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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)

OMB No 1545-0047

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

Open to Public Inspection

AI	or the	2008 calendar year, or tax year beginning SEP 1, 2008 and ending	AUG 31, 2009	<u> </u>
В	Check if applicable	Please use IRS C Name of organization	D Employer identifi	ication number
	Address change	label or print or EASTER SEALS LOUISIANA, INC.		
	Name change	type Doing Business As	72-0	694376
	initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su	· ·	
<u>_</u>	Termin- ation	Instruc- 1010 COMMON STREET 2000	(504	
<u>_</u>	Amende	City or town, state or country, and Zir + 4	G Gross receipts \$	10,590,297.
L	Applica- tion pending	NEW ORLEANS, LA 70112	H(a) Is this a group r	
	paramy	F Name and address of principal officer:DANIEL UNDERWOOD	for affiliates?	Yes X No
	<u> </u>	1010 COMMON STREET, NEW ORLEANS, LA 70112	H(b) Are all affiliates in	
		npt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		LOUISIANA.EASTERSEALS.COM	H(c) Group exemption	
			ear of formation: 1951[M State of legal domicile: LA
Pa		Summary	C CULL DDEN AN	m y Dill mc
9		riefly describe the organization's mission or most significant activities ASSISTING		
Governance		TH DISABILITIES SINCE 1951. OUR MISSION IS		
Veri		heck this box I if the organization discontinued its operations or disposed of m	.	12
Ĝ		umber of voting members of the governing body (Part VI, line 1a)	3	12
<u>ಿ</u> ಕ	ľ	umber of independent voting members of the governing body (Part VI, line 1b)	4	329
ţį	ľ	otal number of employees (Part V, line 2a)		20
Activities &	i .	otal number of volunteers (estimate if necessary)	<u>6</u> 7a	846.
¥	i .	otal gross unrelated business revenue from Part VIII, line 12, column (C) et unrelated business taxable income from Form 990-T, line 34		0.
	D IN	et diffelated busiliess taxable income non Form 550-1, line 54	Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	69,420.	822,242.
J.		(Dat) (III For Oa)	7,370,774.	8,415,270.
Revenue			1131011111	0/113/2/01
æ	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202,791.	151,450.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,642,985.	9,388,962.
		rants and similar amounts paid (Part IX, column (A), tines 1-3)	21,651.	12,395.
	l	enefits paid to or for members (Part IX, column (A), line 4)		12/5/51
(A)		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,342,039.	7,398,253.
Expenses	l	rofessional fundraising fees (Part IX, column (A), line 11e)		
per	l	otal fundraising expenses (Part IX, column (D), line 25)		` .
ũ	ı	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,230,219.	1,958,507.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,593,909.	9,369,155.
	19 R	evenue less expenses. Subtract line 18 from line 12	49,076.	19,807.
Ses		FOLICIA CEP	Beginning of Year	End of Year
sets	20 To	otal assets (Part X, line 16)	1,234,703.	1,482,516.
₩ ₩	21 To	otal liabilities (Part X, line 26)	256,458.	484,464.
Net Assets or Fund Balances	22 N	et assets or fund balances. Subtract line 21 from line 20	978,245.	998,052.
	ırt II 📗	Signature Block		
	L	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement of complete. Declaration of preparer (other than officer) is based on all information on which preparer has any knowled	nts, and to the best of my knowled	ge and belief, it is true, correct,
		11 1	-	-1.5
Sig	n (1)	de de la de	Date /	770
Her	e T	Signature of officer	Date 🗸	
		DANIEL UNDERWOOD, PRESIDENT/CEO		
	!	Type or print name and title		
Paid	· s	Preparer's Fameure dolme CPA FEB 1 0 2010		er's identifying number structions)
•	parer's F	I'm's narpe o BOTTRCEOTS BENNEUT I. I. C.	EIN ►	
Use	Silly s	eff-employed), 111 VETERANS BLVD. 17TH FLOOR		· .
		ddress, and METAIRIE, LOUISIANA 70005	Phone no. ► 5	04.831.4949
May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2008)

615

Part IV Checklist of Required Schedules

			Yes	No
1	· Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		<u> </u>
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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
•	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b				
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
-0 24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		_	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
_	pnor year? If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
			000 (

Form 990 (2008) EASTER SEALS LOUISIANA, INC.

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:			
а	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)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ŀ		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	_	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_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? If "Yes " complete Schedule R. Part VI	37		X

Form **990** (2008)

Form 990 (2008) EASTER SEALS LOUISIANA, INC.

