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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization EASTER SEALS EASTERN PENNSYLVANIA Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1501 LEHIGH STREET, SUITE 201 City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18103	D Employer identification number 23-2823542
		E Telephone number 610-289-0114	G Gross receipts \$ 3,463,944.
		F Name and address of principal officer	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.ESEP.EASTERSEALS.COM	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2000	M State of legal domicile PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	105
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 926,584.	Current Year 766,487.
	9	Program service revenue (Part VIII, line 2g)	2,447,017.	2,358,039.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,044.	-6,012.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,206.	3,245.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,623,851.	3,121,759.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,418,442.	2,629,982.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 206,863.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,117,914.	887,069.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,536,356.	3,517,051.	
	19 Revenue less expenses Subtract line 18 from line 12	87,495.	-395,292.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 2,885,369.	End of Year 2,221,482.
	21	Total liabilities (Part X, line 26)	510,656.	551,633.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,374,713.	1,669,849.

Part II Signature Block

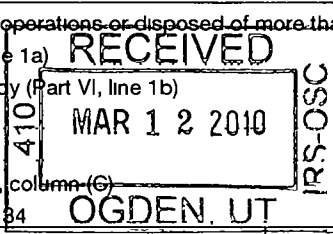
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Nancy Teichman Date: 1 March 8, 2010
 Type or print name and title: Nancy Teichman CEO

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 3/4/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: HERBEIN + COMPANY, INC.
2763 CENTURY BOULEVARD
READING, PA 19610
 Preparer's identifying number (see instructions):
 EIN: _____ Phone no: (610) 378-1175

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

SCANNED MAR 30 2010



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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

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

Yes No X

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,594,643. including grants of \$) (Revenue \$) EARLY CHILDHOOD:

EARLY INTERVENTION PROVIDES CRITICALLY NEEDED SERVICES TO CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS FROM BIRTH TO AGE THREE IN BERKS COUNTY, THE LEHIGH VALLEY AND THE POCONOS. EASTER SEALS' MISSION EXTENDS TO HELPING FAMILIES BY GIVING THEM EMOTIONAL AND EDUCATIONAL TOOLS TO BEST SUPPORT THEIR SPECIAL CHILDREN. OUR LICENSED THERAPISTS PROVIDE PHYSICAL, OCCUPATIONAL, SPEECH AND VISION THERAPY AS WELL AS EDUCATIONAL SUPPORT FROM CERTIFIED EARLY CHILDHOOD AND SPECIAL EDUCATION TEACHERS IN HUNDREDS OF HOMES THROUGHOUT THE REGION. DURING FISCAL YEAR 2008-2009, APPROXIMATELY 912 CHILDREN AND THEIR FAMILIES RECEIVED EARLY INTERVENTION SERVICES FROM EASTER SEALS EASTERN

4b (Code:) (Expenses \$ 363,358. including grants of \$) (Revenue \$) MEDICAL REHABILITATION:

OUT-PATIENT THERAPIES PROVIDE PHYSICAL AND OCCUPATIONAL THERAPY FOR CHILDREN AND YOUNG ADULTS ON AN OUT-PATIENT BASIS. WE ARE COMMITTED TO MAXIMIZING EACH INDIVIDUAL'S POTENTIAL THROUGH MEDICALLY SOUND AND PROVEN REHABILITATION THERAPIES. THESE THERAPIES ADDRESS THE FACTORS THAT HINDER AN INDIVIDUAL'S GROWTH AND FUNCTIONING. IN FISCAL YEAR 2008-2009, EASTER SEALS PROVIDED MEDICAL REHABILITATION TO 263 PEOPLE IN BERKS COUNTY AND THE LEHIGH VALLEY.

DEVELOPMENTAL AND AUTISM ASSESSING AND DIAGNOSING IS AN INNOVATIVE PARTNERSHIP OF EASTER SEALS EASTERN PA AND POCONO PEDIATRIC ASSOCIATES,

4c (Code:) (Expenses \$ 575,010. including grants of \$) (Revenue \$) CONTRACTED SERVICES:

SCHOOL AND COMMUNITY SUPPORT SERVICES THAT HELP INDIVIDUALS WITH SPECIAL NEEDS THROUGH LOCAL SCHOOLS AND OTHER ORGANIZATIONS SUCH AS OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY IN SCHOOL DISTRICTS, AN EQUIPMENT LOAN PROGRAM, AND CHILD SCREENINGS IN DAY CARE AND COMMUNITY SETTINGS FOR REGULAR DEVELOPMENT AND AUTISM.

