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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning SEPTEMBER 01, 2009, and ending AUGUST 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 <b>EASTER SEALS SOUTHERN GEORGIA, Doing Business As</b>		D Employer identification number <b>58-1915733</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1906 PALMYRA ROAD</b>		E Telephone number <b>(229) 439-7061</b>
		City or town, state or country, and ZIP + 4 <b>ALBANY GA 31701</b>		G Gross receipts \$ <b>5,546,338</b>
		F Name and address of principal officer: <b>SEE ATTACHMENT #1</b>		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: <b>WWW.SOUTHERNGEORGIA.EASTERSEALS.COM</b>		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation <b>1990</b>		M State of legal domicile <b>GA</b>

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE ATTACHMENT #2

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of employees (Part V, line 2a)	5	297
6 Total number of volunteers (estimate if necessary)	6	30
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,639,740	5,092,884
9 Program service revenue (Part VIII, line 2g)	284,436	313,670
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,420	4,588
11 Other revenue (Part VIII, column (A), lines 5-6d, 8c-9c, 10c, and 11e)	85,406	83,854
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,006,162	5,494,996
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	830,130	1,016,208
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)	2,935,394	3,217,553
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	92,778	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,264,823	1,280,540
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,030,347	5,514,301
19 Revenue less expenses Subtract line 18 from line 12	-24,185	-19,305

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,028,090	2,167,359
21 Total liabilities (Part X, line 26)	1,166,168	1,324,742
22 Net assets or fund balances Subtract line 21 from line 20	861,922	842,617

## 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 *Beth English*Date *3/14/11*Type or print name and title *Beth English, Executive Director*

Paid Preparer's Use Only

Preparer's signature <i>Wm R Cg J</i>	Date <i>3/2/11</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instr.) <i>00250580</i>
Firm's name (or yours if self-employed), address, and ZIP + 4 <i>CLENNEY POWELL &amp; RENTZ PC PO BOX 604 ALBANY, GA 31702</i>	EIN <i>58-2282260</i>	Phone no. <i>(229) 883-1314</i>	

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

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

Form 990 (2009)

616 15

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

EASTER SEALS SOUTHERN GEORGIA CREATES SOLUTIONS THAT CHANGE THE LIVES OF CHILDREN, ADULTS AND FAMILIES WITH DISABILITIES OR SPECIAL NEEDS BY OFFERING A VARIETY OF PROGRAMS AND SERVICES THAT ENABLE INDIVIDUALS TO LEAD LIVES OF EQUALITY, DIGNITY AND INDEPENDENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the 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.

4a (Code ) (Expenses \$ 2,742,660 including grants of \$ ) (Revenue \$ 230,292 )  
SEE ATTACHMENT #3

4b (Code ) (Expenses \$ 1,556,716 including grants of \$ 1,016,208 ) (Revenue \$ 28,910 )

4c (Code ) (Expenses \$ 367,212 including grants of \$ ) (Revenue \$ 130,167 )

4d Other program services (Describe in Schedule O.)

(Expenses \$ 229,245 including grants of \$ ) (Revenue \$ 3,155 )

4e Total program service expenses ► \$ 4,895,833

**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.	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? If "Yes," complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. N/A		
6 Did the organization maintain any donor advised funds or any similar funds or 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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II.		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? If "Yes," complete Schedule F, Part III.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . N/A		
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? . . . . . N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		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? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		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 . . . . .	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 . . . . .		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		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 . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? . . . . .	X	

**Note:** All Form 990 filers are required to complete Schedule O . . . . .

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	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>1a</b> 43	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	N/A	<b>1c</b>
<b>2a</b>	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	<b>2a</b> 297	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		<b>2b</b> X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>3a</b> X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	<b>3b</b>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b> X
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b> X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b> X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	<b>5c</b>
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>6a</b> X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	<b>6b</b>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7a</b> X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	<b>7b</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b> X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b> X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b> X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b> X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>7h</b> X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b> X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		<b>9a</b> X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b> X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	N/A	<b>12a</b>
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	1a	22
<b>b</b> Enter the number of voting members that are independent . . . . .	1b	22
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
<b>6</b> Does the organization have members or stockholders? . . . . .	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code )

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
<b>b</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? . . . . .	10b	X
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11	X
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	13	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	14	X
<b>15</b> 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 . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
<b>b</b> Other officers or key employees of the organization? . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
<b>b</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? . . . . .	16b	N/A