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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	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 329			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X_{-}	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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.	į		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	_5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			i
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			-
9	excess business holdings at any time during the year?	8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		İ
a b	Did the organization make any taxable distributions under section 4966?	9a	_	
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
11	Section 501(c)(12) organizations. Enter: N/A			
'' a	Gross income from members or shareholders			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. 12b	120	\neg	
	The state and are a state of the opening interest received or accorded during the year.		000	

Form 990 (2008) EASTER SEALS LOUISIANA, INC. 72-0694376 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

for each "Yes" response to finas 2-7th below, and for a "No" response to fines 8 or 9th below, describe the curcumstances, processes, or changes in Schedule O. See instructions. 1s. Enter the number of voting members of the governing body 1b. Enter the number of voting members that are independent 2d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3d. Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3d. X. 4d. Did the organization make any significant changes to its organizational documents such the prof. Form 990 was filled? 4d. X. 5d. Did the organization network significant changes to its organizational documents such the prof. Form 990 was filled? 5d. Does the organization have members or stockholders? 7d. Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5d. Ave any decisions of the governing body subject to approval by members, stockholders, or other persons? 7d. X. 7d. Did the organization have members of stockholders, or other persons? 7d. Did the organization have broad chapters, branches, or affiliates? 8d. X. 8	Sec	tion A. Governing Body and Management						
processes, or changes in Schedule O. See instructions. If effet the number of voting members of the governing body If effet the number of voting members of the governing body Described in the control of the contr				Yes	No			
processes, or changes in Schedule O. See instructions. If effet the number of voting members of the governing body If effet the number of voting members of the governing body Described in the control of the contr		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,						
b Enter the number of voting members that are independent D old any officer, director, fuscles, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees D dit the organization nake any significant changes to its organizational documents since the prior Form 990 was filed? D dit the organization have members or stockholders? D dit the organization have members or stockholders? Does the organization have members, stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? D Are any decisions of the governing body subject to approval by members, stockholders, or other persons? D the tollowing The governing body? D are the following D the tollowing D bess the organization contemporaneously document the meetings held or written actions undertaken during the year by the following D bess 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? Was a copy of the Form 990 provided to the organization spoverning body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to revew the Form 990 I to the organization have a written conflict of interest pokey? If 'No,' go to line 13 List here any officer, director or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization have a written written before the angenization and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining					i			
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List the states with which a copy of this Form 990 is required to be filed ►LA 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GUY WOOLLEY - (504) 523-7325			16b					
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public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GUY WOOLLEY - (504) 523-7325	18		le for	-				
Own website Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GUY WOOLLEY - (504) 523-7325			•					
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statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GUY WOOLLEY - (504) 523-7325	19	· · · ·	and fina	ncial				
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GUY WOOLLEY - (504) 523-7325			iiria	······				
GUY WOOLLEY - (504) 523-7325	20	·	ation.					

72-0694376

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

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
- 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 co		y of	fice			or, tr	uste			
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	_ ا	Position					Reportable	Reportable	Estimated
	hours per	<u> </u>	(check all that app			app	iy)	compensation from	compensation from related	amount of other
	week	ecto	<u> </u>				l	the	organizations	compensation
	, wook	흉				薑		organization	(W-2/1099-MISC)	from the
		stee	truste	İ	۰	pensi		(W-2/1099-MISC)	(,	organization
		la ti	ional		e d	E S				and related
		individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ē			organizations
TERRY SNYDER		_	-		<u> </u>	1	-			-
CHAIRMAN	2.00	v		X				0.	0.	0.
JERRY FORSTATER	2.00		 -	A	├	╁┈		0.	0.	<u> </u>
TREASURER/ASST. SECRETAR	2.00	v		x				0.	0.	0.
MICHAEL SANDERS	2.00	^	┢╌	₽	┢	\vdash	\vdash	0.		<u> </u>
SECRETARY/ASST. TREASURE	2.00	v		x				0.	0.	0.
RALPH MENETRE, III	4.00	^	\vdash	┢	 		\vdash		0.	<u> </u>
BOARD MEMBER	2.00	v						0.	0.	0.
EMMETT G. DAMMON	2.00		<u> </u>	┢	-	╁		0.	<u> </u>	<u> </u>
BOARD MEMBER	2.00	Y						0.	0.	0.
GRETA W. JONES	2.00	^			\vdash		\vdash	0.	•	<u></u>
BOARD MEMBER	2.00	x						0.	0.	0.
JOHN W. MEYER	2.00		 		T				<u> </u>	<u>0.</u>
BOARD MEMBER	2.00	\mathbf{x}						0.	0.	0.
ALAN F. TOMSIC			T							
BOARD MEMBER	2.00	X						0.	0.	0.
RONNIE KOLE								·		
BOARD MEMBER	2.00	X			<u></u>	<u> </u>		0.	0.	0.
GARDNER KOLE										
BOARD MEMBER	2.00	X		<u> </u>	L	<u>L</u> .		0.	0.	0.
THOMAS M. BEH										
BOARD MEMBER	2.00	X				<u> </u>		0.	0.	0.
DAVID DA CUNHA			ļ							
BOARD MEMBER	2.00	X	<u> </u>	ļ	<u> </u>	<u>L</u>		0.	0.	0.
DANIEL UNDERWOOD					İ					
PRESIDENT/CEO	40.00	X	<u> </u>	X	L	X		120,000.	0.	8,448.
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		<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
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Form 990 (2008)