EARLY INTERVENTION PRESCHOOL FROM AGE 3 TO 5 PROVIDES CHILDREN AN OPPORTUNITY TO EXPERIENCE PRESCHOOL THAT INCORPORATES SPECIAL ED TEACHERS, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY AND VISION THERAPY. IT ALLOWS CHILDREN WITH SPECIAL NEEDS TO BECOME

4d Other program services. (Describe in Schedule O) (Expenses \$ 344,731. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,877,742. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	90		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	105		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources 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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ORGANIZATION - 610-289-0114**
1501 LEHIGH STREET, SUITE 201, ALLENTOWN, PA 18103

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. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERI HADDAD CHAIRPERSON	1.00	X		X				0.	0.	0.
FRANK GARTON VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
PETER CLEFF DIRECTOR	1.00	X						0.	0.	0.
TONY J. SACCO TREASURER	1.00	X		X				0.	0.	0.
TERESA TALBOTT DIRECTOR	1.00	X						0.	0.	0.
CHESTER Q. MOSTELLER DIRECTOR	1.00	X						0.	0.	0.
RICK BURKEY DIRECTOR	1.00	X						0.	0.	0.
ROGER BAST DIRECTOR	1.00	X						0.	0.	0.
STEVEN J. MARGOLIS DIRECTOR	1.00	X						0.	0.	0.
STEVE FALATYN, MD DIRECTOR	1.00	X						0.	0.	0.
NANCY L. TEICHMAN PRESIDENT & CEO	40.00				X			119,500.	0.	12,262.
MARCIA THEODOREDIS MARKETING DIRECTOR	37.50				X			45,770.	0.	2,622.
DEBORAH HILL CFO	37.50				X			77,973.	0.	2,608.
TERENCE CALLAGHAN DEVELOPMENT DIRECTOR	37.50				X			30,462.	0.	168.
SANDRA WISE DIVISION VP - BERKS	37.50				X			44,782.	0.	1,774.
ALEXANDER HUMANICK DIVISION VP	37.50				X			15,692.	0.	0.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	264,909.				
	b	Membership dues	1b					
	c	Fundraising events	1c	119,975.				
	d	Related organizations	1d	93,930.				
	e	Government grants (contributions)	1e	46,500.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	241,173.				
	g	Noncash contributions included in lines 1a-1f \$		16,768.				
	h	Total. Add lines 1a-1f			766,487.			
	Program Service Revenue	2 a	FEES AND CONTRACTS FROM	Business Code 624100	2103077.	2103077.		
b		FEES FROM INDIVIDUALS	624100	254,962.	254,962.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			2358039.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,675.			57,675.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			-63,687.	-63,687.		
	8 a	Gross income from fundraising events (not including \$ 119,975. of contributions reported on line 1c). See Part IV, line 18	a		26,234.			
		Less: direct expenses	b		26,234.			
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISC INCOME	624100		3,245.	3,245.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			3,245.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			3121759.	2297597.	0.	57,675.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	353,613.	308,981.	24,114.	20,518.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,860,210.	1,624,076.	127,971.	108,163.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,635.	49,303.	3,222.	3,110.
9 Other employee benefits	138,648.	123,929.	7,970.	6,749.
10 Payroll taxes	221,876.	194,918.	14,805.	12,153.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	13,983.	8,688.	2,102.	3,193.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	199,548.	144,515.	33,294.	21,739.
17 Travel	105,233.	99,491.	2,646.	3,096.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,532.	8,781.	2,756.	1,995.
20 Interest				
21 Payments to affiliates	60,285.		60,285.	
22 Depreciation, depletion, and amortization	41,464.	36,717.	3,155.	1,592.
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>CONTRACTED SERVICES</u>	162,934.	111,814.	49,554.	1,566.
b <u>MISCELLANEOUS OPERATING</u>	70,171.	16,170.	53,771.	230.
c <u>SUPPLIES</u>	63,005.	58,421.	3,410.	1,174.
d <u>EQUIPMENT RENTAL & LEAS</u>	53,769.	36,337.	12,364.	5,068.
e <u>TELEPHONE</u>	35,807.	26,435.	7,113.	2,259.
f All other expenses	67,338.	29,166.	23,914.	14,258.
25 Total functional expenses. Add lines 1 through 24f	3,517,051.	2,877,742.	432,446.	206,863.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	123,494.	1	58,584.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	81,826.	3	24,190.
	4 Accounts receivable, net	402,835.	4	351,216.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,228.	9	20,464.
	10a Land, buildings, and equipment: cost basis	10a 1,238,523.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 896,181.	347,660.	10c 342,342.
	11 Investments - publicly traded securities	1,363,070.	11	1,029,423.
	12 Investments - other securities. See Part IV, line 11	533,256.	12	395,263.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,885,369.	16	2,221,482.
Liabilities	17 Accounts payable and accrued expenses	263,148.	17	239,489.
	18 Grants payable		18	
	19 Deferred revenue	72,939.	19	46,903.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	174,569.	23	265,241.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		510,656.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,095,223.	27	901,111.
	28 Temporarily restricted net assets	529,546.	28	183,642.
	29 Permanently restricted net assets	749,944.	29	585,096.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,374,713.	33	1,669,849.
	34 Total liabilities and net assets/fund balances	2,885,369.	34	2,221,482.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	857,498.	1,000,867.	601,795.	926,584.	766,487.	4,153,231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	857,498.	1,000,867.	601,795.	926,584.	766,487.	4,153,231.
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)						164,119.
6 Public Support. Subtract line 5 from line 4						3,989,112.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	857,498.	1,000,867.	601,795.	926,584.	766,487.	4,153,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,394.	57,505.	63,315.	65,530.	57,675.	296,419.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	52,250.	27,248.	6,112.	24,177.	3,245.	113,032.
11 Total support. Add lines 7 through 10						4,562,682.
12 Gross receipts from related activities, etc. (see instructions)					12	13,613,348.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	87.43 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	90.45 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number