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► GA
- 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 ► SEE ATTACHMENT #4

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(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	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
CAROL HOLLOMON IMMEDIATE PAST PRESIDENT	0.25	X			X				0	0	0
DAVE ORLOWSKI PRESIDENT	0.50	X			X				0	0	0
DIANA HELTON SECRETARY	0.50	X			X				0	0	0
JACKIE ATKINS TREASURER	0.50	X			X				0	0	0
LAUREN WATSON	0.25	X							0	0	0
STACEY DEMARINO	0.25	X							0	0	0
MARGARITA ILECKI	0.25	X							0	0	0
BUD GRECO	0.25	X							0	0	0
LYNDA HAMMOND	0.25	X							0	0	0
BETH ENGLISH	40.00				X				90,912	0	0
DAN MCCARTHY	0.25	X							0	0	0
KARI MIDDLETON	0.25	X							0	0	0
DAVID PRISANT	0.25	X							0	0	0
MIMI SPRUILL	0.25	X							0	0	0
RYAN INLOW	0.25	X							0	0	0
KIM COLBY	0.25	X							0	0	0
DEBORAH GAY	0.25	X							0	0	0
MATHEW GOOCH	0.25	X							0	0	0
GEORGE HATFIELD	0.25	X						X	0	0	0
OSCAR BENTON	0.25	X						X	0	0	0
SAL GIOVINGO	0.25	X						X	0	0	0
WONDA GOBIN	0.25	X						X	0	0	0
JACKIE DIXON PRESIDENT ELECT	0.25	X							0	0	0
MATT HATCHER	40.00				X				71,261	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	
G O T H E R  C O N T R I B U T I O N S	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4842787				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	250097				
	g	Noncash contributions included in lines 1a-1f		\$	149190			
h Total. Add lines 1a-1f				5092884				
P R O G R A M  R E V E N U E	2a		Business Code					
	PROGRAM SERVICE FEES		0	124417	124417			
	b PRODUCTION INCOME		0	123637	123637			
	c HUD PROPERTY FEES		0	65616	65616			
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f				313670				
O T H E R  R E V E N U E	3		Investment income (including dividends, interest, and other similar amounts)	4588			4588	
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a		Gross Rents	(i) Real 5000				
	b		Less: rental expenses					
	c		Rental income or (loss)	5000				
	d		Net rental income or (loss)	5000			5000	
	7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b		Less cost or other basis and sales expenses					
	c		Gain or (loss)					
	d		Net gain or (loss)					
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
	See Part IV, line 18		a	113531				
	b		Less direct expenses	b	51342			
	c		Net income or (loss) from fundraising events	62189	62189			
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less: cost of goods sold	b					
c		Net income or (loss) from sales of inventory						
11a		MISCELLANEOUS INCOME	0	16665	16665			
b								
c								
d		All other revenue						
e		Total. Add lines 11a-11d	16665					
12 Total revenue. See instructions				5494996	392524		9588	

**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 . . . . .	1016208	1016208		
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 . . . . .	161300		161300	
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 . . . . .	2478220	2275745	151165	51310
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	341097	298394	33353	9350
10	Payroll taxes . . . . .	236936	209131	23844	3961
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	9000		9000	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	76344	72915	3325	104
12	Advertising and promotion . . . . .	38305	38071	102	132
13	Office expenses . . . . .	135357	107361	18203	9793
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	177415	162247	11729	3439
17	Travel . . . . .	150468	127651	17773	5044
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	8303	5721	2530	52
20	Interest . . . . .	8244		8244	
21	Payments to affiliates . . . . .	46469		46469	
22	Depreciation, depletion, and amortization . . . . .	76194	67919	7280	995
23	Insurance . . . . .	70543	63233	6203	1107
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	<b>OTHER DIRECT SERVICE EXPENSE</b> . . . . .	203060	203060		
b	<b>FOOD AND PROGRAM SUPPLIES</b> . . . . .	82676	82676		
c	<b>FACILITIES REPAIRS &amp; MAINTENANCE</b> . . . . .	58297	54676	3315	306
d	<b>MISCELLANEOUS</b> . . . . .	54051	46193	6396	1462
e	<b>BAD DEBT EXPENSE</b> . . . . .	39810	39810		
f	All other expenses . . . . . #5 . . . . .	46004	24822	15459	5723
25	<b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	5514301	4895833	525690	92778
26	<b>Joint costs.</b> 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
<b>A S S E T S</b>	1 Cash -- non-interest bearing . . . . .	2,014	1	2,956
	2 Savings and temporary cash investments . . . . .	201,233	2	328,686
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	696,085	4	603,554
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 . . . . .	55,609	8	46,504
	9 Prepaid expenses and deferred charges . . . . .	36,373	9	53,686
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 2,211,553		
	b Less: accumulated depreciation . . . . .	10b 1,079,580	1,036,776	10c 1,131,973
11 Investments -- publicly traded securities . . . . .		11		
12 Investments -- other securities. See Part IV, line 11 . . . . .		12		
13 Investments -- program-related. See Part IV, line 11 . . . . .		13		
14 Intangible assets . . . . .		14		
15 Other assets. See Part IV, line 11 . . . . .		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,028,090	16	2,167,359	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses . . . . .	263,153	17	307,711
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	431,528	19	481,843
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial 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 . . . . .	426,728	23	535,188
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	44,759	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,166,168	26	1,324,742
<b>F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	808,018	27	800,517
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .	53,904	29	42,100
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	861,922	33	842,617
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	2,028,090	34	2,167,359