Pai	t VII Section A. Officers, Directors, Tre	<u>ųstees, Key E</u> i	mpl	oyee	es, a	ınd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
•	Name and title	Average	١.		Pos				Reportable	Reportable		_	stimate	
		hours per		neci	(all	that	app	oly)	compensation from	compensation from related	t		mount other	
		week	Individual trustee or director			ļ	ig g		the organization	organization (W-2/1099-MIS			npensa from th	
			ustee	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)	(** 12) 000 *****	,	org	ganızat	tion
			dag	utiona	Officer	mploy	stcor	5		l		4	nd relat	
			휼	Instit	8	Key E	돌	F.				Oig	anızatı	0115
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								-				<u> </u>		_
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	.,													
				ļ		-	-			· · · · · · · · · · · · · · · · · · ·				
	Total						<u> </u>		120,000.		0.		8,4	<u>48.</u>
2	Total number of individuals (including those	e in 1a) who re	ceiv	ed m	nore	tha	n \$1	00,0	000 in reportable					1
	compensation from the organization	<u> </u>			-								Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s					•					I	3		Х
4	For any individual listed on line 1a, is the si									the organization				
_	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				TOTT	any	uni	eiai	ed organization for serv	ices rendered to		5_		х
Sec	tion B. Independent Contractors	alo o for cacir	50,0	<u></u>					•					
1	Complete this table for your five highest countries the organization.	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	ipens	ation	from	
(A) (B) Name and business address Description of services										C) ensation	n			
	**													
								1						
														_
2	Total number of independent contractors (if from the organization	ncluding those 0	e in :	1) wh	no re	ecer	ved	mor	e than \$100,000 in com	pensation			ಕ್ಷಾ ಕ್ರಾನ್ಸ್ .	and my

			2008) EASTI	,	72-0694376 Page 9				
Pa	rt V	/I(I	Statement of Reve	nue			<u> </u>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns .	<u>1a</u>					
grai		b	Membership dues	<u>1b</u>					
ts, am		С	Fundraising events	1c					
igi			Related organizations	1d	 				
Sin's			Government grants (contribut		740,437.				
i i i			All other contributions, gifts, gran						
Contributions, gifts, grants and other similar amounts			similar amounts not included abo		81,805.				
泛		-	Noncash contributions included in lines	s 1a-1f \$		000 040			
<u> </u>		<u>n</u>	Total. Add lines 1a-1f	<u> </u>	Duamana Carla	822,242.			
	2	9	CONTRACT FEES E	OR SERV	Business Code 624100	8415270.	8415270.		
ķ		b	CONTINUE I DED I	-	024100	0415270.	0413270.		
Ser		c				• • •			
Program Service Revenue		ď				<u>.</u>			
Pa		e							
۾		f	All other program service reve	enue					
\Box		g.	Total. Add lines 2a-2f			8415270.			
	3		Investment income (including	dividends, inter-	est, and		}		
			other similar amounts)	-	▶				
	4		Income from investment of ta	x-exempt bond p	proceeds >		,		
	5		Royalties .		<u> </u>				
	_			(i) Real	(ii) Personal				ı
	6		Gross Rents						•
			Less rental expenses Rental income or (loss)						
			Net rental income or (loss)						1
ĺ	7		Gross amount from sales of	(i) Securities	(ii) Other	· · · · · · · · · · · · · · · · · · ·			
	•		assets other than inventory	(y Gecanties	(ii) Other				
			Less cost or other basis						
			and sales expenses						r
		С	Gain or (loss)					_	
		d	Net gain or (loss)		>				
<u>و</u>	8		Gross income from fundraisin	g events (not	1				
en			including \$	of	1				
Other Revenue			contributions reported on line	1c) See	60 540				•
ē			Part IV, line 18	a					*
ਰ∣			Less direct expenses	b	17,545.	45,998.		-	45,998.
			Net income or (loss) from fund Gross income from gaming ac	-		43,330.			45,998.
	9		Part IV, line 19	a a	1 287 094				
			Less direct expenses	b					t
			Net income or (loss) from gam	•	<u>1,105,750.</u>	103,304.	102,458.	846.	
			Gross sales of inventory, less	_					
			and allowances	a					
		b	Less cost of goods sold	b					
L		C_	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	e	Business Code				
			MISCELLANEOUS		900099	2,148.			2,148.
		b .							
ĺ		C .	All other revenue						
			All other revenue Total, Add lines 11a-11d	••		2,148.			
	12		Total Revenue Add lines to 20.3.	4 5 8d 7d 80 0c 4		9388962.	8517728	846.	48 146