23-2823542

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	972,347.				
b Contributions					
c Investment earnings or losses	-135,598.				
d Grants or scholarships					
e Other expenditures for facilities and programs	121,430.				
f Administrative expenses	3,585.				
g End of year balance	711,734.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 73.00 %
- b Permanent endowment 26.00 %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		19,764.		19,764.
b Buildings		798,694.	551,040.	247,654.
c Leasehold improvements		38,081.	11,904.	26,177.
d Equipment		381,984.	333,237.	48,747.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				342,342.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,121,759.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,517,051.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-395,292.
4	Net unrealized gains (losses) on investments	4	-309,572.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-309,572.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-704,864.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,812,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-309,572.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-309,572.
3	Subtract line 2e from line 1	3	3,121,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,121,759.

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

1	Total expenses and losses per audited financial statements	1	3,517,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,517,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,517,051.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF FOUR

RESTRICTED ENDOWMENTS, OF WHICH PORTIONS ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR THE PROGRAMS OF THE ORGANIZATION AS SPECIFIED IN THE ENDOWMENT RESTRICTIONS AND ONE BOARD RESTRICTED ENDOWMENT FUND AVAILABLE FOR SPENDING IN ACCORDANCE WITH THE ORGANIZATION'S POLICY.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		LEHIGH VALLEY GOLF (event type)	WALK WITH ME (event type)	1 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	78,014.	46,752.	15,755.	140,521.
	2	Less: Charitable contributions	72,927.	35,344.	7,165.	115,436.
	3	Gross revenue (line 1 minus line 2)	5,087.	11,408.	8,590.	25,085.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	1,782.		1,890.	3,672.
	7	Other direct expenses	3,305.	11,408.	6,700.	21,413.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(25,085)
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide 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?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE O
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Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number
23-2823542