**Part XI** Financial Statements and Reporting

**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

	Yes	No
<b>2a</b>		X

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

<b>2b</b>	X	
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**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? . . . . .

<b>2c</b>	X	
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

**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? . . . . .

<b>3a</b>		X
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**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . . N/A

<b>3b</b>		
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Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

2009

**Open to Public  
Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Employer identification number

58-1915733

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
  - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
  - 9 ☐ An organization that normally receives (1) more than 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 Part III )
  - 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
    - a ☐ Type I
    - b ☐ Type II
    - c ☐ Type III--Functionally integrated
    - d ☐ Type III--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)
  - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
  - h Provide the following information about the supported organization(s).

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1514756	1736398	1585603	4639740	5092884	14569381
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 <b>Total.</b> Add lines 1 through 3	1514756	1736398	1585603	4639740	5092884	14569381
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						14569381

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1514756	1736398	1585603	4639740	5092884	14569381
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6777	10295	9499	3290	4588	34449
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)	82813	101361	100068	75406	78854	438502
11 <b>Total support.</b> Add lines 7 through 10						15042332
12 Gross receipts from related activities, etc. (see instructions)					12	21464913
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.86 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.76 %
16a <b>33 1/3 % support test -- 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test -- 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test -- 2009.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test -- 2008.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 IV****Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

PART 11 LN 10 - INCOME REPORTED INCLUDES FUNDRAISING EVENTS AS WELL AS  
VARIOUS IMMATERIAL MISCELLANEOUS INCOME.

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**SCHEDULE D**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection****Name of the organization**

EASTER SEALS SOUTHERN GEORGIA, INC.

**Employer identification number**

58-1915733

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,904	53,645			
b Contributions		259			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	11,804				
f Administrative expenses					
g End of year balance	42,100	53,904			

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100 %  
 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		

N/A

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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) Accumulated depreciation	(d) Book value
1a Land	38,500	70,489		108,989
b Buildings		1,756,976	770,919	986,057
c Leasehold improvements				
d Equipment		345,587	308,660	36,927
e Other				
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,131,973

**Part VII** Investments -- Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII** Investments -- Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
NA	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

**Part X** Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
NA	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**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	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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements.	1	
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

**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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**2009**

**Open to Public  
Inspection**

EASTER SEALS SOUTHERN GEORGIA, INC.

58-1915733

## Part I

**Form 990-EZ filers are not required to complete this part.**

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

- 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

**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPRING BASS (event type)	QUEST FOR TH (event type)	8 (total number)	(Add col (a) through col (c))	
1	Gross receipts	38,438	14,389	60,704	113,531	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	38,438	14,389	60,704	113,531	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	20,325	3,991	27,026	51,342
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 51,342 )
	11	Net income summary. Combine line 3, column (d), and line 10				62,189

**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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

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? \_\_\_\_\_

b If "No," explain \_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		X
10a		X
11		X
12		X

**13** Indicate the percentage of gaming activity operated in

- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a** Yes No **X**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer
                 
 ☐ Employee
                 
 ☐ Independent contractor
**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**17a** Yes No **X**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► **Attach to Form 990.**

EASTER SEALS SOUTHERN GEORGIA, INC.

Employer Identification number

58-1915733

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to

Part IV, line 24 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 Form 990.