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a BAD DEBT EXPENSE b MEMBERSHIP DUES TO PROF c PROFESSIONAL FEES AND C d MISCELLANEOUS e EQUIPMENT MAINTENANCE f All other expenses f All other expenses. Add lines 1 through 24f 79,369,155. 8,954,906. 353,485. 60,764.		All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, Ine 21 2 Grants and other assistance to individuals in the U.S. See Part IV, Ine 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ine 22 4 Benefits part to or for members 5 Compensation of current officers, directors, trustees, and key employees 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to dequalified persons (as defined under section 4958(Pt)(I) and persons (as de			(A) Total expenses	Program service	Management and					
2 Grants and other assistance to individuals in the U.S. See Part IV, Ine 2	1	Grants and other assistance to governments and				······································				
the U.S. See Part IV. Inne 12 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits pad to or for members Compensation of current officers, directors, trustees, and key employees Compensation of united above, to disqualified persons (as defined under section 4958((x)(3)(8)) To their salanes and vages Person pilo nontributions (include section 401(k) and section 403(b) employer contributions) Their salanes and vages The pression plan contributions (include section 401(k) and section 403(b) employer contributions) The pression plan contributions (include section 401(k) and section 403(b) employer contributions) The pression plan contributions (include section 401(k) and section 403(b) employer contributions) The pression plan contributions (include section 401(k) and section 403(b) employer contributions) The pression contributions (include section 401(k) and section 403(b) employer contributions) The pression contributions (include section 401(k) and section 403(b) employer contributions) The pression contribution (include section 401(k) and section 403(b) employer contributions) The pression contribution (include section 401(k) and section 403(b) employer contributions) The pression contribution (include section 401(k) and section 403(b) employer contributions) The pression section 403(b) employer contributions The pression of the pression and section 401(k) and section 403(b) employer contributions and pression and section 401(k) a		organizations in the U.S. See Part IV, line 21								
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 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other employee benefits 9 Other employee benefits 15 15,422. 499,819. 15,293. 310. 15 243,319. 523,563. 15,215. 3,541. 16 Pers for services (non-employees): a Management b Legal c Accounting 6 Professional fundrasing services. See Part IV, line 17 17 Investment management fees 9 Other 10 Advertising and promotion 10 Office expenses 10 Other employees 11 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 17 ,627. 14,840. 1,043. 1,744. 19 Payments to affiliates 19 Conferences, conventions, and meetings 10 payments of travel or entertainment expenses for any federal, state,	2	Grants and other assistance to individuals in		I						
organizations, and individuals outside the U.S. See Part IV, line 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key emptyoes 6 Compensation not included above, to disqualified persons (as defined under section 4958((x)19) and persons described in section 4958((x)19) and persons		the U.S. See Part IV, line 22	<u>12,395.</u>	12,395.						
See Part IV, Inses 15 and 16	3	Grants and other assistance to governments,								
Benefits part to or for members 128,448. 49,224. 49,224. 30,000.		organizations, and individuals outside the U.S.								
5 Compensation of current officers, directors, trustees, and key employees of Compensation int included above, to disqualified persons (as defined under section 4958(ff(1)) and persons discrebed in section 4958(ff(1)) and persons discrebed in section 4958(ff(1)) and persons discrebed in section 4958(ff(1)) and persons discrebed in section 4958(e)(3)(8) 7 Other salaries and wages 8 Peinson plan contributions (include section 401(k) and section 401(k) and section 401(k) periphyte contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting e Professional fundraising services. See Part IV, line 17 fi Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17 Conferences, conventions, and meetings 17 Interest 17 Conferences, conventions, and meetings 17 Interest 17 Conferences, conventions, and meetings 17 Interest (Southern Conferences) 17 Interest (Southern Conferences) 17 Interest (Southern Conferences) 17 Interest (Southern Conferences) 17 Interest (Southern Conferences) 17 Interest (Southern Conferences) 17 Conferences, conventions, and meetings 17 Conferences, conventions, and meetings 17 Conferences, conventions, and meetings 17 Conferences, conventions, and meetings 18 Royaltes (Southern Conferences) 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 10 Conferences, conventions, and indused miscialisance in an analysis of the conventions of the conventions of the conventions of the conventions of the conventions of the convention of the convention of the convention of the convention of the convention of the conventio		See Part IV, lines 15 and 16								
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(p(1)t)) and persons described in section 4958(p(1)t)) and persons described in section 4958(p(1)t)) and persons described in section 4958(p(1)t)) and persons described in section 4958(p(1)t)) and section 4058(p(1)t) and section 4058(p(1)t) and section 4058(p) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 2 Alwanagement 2 Legal 2 C Accounting 3 Ottobying 2 Professional fundrasing services. See Part IV, line 17 for the section 4018(p) employees): 3 Management 3 Office expenses 4 Advertising and promotion 10 Office expenses 11 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Advertising and promotion 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials 19 Conferences, conventions, and meetings interest and above, (Espenses grouped together and labeled above, (Espenses grouped together and labeled above, (Espenses grouped together and labeled above, (Espenses grouped together and labeled above, (Espenses grouped together and labeled above, (Espenses grouped together and labeled above, (Espenses) 17 MEMBERSHIP DUES TO PROF 111, 755. 18 MEMBERSHIP DUES TO PROF 111, 755. 18 MEMBERSHIP DUES TO PROF 111, 755. 18 MEMBERSHIP DUES TO PROF 111, 755. 19 ROFFESSIONAL FEES AND C MISSENSE 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP DUES TO PROF 111, 755. 15 MEMBERSHIP D	4	Benefits paid to or for members								
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8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non employees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 30 Office expenses 13 Office expenses 404,711. 384,456. 17,604. 2,651. Information technology 15 Royalties 16 Occupancy 452,830. 447,823. 5,007. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurace 17,627. 14,840. 1,043. 1,744. 11,744. 1,744. 1,744. 20 Depreciation, depletion, and amortization 1 Insurace 1 Insurace 1 Other expenses into expenses not covered above. Expenses shown on line 25 below). a BAD DEBT EXPENSE b MEMBERSHIP DUES TO PROF FROFESSIONAL FEES AND C d MISCELLANEOUS e EQUIPMENT MAINTENANCE f All other expenses 52,2443. 44,604. 5,117. 2,722. 57,373. 1,751. All other expenses shot line only if the organization 10 Other expenses should not show the organization 11 other expenses should not expense should not expense shown on line 25 below). 12 other expenses should not expense should not ex		· · · · · · · · · · · · · · ·								
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9 Other employee benefits 10 Payroll taxes 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 2 Advertising and promotion 13 Office expenses 10 Occupancy 11 Travel 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 2 Insurance 24 Other expenses into covered above, (Expenses shown on line 25 below). a BAD DEBT EXPENSE b MEMBERSHIP DUES TO PROF POPORESSIONAL FEES AND C d MISCELLANBOUS b MEMBERSHIP DUES TO PROF POPORESSIONAL FEES AND C d MISCELLANBOUS E QUIPMENT MAINTENANCE 59, 124. 57, 373. 1, 751. 751. 751. 751. 151 following SOP 982. Complete this line only of the regenasion of the programation of the population of the population in line under the population of the populati	8									
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19 Conferences, conventions, and meetings Interest Inter	10	· · · · · · · · · · · · · · · · · · ·								
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25 Total functional expenses. Add lines 1 through 24f 9,369,155. 8,954,906. 353,485. 60,764. 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization SOP 98-2. Complete this line only if the organization	e	EQUIPMENT MAINTENANCE		57,373.	1,751.					
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26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization	25	Total functional expenses. Add lines 1 through 24f	9,369,155.	8,954,906.	353,485.					
	26	Joint Costs. Check here if following								
reported in column (B) joint costs from a combined		SOP 98-2. Complete this line only if the organization								
]										
educational campaign and fundraising solicitation		educational campaign and fundraising solicitation .								