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

PENNSYLVANIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

INC. THAT PROVIDES FAMILIES WITH THE ASSESSMENT AND DIAGNOSIS NEEDED TO BEGIN RECEIVING AUTISM SERVICES WHILE ON THE WAITING LIST TO SEE A DEVELOPMENTAL PEDIATRICIAN. ESEP OFFERS A CERTIFIED ADOS TEST ADMINISTRATOR. ADOS IS CONSIDERED THE "GOLD STANDARD" FOR ASSESSING AND DIAGNOSING AUTISM SPECTRUM DISORDERS ACROSS AGES, DEVELOPMENTAL LEVELS AND LANGUAGE SKILLS. IN FISCAL YEAR 2008-2009, EASTER SEALS STARTED THIS PROGRAM AS A PILOT PROGRAM IN THE CARBON-MONROE-PIKE COUNTIES, PROVIDING THIS SERVICE TO 90 PEOPLE IN THE CMP REGION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

INVOLVED THROUGH ACTIVITIES THAT ENCOURAGE SOCIALIZATION, MOVEMENT, PLAY, LISTENING, COMMUNICATION, BUILDING SELF-ESTEEM, FEEDING, MUSIC, TECHNOLOGY AND INDEPENDENCE.

DURING FISCAL YEAR 2008-2009, EASTER SEALS PROVIDED CONTRACTED SERVICES TO APPROXIMATELY 642 CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE CLINICAL SERVICES, RECREATION, AND FISCAL ADMINISTRATION.

CLINICAL SERVICES: SPECIALTY MEDICAL CLINICS BRING THE SERVICES OF

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

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SCHEDULE O
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Employer identification number

23-2823542

TOP-QUALITY MEDICAL AND SURGICAL SPECIALISTS TO WORK WITH CHILDREN WITH COMPLEX MEDICAL NEEDS. PEDIATRIC ENDOCRINOLOGY CLINIC TREATS CHILDREN WITH GROWTH HORMONE DEFICIENCIES, OTHER ENDOCRINE ISSUES AND DIAGNOSES CERTAIN SYNDROMES AND DISORDERS, PROVIDES DIAGNOSTIC TESTING, EVALUATIONS AND TREATMENT FOR CHILDREN WITH SEIZURE DISORDERS. ORTHOPEDIC CLINICS PROVIDE BOTH EARLY SCREENING AND REFERRALS TO TOP NOTCH ORTHOPEDIC SURGEONS ALONG WITH DIAGNOSIS AND MEDICAL/SURGICAL TREATMENT FOR ALL TYPES OF ORTHOPEDIC ISSUES. PEDIATRIC FEEDING CLINIC HELPS CHILDREN WHO HAVE PROBLEMS SUCH AS DIFFICULTY CHEWING OR SWALLOWING, AVERSION TO CERTAIN FOOD TEXTURES, ANXIETY DURING MEALTIME, PICKY EATERS AND CHILDREN ON THE ROAD TO OBESITY OR ANOREXIA. THESE CLINICS ARE PROVIDED AT NO COST TO THE CONSUMER AND ENABLE PARTICIPANTS ACCESS TO SERVICES WHICH OTHERWISE WOULD NOT BE AVAILABLE LOCALLY. MANY OF OUR LOW-INCOME FAMILIES DO NOT HAVE THE MEANS TO TRAVEL TO LARGE METROPOLITAN MEDICAL CENTERS LIKE PHILADELPHIA. FOR THESE FAMILIES, HAVING ACCESS TO TOP-QUALITY MEDICAL CARE THAT IS CLOSE TO HOME GIVES THEIR SPECIAL NEEDS CHILD A CHANCE AT A BETTER, MORE INDEPENDENT FUTURE. IN FISCAL YEAR 2008-2009, EASTER SEALS PROVIDED SPECIALTY MEDICAL CARE TO 435 ADULTS AND CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY AREA.

RECREATION: CAMPING AND RECREATION PROGRAMS IN THE LEHIGH VALLEY, BERKS COUNTY AND THE POCONOS GIVE CHILDREN - WITH AND WITHOUT DISABILITIES - A CHANCE FOR FUN, RECREATION AND SOCIALIZATION IN A SAFE AND SUPPORTIVE ENVIRONMENT. EASTER SEALS HAS BEEN PROVIDING CAMPING PROGRAMS FOR CHILDREN WITH DISABILITIES AND OTHER SPECIAL NEEDS AS FAR BACK AS THE

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23-2823542

EARLY 1940S. TODAY, OUR PROGRAMS CAMP LILY AND CAMP LILY TOO IN BERKS COUNTY, AND THE SPOT IN THE LEHIGH VALLEY, ALLOW CHILDREN TO SPREAD THEIR WINGS AND MAKE NEW FRIENDS WHILE PROVIDING MUCH NEEDED RESPITE FOR FAMILIES.

