year

0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

0.

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received	0.	0.	0.	250.	250.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	30,469,256.	28,938,976.	27,085,136.	27,832,939.	114,326,307.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	153,065.	69,167.	36,127.	51,849.	310,208.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	317,506.	491,824.	SEE STATEMENT 15	200,274.	1,328,563.
23 Total of lines 15 through 22	30,939,827.	29,499,967.	27,440,222.	28,085,312.	115,965,328.
24 Line 23 minus line 17	470,571.	560,991.	355,086.	252,373.	1,639,021.
25 Enter 1% of line 23	309,398.	295,000.	274,402.	280,853.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.		
c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 114,326,307. 20 _____ 21 _____	27c	114,326,557.
d Add Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	114,326,557.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	115,965,328.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	98.5868%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.2675%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)
- 32 Does the organization maintain the following:
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)
- 33 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance?
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
- 34 a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either 34a or b, please explain using an attached statement.
- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for all
electing organizations

		(a)	(b)
		Affiliated group totals	To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE		DATE		METHOD	
	ACQUIRED		SOLD		ACQUIRED	
REALIZED GAINS					PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)	
	500.	0.	0.	0.	500.	
TO FM 990, PART I, LN 8	500.	0.	0.	0.	500.	

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	30,330,031	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		30,330,031
4. COST OF GOODS SOLD (LINE 13)	14,750,015	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		15,580,016

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	4,677,249	
7. MERCHANDISE PURCHASED	15,649,468	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		20,326,717
12. INVENTORY AT END OF YEAR	5,576,702	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		14,750,015

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
DECREASE IN ADDITIONAL MINIMUM PENSION LIABILITY	-99,959.
FASB STATEMENT NO. 158 EFFECT	273,581.
TOTAL TO FORM 990, PART I, LINE 20	173,622.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	177,910.	177,910.	0.	0.
BANK CHARGES	34,119.	0.	34,119.	0.
MISCELLANEOUS	53,567.	34,173.	19,394.	0.
TRAINING	216,682.	189,966.	26,716.	0.
COMPUTER COSTS	323,820.	0.	323,820.	0.
UTILITIES	258,244.	258,244.	0.	0.
CREDIT CARD				
DISCOUNTS	575,488.	575,488.	0.	0.
PROFESSIONAL				
SERVICES	17,635.	0.	17,635.	0.
TOTAL TO FM 990, LN 43	1,657,465.	1,235,781.	421,684.	

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

INTERPRETIVE PROGRAMS
NATIONAL PARK SERVICE
470 MARYLAND DRIVE, SUITE 1
FORT WASHINGTON, PA 19034

1,179,106.

MUSEUM ACTIVITIES
~~DEPARTMENT OF THE INTERIOR~~
1849 C STREET, NW
WASHINGTON, PA 20240

147,705.

RESEARCH ACTIVITIES
DEPARTMENT OF THE INTERIOR
1849 C STREET, NW
WASHINGTON, PA 20240

31,766.

FREE PUBLICATIONS & LIBRARY
DEPARTMENT OF THE INTERIOR
1849 C STREET, NW
WASHINGTON, PA 20240

147,227.

EQUIPMENT DONATIONS
~~DEPARTMENT OF THE INTERIOR~~
1849 C STREET, NW
WASHINGTON, PA 20240

127,853.

ADMINISTRATIVE AID TO SERVICE
DEPARTMENT OF THE INTERIOR
1849 C STREET, NW
WASHINGTON, PA 20240

137,826.