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	·			1	60,318.
	2	Savings and temporary cash investments		•		2	33,3231
	3	Pledges and grants receivable, net		• ••		3	
	4	Accounts receivable, net	• •	•	1,084,634.	-	1,276,967.
	5	Receivables from current and former officers, d	rectors	trustees kev		-	2/2/0/50/1
		employees, or other related parties Complete F		5			
	6	Receivables from other disqualified persons (as					· · · · · · · · · · · · · · · · · · ·
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L	00(0)(0)	(2) 0011121010		6	
ιņ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	• •	İ		8	
As	9	Prepaid expenses and deferred charges	•	•	8,083.	9	9,942.
		Land, buildings, and equipment, cost basis	10a	239,916.			3/3121
		Less accumulated depreciation. Complete	100	200/0200			
	-	Part VI of Schedule D	10b	104,627.	141,986.	10c	135,289.
	11	Investments - publicly traded securities				11	100,71001
	12	Investments - other securities. See Part IV, line	11	•	vername de la companya della companya de la companya de la companya della company	12	
	13	Investments - program-related. See Part IV, line		· j		13	
	14	Intangible assets		·		14	
	15	Other assets. See Part IV, line 11	•			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3)4)	1,234,703.	16	1,482,516.
	17	Accounts payable and accrued expenses		_	64,887.	17	97,397.
	18	Grants payable		18			
	19	Deferred revenue	[19		
S	20	Tax-exempt bond liabilities				20	
	21	Escrow account liability. Complete Part IV of Sc	hedule	D . [21	
Liabilities	22	Payables to current and former officers, director	s, trust	ees, key employees,			,
jab		highest compensated employees, and disqualifi	ed pers	sons. Complete Part II	-		
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	69,157.	23	220,820.
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D			122,414.	25	166,247.
	26_	Total liabilities. Add lines 17 through 25			256,458.	26	484,464.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
aŭ	27	Unrestricted net assets		}	978,245.	27	998,052.
Ba	28	Temporanly restricted net assets				28	
Fund Balances	29	Permanently restricted net assets		}		29	
Ĩ		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and			
Net Assets or	00	complete lines 30 through 34.				ایا	
set	30	Capital stock or trust principal, or current funds				_30_	
As	31	Paid-in or capital surplus, or land, building, or ed		· F	· · · · · · · · · · · · · · · · · · ·	31	
Ne.	32	Retained earnings, endowment, accumulated in	come, o	or other funds .	070 245	32	000 050
	33	Total net assets or fund balances			978,245.	33_	998,052.
Par	34 t XI	Total liabilities and net assets/fund balances		<u> </u>	1,234,703.	34	1,482,516.
. u	. 71	Financial Statements and Reporting		-			Yes No
1	Acco	unting method used to prepare the Form 990.	Ca	sh X Accrual	Other		
2а		the organization's financial statements compiled					2a X
b		the organization's financial statements audited to					2b X
		is to lines 2a or 2b, does the organization have a	-		 Sibility for oversight of the	 audit	
-		w, or compilation of its financial statements and s				Guuit	2c X
За		result of a federal award, was the organization re-		· ·		le Auc	
		nd OMB Circular A-133?	,		001 .0		3a X
_b		s," did the organization undergo the required au	dit or au	udits?		•	3b X
	1 12-18-						Form 990 (2008)
							• • •

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public

OMB No 1545-0047

Internal Revenue Service Inspection Employer identification number Name of the organization EASTER SEALS LOUISIANA, INC. 72-0694376 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II a ____ Type I c Type III - Functionally integrated d ____ Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 (i) of your support? governing document? above or IRC section Yes Yes (see instructions)) No No Yes No