SATURDAY RESPITE OFFERS FAMILIES TIME TO CARE FOR THEMSELVES WHILE THEIR CHILDREN ARE IN A SAFE AND SUPPORTIVE ENVIRONMENT. SATURDAY DAY TRIPS OFFER A FULL DAY OF DESTINATION, FUN-FILLED ACTIVITIES. ACTIVITIES ARE ADAPTIVE TO MAXIMIZE PARTICIPATION. EXAMPLES INCLUDE: HALLOWEEN CORN MAZE, DICKENS' A CHRISTMAS CAROL AT ALLENTOWN'S 19TH STREET THEATRE, SNOW TUBING, EXPLORE PHILADELPHIA. HANG TIME JUNIOR IS A PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AGE 6-12 THAT OFFERS A FUN-FILLED ATMOSPHERE WHERE CHILDREN WITH SPECIAL NEEDS TAKE PART IN FUN AND EXCITING ADAPTED ACTIVITIES. HANG TIME IS A WEEK NIGHT PROGRAM FOR TEENS AND YOUNG ADULTS WITH SPECIAL NEEDS AGE 12-21 CHILDREN TAKE PART IN FUN AND EXCITING ADAPTED ACTIVITIES AND EXPOSURE TO LOCAL MARTIAL ARTISTS, ART TEACHERS, PERSONAL TRAINERS AND YOGA INSTRUCTORS WHO TEACH NEW AND EXCITING ACTIVITIES. GROWING GREEN IS A UNIQUE RESIDENTIAL SUMMER CAMP THAT BLENDS OCCUPATIONAL, EDUCATIONAL AND RECREATIONAL EXPERIENCES. OUR GOAL IS TO TEACH CAMPERS WITH SPECIAL NEEDS GREEN OCCUPATIONAL SKILLS AND AN APPRECIATION OF OUTDOOR RECREATIONAL EXPERIENCES. CAMP LILY TOO (AGES 3-7) AND CAMP LILY (AGES 8-21) ARE DAY CAMPS THAT GIVES CHILDREN WITH SPECIAL NEEDS A FUN-FILLED ATMOSPHERE FOR SOCIALIZATION IN A SAFE AND SUPPORTIVE ENVIRONMENT, WHILE PROVIDING MUCH NEEDED RESPITE FOR FAMILIES. TRAVEL PROGRAMS ARE SEVEN DAY EXCURSIONS IN A SMALL GROUP SETTING, WHERE PARTICIPANTS WILL

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23-2823542

ENJOY A FAMILY STYLE VACATION AT PLACES LIKE THE JERSEY SHORE AND
COLONIAL WILLIAMSBURG.

IN FISCAL YEAR 2008-2009, EASTER SEALS PROVIDED CAMPING AND RECREATION
PROGRAMS FOR 146 CHILDREN AND THEIR FAMILIES.

FISCAL ADMINISTRATION: EASTER SEALS PROVIDES FISCAL ADMINISTRATION OF
WAIVER PROGRAMS FOR NORTHAMPTON AND LEHIGH COUNTIES. FISCAL
ADMINISTRATION IS A REIMBURSEMENT PROGRAM FOR CONSUMERS ELIGIBLE FOR
COUNTY-DRIVEN MENTAL HEALTH/MENTAL RETARDATION FUNDS. EASTER SEALS
RECEIVES ADVANCES FROM LEHIGH AND NORTHAMPTON COUNTIES AND THEN
REIMBURSES THE CONSUMER, FAMILY MEMBER OR PROVIDER OF SERVICES. DURING
FISCAL 2008-2009, 750 CONSUMERS AND THEIR FAMILIES RECEIVED SERVICES
FROM THIS PROGRAM.