OTHER DONATIONS
DEPARTMENT OF THE INTERIOR
1849 C STREET, NW
WASHINGTON, PA 20240

207,486.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,978,969.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE PURPOSE OF THE ASSOC. IS TO PROMOTE THE HISTORICAL, SCIENTIFIC, EDUCATIONAL, AND INTERPRETIVE ACTIVITIES OF THE NAT'L PARK SERVICE (NPS) PRINCIPALLY IN THE NATIONAL PARK SYSTEM IN THE EASTERN HALF OF THE UNITED STATES. TO COOPERATE WITH THE NPS IN THE FOLLOWING ACTIVITIES. 1. PUBLISH AND MAKE AVAILABLE TO PARK VISITORS SUITABLE HISTORICAL AND OTHER LITERATURE INTERPRETING THE AREA IN QUESTION AND THE EVENTS IN OUR HISTORY WHICH THEY COMMEMORATE. 2. HANDLE REPRODUCTIONS AND PRODUCTS CALCULATED TO ~~INTERPRET OR SYMBOLIZE THE HISTORICAL SIGNIFICANCE OF EVENTS, CULTURAL DEVELOPMENTS AND PERSONAGES ASSOC. WITH THE AREAS.~~ 3. ACQUIRE HISTORICAL MATERIAL AND OBJECTS PERTAINING TO THE HISTORY OF SEVERAL AREAS FOR THE PURPOSE OF ADDING THEM TO THE MUSEUM COLLECTIONS OF THE PARKS. 4. DEVELOP SUITABLE PARK LIBRARIES. 5. DEVELOP AND IMPROVE INTERPRETIVE FEATURES WITHIN THE PARKS. 6. ACQUIRE THE LANDS NEEDED TO PRESERVE AND PROTECT HISTORICALLY IMPORTANT FEATURES WITHIN OR ADJACENT TO THE PARKS.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
DUES DUE NATIONAL PARK SERVICE	3,590,472.
ROLL AND SALES TAX PAYABLE	174,783.
RESERVE FOR VACATION ACCRUAL	0.
RESERVE FOR HEALTH INSURANCE FASB 106	725,701.
ADDITIONAL MINIMUM PENSION LIABILITY	131,074.
INVESTMENT IN SUBSIDIARY	368,603.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	4,990,633.

FORM 990 OTHER SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
RESTRICTED INVESTMENTS	FMV	2,400,794.
TO FORM 990, LINE 54B, COL B		2,400,794.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
JOHN COOK 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	CHAIRMAN / VICE CHAIR 17.30	10,000.	0. 631.
JAMES DRAPER 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	SECRETARY / TREASURER 1.50	5,000.	0. 1,137.
RON TYLER 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.50	1,375.	0. 841.
MARYE WELLS-HARLEY 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.50	1,375.	0. 0.
GEORGE R. LAMB 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.50	875.	0. 160.
WESLEY A. MOROZ 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	PRESIDENT 40.00	203,016.	32,710. 7,800.
JOHN F. RYAN 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	CHIEF FINANCIAL OFFICER 40.00	93,981.	9,907. 0.
GERALD HALPIN 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.50	750.	0. 0.
BILL SCHENK 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	VICE CHAIR 6.36	2,375.	0. 1,091.
DANIEL BROWN 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 3.60	1,250.	0. 0.
RONALD WALKER 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 6.50	500.	0. 2,502.

EASTERN NATIONAL

23-1401703

RICK CREIGHTON
470 MARYLAND DRIVE, SUITE 1
FORT WASHINGTON, PA 19034

OPERATIONS MANAGER

40.00 101,242. 10,985. 0.

BARBARA BELL
470 MARYLAND DRIVE, SUITE 1
FORT WASHINGTON, PA 19034

HR MANAGER

40.00 109,568. 9,418. 0.

HEIDI A. WHITE
470 MARYLAND DRIVE, SUITE 1
FORT WASHINGTON, PA 19034

CONTROLLER

40.00 60,357. 3,284. 456.

TOTALS INCLUDED ON FORM 990, PART V-A

591,664. 66,304. 14,618.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 10

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

EMPLOYEES & ALUMNI ASSOCIATION OF THE NATIONAL
PARK SERVICE
NATIONAL PARK SERVICE EMPLOYEES & ALUMNI THE
EDUCATION TRUST
PARK TREK, INC.

X

X

X

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 11

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

102 SALES OF EDUCATIONAL AND INTERPRETIVE SALES ITEMS TO VISITORS
OF NATIONAL PARKS.
103A INCOME PRODUCED FROM RENTAL OF TAPE RECORDERS & INTERPRETIVE
TAPES, THAT VISITORS OF NATIONAL PARKS CAN USE TO TOUR A SITE.
103B MISCELLANEOUS INCOME FROM VISITOR SERVICE EVENTS.
103C EASTERN NATIONAL COLLECTS FEES ON BEHALF OF THE NPS FOR VARIOUS
PROGRAMS. THE NPS PAYS EASTERN NATIONAL A PERCENTAGE OF THE FEES
COLLECTED.
103D FEE RECEIVED FOR ADMINISTRATIVE SERVICES PROVIDED TO A RELATED PARTY.