Sch	nedule A (Form 990 or 990-EZ) 2008 E	ASTER SEA	LS LOUISI	ANA, INC.		72-069	4376 Page 2
P	art II Support Schedule for			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
<u>Se</u>	ction A. Public Support						
Cal	l endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		1		:		
	membership fees received (Do not						
	include any "unusual grants.")	4,355,624.	4,000,973,	5,800,233,	7,440,194,	9,237,512.	30,834,536,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
4	Total. Add lines 1 - 3	4,355,624,	4,000,973.	5,800,233.	7,440,194,	9,237,512.	30,834,536.
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)						
	Public Support. Subtract line 5 from line 4						30,834,536,
Se	ction B. Total Support			·		· · · · · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	4,355,624.	4,000,973.	5,800,233.	7,440,194.	9,237,512.	30,834,536.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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)	140,584.	206,859.	120,118.	202,700.	151,450.	821,711.
	Total support. Add lines 7 through 10	Ĺ					31,656,247.
	Gross receipts from related activities,					12	<u>_</u>
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u>~-</u>	organization, check this box and stor					-	<u> </u>
	ction C. Computation of Publ					<u> </u>	
	Public support percentage for 2008 (• •	' - '	olumn (f))		14	97.40 %
	Public support percentage from 2007	•	•		!	15	<u>96.60 %</u>
16a	a 33 1/3% support test - 2008. If the o				14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		•				▶ [X]
t	o 33 1/3% support test - 2007. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						. ▶□
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"				_		. ▶∟
t	10% -facts-and-circumstances tes	t - 2007. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2006 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (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, 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 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) % 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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number 72-0694376

	EASTER SEALS LOUIS	72-0694376			
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin	ne 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	L			
5	Did the organization inform all donors and donor advisors in	_			
	are the organization's property, subject to the organization's		└ Yes └ No		
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor of				
Pa			Part IV, line 7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area		
	Protection of natural habitat	Preservation of certif	fied histonc structure		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	nservation easement on the last day		
	of the tax year.				
			Held at the End of the Year		
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	` '	2d		
3	Number of conservation easements modified, transferred, re		4		
Ū	year >	industry, or terminated by the	o organization during the taxable		
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe		and		
5	enforcement of the conservation easements it holds?	node monitoring, inspection, violations, a	Yes No		
6	Staff or volunteer hours devoted to monitoring, inspecting, a				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170			
_	and section 170(h)(4)(B)(ii)?		└ Yes		
9	In Part XIV, describe how the organization reports conservat	· · · · · · · · · · · · · · · · · · ·			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for		
<u> </u>	conservation easements				
Pai	t III Organizations Maintaining Collections o	•	tner 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, no	ot to report in its revenue statement and b	palance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of		
	the footnote to its financial statements that describes these	rtems.			
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, 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 tre	asures, or other similar assets for financia	- · · · · · · · · · · · · · · · · · · ·		
_	the following amounts required to be reported under SFAS 1		a gam, provido		
9	Revenues included in Form 990, Part VIII, line 1	To rotating to those terms	▶ ¢		
a L	Assets included in Form 990, Part X		. • • • • • • • • • • • • • • • • • • •		
U	raseta moluucu in Fuiti 330, Fäll A		▼ 3		

		SEALS LOUI						94376	
Pa	rt III. Organizations Maintaining C								
3	Using the organization's accession and other	r records, check an	y of the followir	ng that are a sign	ficant use	e of its col	lection ite	ms (check	all
•	that apply)								
а	Public exhibition	(d 🔲 Loan o	r exchange prog	rams				
b	Scholarly research	•	Other						
С	Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pa	rt IV Trust, Escrow and Custodial	Arrangements	Complete if o	organization answ	vered "Ye	s" to Form	990, Par	t IV, line 9,	or
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contrib	outions or other a	ssets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:	• • •		• • • •	•		
	•	•	Ū					Amount	
С	Beginning balance					1c			
d	Additions during the year	•				1d			
е	Distributions during the year	••		•		1e			
f	Ending balance		•	•		1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?					Yes	□ No
	If "Yes," explain the arrangement in Part XIV	,				•			
	rt V Endowment Funds. Complete	f organization answe	ered "Yes" to F	orm 990, Part IV,	line 10				
		(a) Current year	(b) Prior ye			(d) Three v	ears back	(e) Four ye	ars back
1a	Beginning of year balance		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	107 7		(4)	54.0 540.1	107.00.70	
b	Contributions								- 1
c	Investment earnings or losses								
ď	Grants or scholarships								
-	Other expenditures for facilities	-						-	
·	and programs								
f	Administrative expenses								
g g	End of year balance								;
2	Provide the estimated percentage of the year	r end halance held a			1_				
_ _a	Board designated or quasi-endowment		%						
h	Permanent endowment								
c		/s %							
3a	Are there endowment funds not in the posse	•	ation that are b	eld and administ	ered for ti	he organiz	ation		
-	by:	ocion or the organiz	anon mar are n	old and administ	cica ioi ti	no organiz	ation	Tv.	es No
	(i) unrelated organizations							3a(i)	55 140
	(ii) related organizations	• • •	• •	•	•			3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations		on Schedule P2		•			3b	+-
A	Describe in Part XIV the intended uses of the							[30]	
Par	t VI Investments - Land, Building			990 Part X line	10				
	Description of investment	(a) Cost or o		Cost or other		epreciatio		(d) Book v	
	Description of investment	basis (investr		asis (other)	(0)	ергестано	''	(u) BOOK V	aiu e
10	Land		218.	(16	218.
	Ruildings	10,	210.	· · · · · · · · · · · · · · · · · · ·	 		+	10	410.
	Leasehold improvements				 	·			
	Equipment	223,	698			104,62	77	110	071
	Other	443,	550. 		 	104,04	4 / •		071.
	Add lines 1a.1e (Column (d) should equal Fo	orm 990 Part Y colu	ımn (R) lıne 10	(c))	<u> </u>			-135	289