EXPENSES \$ 344731. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF DIRECTORS REVIEWS AND
APPROVES THE AUDITED FINANCIAL STATEMENTS AND INFORMATIONAL RETURNS PRIOR
TO ANNUAL FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS IS REQUIRED
TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS AND
MANAGEMENT PERFORM PERIODIC PERFORMANCE REVIEWS OF TOP MANAGEMENT AND KEY
EMPLOYEES. COMPENSATION IS DETERMINED BASED ON BUDGET AND COMPARISONS FROM

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

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23-2823542

THE NATIONAL ORGANIZATION AND SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18: ITEMS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC. IN ADDITION, THE 990 FILING IS AVAILABLE ONLINE ON GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19: ITEMS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC.

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND FOR SELECTION OF AN INDEPENDENT AUDITOR.

PART I, LINE I AND PART III, LINE I:

ORGANIZATION'S MISSION

EASTER SEALS EASTERN PENNSYLVANIA HELPS INDIVIDUALS WITH DISABILITIES AND OTHER SPECIAL NEEDS MAXIMIZE THEIR POTENTIAL BY PROVIDING EXCEPTIONAL SERVICES TO ENSURE THAT THEY, AND THEIR FAMILIES, HAVE EQUAL OPPORTUNITIES TO LIVE, WORK AND PLAY IN THE COMMUNITY.

EACH OF THE EASTER SEALS EASTERN PENNSYLVANIA CENTERS - WHICH INCLUDES BERKS COUNTY, THE LEHIGH VALLEY AND THE POCONOS - PROVIDE EXCEPTIONAL SERVICES THAT ARE INDIVIDUALIZED, INNOVATIVE, FAMILY-FOCUSED AND TAILORED TO MEET SPECIFIC NEEDS OF THE PARTICULAR COMMUNITY SERVED.

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Employer identification number

23-2823542

EASTER SEALS IS DEDICATED TO ENSURING OUR SERVICES ARE EFFECTIVE IN CHANGING LIVES, THAT WE ARE EFFICIENT IN OUR USE OF DONATED FUNDS, AND THAT WE PROVIDE THESE SERVICES EVERY DAY WITH A HIGH DEGREE OF CUSTOMER SATISFACTION. THROUGHOUT THE YEAR THE BOARD OF DIRECTORS AND MANAGEMENT TEAM CLOSELY MONITOR OPERATIONS AND ANNUALLY SURVEYS 100% OF OUR CONSUMERS REGARDING OUR EFFECTIVENESS IN MEETING THEIR NEEDS. THIS DATA IS REGULARLY REVIEWED AND ANALYZED, THUS FOSTERING CONTINUOUS IMPROVEMENT OF OUR PROGRAMS AND SERVICES.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s).

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) EASTER SEALS, INC.		C	108,853.
(2) EASTER SEALS, INC.		L	60,285.
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

► **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 **X**
- 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).

A corporation 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 a corporation 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 EASTER SEALS EASTERN PENNSYLVANIA	Employer identification number 23-2823542
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1501 LEHIGH STREET, SUITE 201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18103	

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 |

ORGANIZATION

- The books are in the care of ► **1501 LEHIGH STREET, SUITE 201 - ALLENTOWN, PA 18103**
Telephone No. ► **610-289-0114** FAX No. ► **610-289-4282**
- 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, 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 **JUL 1, 2008**, and ending **JUN 30, 2009**.

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.

• 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. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization EASTER SEALS EASTERN PENNSYLVANIA	Employer identification number 23-2823542
	Number, street, and room or suite no. If a P.O. box, see instructions. 1501 LEHIGH STREET, SUITE 201	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18103	

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.

ORGANIZATION

• The books are in the care of **▶ 1501 LEHIGH STREET, SUITE 201 - ALLENTOWN, PA 18103**
 Telephone No. **▶ 610-289-0114** FAX No. **▶ 610-289-4282**

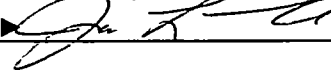
• If the organization does not have an office or place of business in the United States, check this box **X**
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check 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 **MAY 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 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 REQUIRED 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 accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ ** Title **▶ CPA** Date **▶ 2/8/10**