FORM 990

DESCRIPTION OF TRANSFER
PART XI, LINE 106

STATEMENT 12

NAME OF CONTROLLED ENTITY

EMPLOYER ID

EMPLOYEE & ALUMNI ASSOCIATION OF THE NATIONAL PARK SERVICE

54-0918485

DESCRIPTION OF TRANSFER

INVENTORY

FORM 990

DESCRIPTION OF TRANSFER
PART XI, LINE 107

STATEMENT 13

NAME OF CONTROLLED ENTITY

EMPLOYER ID

EMPLOYEE & ALUMNI ASSOCIATION OF THE NATIONAL PARK SERVICE

54-0918485

DESCRIPTION OF TRANSFER

MANAGEMENT FEES

NAME OF CONTROLLED ENTITY

EMPLOYER ID

NPS EMPLOYEE & ALUMNI ASSOCIATION, THE EDUCATION TRUST FUND

23-7405044

DESCRIPTION OF TRANSFER

MANAGEMENT FEES

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 14

SEE FORM 990, PART V-A

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
TAPE TOUR INCOME	1,183.	3,237.	4,856.	18,820.
OTHER INCOME	182,752.	41,676.	31,554.	25,098.
FEE COLLECTION INCOME	69,271.	414,911.	9,611.	77,599.
COMMISSION INCOME	0.	0.	0.	19,962.
GUIDED TOUR INCOME	0.	0.	0.	58,795.
CONCESSION INCOME	0.	0.	20,938.	0.
MANAGEMENT FEE INCOME	64,300.	32,000.	32,000.	0.
ADMINISTRATIVE FEE INCOME	0.	0.	220,000.	0.
TOTAL TO SCHEDULE A, LINE 22	317,506.	491,824.	318,959.	200,274.

SCHEDULE A : INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS
PART VII, LINE 51, COLUMN (D)

STATEMENT 16

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

EMPLOYEE & ALUMNI ASSOC OF THE NATIONAL PARK SERVICE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

FINANCIAL & ADMINISTRATIVE SERVICE
EDUCATIONAL SERVICES FOR NEWSLETTER

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

EMPLOYEE & ALUMNI ASSOC OF THE NATIONAL PARK SERVICE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

INVENTORY OF BOOKS

SCHEDULE A AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART VII, LINE 52, COLUMN (C)

STATEMENT 17

NAME OF AFFILIATED OR RELATED ORGANIZATION

EMPLOYEE & ALUMNI ASSOCIATION OF THE NATIONAL PARK SERVICE

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

COMMON OFFICER

Depreciation and Amortization 990
(Including Information on Listed Property)
▶ See separate instructions. ▶ Attach to your tax return.

EASTERN NATIONAL

FORM 990 PAGE 2

23-1401703

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	408,316.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use.								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L			
		%			S/L			
		%			S/L			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

▶ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒

▶ If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box
and complete Part I only ☐All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns.**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns
noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want
the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form
990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form,
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	EASTERN NATIONAL	23-1401703
	Number, street, and room or suite no. If a P.O. box, see instructions. 470 MARYLAND DRIVE, NO. 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WASHINGTON, PA 19034	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JOHN F. RYAN**
Telephone No. ▶ **(215) 283-6900** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until
JUNE 16, 2008, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:

▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **NOV 1, 2006**, and ending **OCT 31, 2007**

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2007)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	EASTERN NATIONAL	23-1401703
	Number, street, and room or suite no. If a P.O. box, see instructions. 470 MARYLAND DRIVE, NO. 1	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WASHINGTON, PA 19034	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JOHN F. RYAN**
Telephone No. **(215) 283-6900** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **SEPTEMBER 15, 2008**.
- 5 For calendar year _____, or other tax year beginning **NOV 1, 2006**, and ending **OCT 31, 2007**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including all attachments, and I am authorized to prepare this form.

Signature *John F. Ryan* Title Acct Date 6-9-08**Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____

By: _____

Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

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05-01-07