Schedule D (Form 990) 2008

		1C •		12-	U6943/6 Page
Pa	rt XI. Reconciliation of Change in Net Assets from Form 990 to	o Financial S	Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		9,388,962
2 .	Total expenses (Form 990, Part IX, column (A), line 25)		2		9,369,155
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		19,807
4	Net unrealized gains (losses) on investments		4		
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		0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		19,807
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Re		Return	
1	Total revenue, gains, and other support per audited financial statements			1	9,406,507
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• •	•		
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	1-1-1-	1	
_	Recovenes of prior year grants	2c		1	
C	Other (Describe in Part XIV)	2d	17,545.	1	
ď		Zu	17,545.	7 1	17,545
e	Add lines 2a through 2d	•		2e	9,388,962
3	Subtract line 2e from line 1	-		3	9,300,904
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <mark>4a</mark>		-	
b	Other (Describe in Part XIV)	. 4b		-	
С	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	9,388,962
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ients With E	xpenses per	Hetu	
1	Total expenses and losses per audited financial statements	•		1	9,386,700
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	. 2a]	
b	Prior year adjustments	2b		1	
С	Losses reported on Form 990, Part IX, line 25	2c		1 1	
d	Other (Describe in Part XIV)	2d	17,545.	1	
е	Add lines 2a through 2d			2e	17,545.
3	Subtract line 2e from line 1			3	9,369,155
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b	<u> </u>		4c	0.
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	9,369,155
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	III, lines 1a and	4; Part IV, lines 1	b and 2	2b; Part V, line 4; Part
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
SPI	CIAL EVENTS: 17545.				
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
SPI	CIAL EVENTS: 17545.				
			<u>.</u>		

SCHEDULE G

Decartment of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2008

Name of the organization **Employer identification number** EASTER SEALS LOUISIANA, INC. 72-0694376 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants f X Solicitation of government grants Email solicitations b Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No N/A 0 X 0. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. LA

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

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 GOLF (Add col. (a) through WALK WITH METOURNAMENT col. (c)) (event type) (total number) (event type) 1 Gross receipts 19,152 27,054 17,337 63,543. 2 Less. Charitable contributions 17,337. 19,152. 27,054. 63,543. Gross revenue (line 1 minus line 2) 550 550. Cash prizes Non-cash prizes Expenses Rent/facility costs 6 Other direct expenses 3,239. 9,896. 3,860. 16,995. 7 17,545.) 8 Direct expense summary. Add lines 4 through 7 in column (d) 45,998. Net income summary. Combine lines 3 and 8 in column (d) 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. (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 657,239. 630,750. 1,287,989. Gross revenue 463,710. 475,223. 938,933. 2 Cash prizes **Direct Expenses** 3 Non-cash prizes 4 Rent/facility costs Other direct expenses 154,681 245,752. X No Volunteer labor (1,184,685)Direct expense summary. Add lines 2 through 5 in column (d) 103,304. 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: LA a is the organization licensed to operate gaming activities in each of these states? X 9a b If "No," Explain: X 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? X 11 vs... 75 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? X

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990-EZ) 2008 EASTER SEALS LOUISIANA, INC. 72-069	<u>437</u>	<u>6 Ра</u>	age 3
•		Yes	No
13 Indicate the percentage of gaming activity operated in:			
ar The organization's facility 13a %	:		
b An outside facility			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ JERRY GUIDRY			
Address ► 1010 COMMON, SUITE 2000 - NEW ORLEANS, LA 70112			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	-	Х
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party ▶\$	İ		
c If "Yes," enter name and address:			
Name ▶			
Name			
Address >			
16 Gaming manager information:			
Name ► <u>JERRY GUIDRY</u>			
Gaming manager compensation ▶ \$21,909.			
Carring manager compensation is a series of the series of			
Description of services provided ► HUMAN RESOURCES, PURCHASING, INVENTORY			
MANAGEMENT, RECONCILING RECORDS, REPORTING TO LA. DEPT. OF			
GAMING			
Director/officer X Employee Independent contractor			
17 Mandatory distributions:		,	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	ł		
retain the state gaming license?	17a	_X_	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	ļ		
organization's own exempt activities during the tax year > \$ 102,458.			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I		•	,	,			OMB No 1545-0047
Form 990)		Grants and Governm	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.	. .		2008
Separtment of the Treasury Internal Revenue Service	▲ Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	n answered "Yes," on F ► Attach to Form 990,	" on Form 990, Pa n 990.	art IV, lines 21 or 22.		Open to Public Inspection
Vame of the organization	SEALS LOUISIANA	IANA, INC.				Ü	Employer identification number 72-0694376
Part General Information on Grants and Assistance	ints and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ords to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the selectio	_
criteria used to award the grants or assistance?	r assistance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	's procedures for moni	toring the use of grant f	funds in the United	States		ļ	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	ce to Governments an	d Organizations in the	United States. Co	omplete if the orga	Inization answered "Y	es" on Form 990, Part IV	', line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	than \$5,000. Check this	box if no one recipient	t received more tha	an \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if additional	space is needed
1 (a) Name and address of organization or government	tion (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
//A			0	0			
•							
	s)(3) and government or	ganizations					•
~	ations						•
. HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Reduction Act Notice,	see the Instructions f	or Form 990.				Schedule I (Form 990) 2008

Page 2 (f) Description of non-cash assistance MEDICAL EQUIPMENT 72-0694376 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 12 395 COST (d) Amount of non-cash assistance 0 (c) Amount of cash grant EASTER SEALS LOUISIANA, INC. (b) Number of recipients SPECIFIC ASSISTANCE CONSISTS OF PROVIDING DURABLE ETC. WHEELCHAIRS WALKERS BEDSIDE COMMODES MEDICAL EQUIPMENT TO INDIVIDUALS I.E., (a) Type of grant or assistance Schedule I (Form 990) 2008 Part III N/A

Schedule I (Form 990) 2008

832102 12-18-08

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SCHEDULE O (Form 990)

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Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization

EASTER SEALS LOUISIANA, INC.

Employer identification number 72-0694376

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISABILITIES AND THEIR FAMILIES IN FINDING AND MAKING EFFECTIVE USE OF
RESOURCES WHICH WILL BE HELPFUL TO THEM IN DEVELOPING THEIR ABILITIES
AND IN LIVING PURPOSEFUL LIVES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CASE MANAGEMENT- REGION 1 - (NEW ORLEANS)
EXPENSES \$ 1445557. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1406995.
CASE MANAGEMENT- REGION 3 (THIBODAUX)
EXPENSES \$ 1211861. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1265621.
CASE MANAGEMENT- REGION 6 (ALEXANDRIA)
EXPENSES \$ 1090289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1077232.
CASE MANAGEMENT- REGION 7 (SHREVEPORT)
EXPENSES \$ 1408658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1399977.
CASE MANAGEMENT- REGION 8 (MONROE)
EXPENSES \$ 943682. INCLUDING GRANTS OF \$ 0. REVENUE \$ 928528.
CASE MANAGEMENT- REGION 9 (COVINGTON)
EXPENSES \$ 1556264. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1718047.
SINGLE POINT OF ENTRY - REGION 1 (NEW ORLEANS)
EXPENSES \$ 298159. INCLUDING GRANTS OF \$ 0. REVENUE \$ 304406.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

832211 12-18-08 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.

2008
Open to Public Inspection

Name of the organization

EASTER SEALS LOUISIANA, INC.

Employer identification number 72-0694376

SINGLE POINT OF ENTRY - REGION 8 (MONROE)
EXPENSES \$ 422297. INCLUDING GRANTS OF \$ 0. REVENUE \$ 436031.
MENTAL HEALTH - REGION 3 (THIBODAUX)
EXPENSES \$ 46892. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48400.
MENTAL HEALTH - REGION 7 (SHREVEPORT)
EXPENSES \$ 212721. INCLUDING GRANTS OF \$ 0. REVENUE \$ 248654.
MENTAL HEALTH - RESIDENTIAL
EXPENSES \$ 227512. INCLUDING GRANTS OF \$ 0. REVENUE \$ 321816.
FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS RONNIE COLE AND GARDNER COLE ARE MARRIED.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE OPERATIONS COMMITTEE AND THE FULL BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15: THE NATIONAL OFFICE CONDUCTS A
SURVEY ON EXECUTIVE DIRECTOR'S SALARIES FOR EASTER SEALS ORGANIZATIONS
AROUND THE COUNTRY. THE BOARD USES THIS INFORMATION TO DETERMINE THE
SALARIES FOR THIS ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ▶ 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.

2008
Open to Public Inspection

Name of the organization EASTER SEALS LOUISIANA, INC.	Employer identification number 72-0694376
AVAILABLE TO THE PUBLIC UPON REQUEST.	
	2.4
	

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

20865.0L H 4/15/10 332

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box \triangleright 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 8868ILED CERTIFIED Automatic 3-Month Extension of Time. Only submit original (no copies needed). NCT 12 2009 A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete 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 990-7) 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. Name of Exempt Organization **Employer identification number** print EASTER SEALS LOUISIANA, INC. 72-0694376 File by the Number, street, and room or suite no. If a P O. box, see instructions. due date for filing your 1010 COMMON STREET, NO. 2000 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW ORLEANS, LA 70112 Check type of return to be filed (file a separate application for each return): X Form 990 Form 4720 Form 990-T (corporation) Form 990-BL Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 EASTER SEALS LOUISIANA, INC. • The books are in the care of ▶ 1010 COMMON STREET, SUITE 2000 - NEW ORLEANS, LA 70112 Telephone No. ► (504) 523-7325 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 Image and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until APRIL 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning SEP 1, 2008 and ending AUG 31, 2009 If this tax year is for less than 12 months, check reason: __ Initial return Final return Change in accounting period 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 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 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).

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. 4-2009)

See instructions