**Schedule 1-1 (Form 990) if additional space is needed**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- |   |  |     |
|---|--|-----|
| 2 | Enter total number of section 501(c)(3) and government organizations | ... |
| 3 | Enter total number of other organizations                            | ... |

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



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESPIRE SERVICES DIRECT SERVICES (MEDICAL SUPPLIES, MEDICAL BILLS, ETC.)	73  1,173	79,069  937,139			

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

THE CRITERIA FOR THE PROGRAMS ARE SET VERY CLEARLY BY THE STATE. TO CHECK A PERSON'S ELIGIBILITY THEY MUST FIRST COMPLETE A DETAILED APPLICATION AND ALSO SUBMIT DOCUMENTATION ON THEIR MR/DD DIAGNOSIS. A PROGRAM COORDINATOR REVIEWS THE APPLICATION AND APPROVES/DENIES BASED ON THE STRICT STATE GUIDELINES. ONCE A PERSON IS IN THE PROGRAM THEY ARE IN UNTIL THEY NO LONGER UTILIZE THE SERVICE OR THEY GET A MEDICAID WAIVER. THEIR STATUS IS REVIEWED ONCE PER YEAR IN THEIR BIRTHDAY MONTH. A FILE IS KEPT ON EACH PARTICIPANT THAT HAS THEIR ELIGIBILITY INFORMATION AS WELL AS COPIES OF ALL BILLS THAT ARE PAID ON THEIR BEHALF. ON AN ANNUAL BASIS AN INTERNAL AUDIT IS COMPLETED ON SAMPLING OF FILES TO TO REVIEW COMPLIANCE WITH STATE REQUIREMENTS.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes"**  
**on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

**EASTER SEALS SOUTHERN GEORGIA, INC.**

Employer identification number

**58-1915733**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art -- Works of art				
2 Art -- Historical treasures				
3 Art -- Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		4,000	ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities -- Publicly traded				
10 Securities -- Closely held stock				
11 Securities -- Partnership, LLC, or trust interests				
12 Securities -- Miscellaneous				
13 Qualified conservation contribution -- Historic structures				
14 Qualified conservation contribution -- Other				
15 Real estate -- Residential	X	1	135,500	APPRAISAL
16 Real estate -- Commercial				
17 Real estate -- Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( SEE ATTACHMENT #6 )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

EASTER SEALS SOUTHERN GEORGIA, INC.

Employer identification number

58-1915733

PG 2 LN 4D - OF THE REMAINING PROGRAMS THE ADULT DAY PROGRAM IS THE LARGEST. THE ADULT DAY PROGRAM MEETS THE DAYTIME NEEDS OF ADULTS WITH DISABILITIES AND OLDER LEAD LIVES OF EQUALITY, DIGNITY AND INDEPENDENCE.

PG 6 LN 11A - A DRAFT COPY OF THE 990 IS SUBMITTED TO A CPA MEMBER, WITH FORM 990 EXPERIENCE, OF THE BOARD. THE BOARD MEMBER CONDUCTS A THOROUGH REVIEW OF THE RETURN. ANY CORRECTIONS NOTED IN THE REVIEW ARE CORRECTED A REVISED FORM 990 IS THEN EMAILED TO ALL BOARD MEMBER FOR THEIR OWN PERSONAL REVIEW. IF NO ITEMS ARE NOTED FOR FURTHER REVIEW BY A BOARD MEMBER, THE EXECUTIVE DIRECTOR SIGNS THE RETURN AND IT IS SUBMITTED TO THE IRS AND THE STATE.

PG 6 LN 12C- BOARD MEMBERS AND KEY STAFF MUST COMPLETE A STATEMENT OF INTEREST AND DISCLOSE CONFLICTS ANNUALLY. THE EXECUTIVE DIRECTOR REVIEWS THE ANNUAL DISCLOSURES AND IF A CONFLICT OF INTEREST IS NOTED, THAT PERSON WOULD BE PROHIBITED FROM PARTICIPATING IN THE AGENCIES DECISION MAKING PROCESS ON TRANSACTIONS INVOLVING THE CONFLICT.

PG 6 LN 15- THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ANNUALLY INFORMATION FROM THE NATIONAL ORGANIZATION AS WELL AS VARIOUS SURVEYS. AFTER REVIEWING DATA THE COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD. WITH THE START OF THE NEW YEAR THE COMPENSATION COMMITTEE WILL FULLY DOCUMENT THE PROCESS THAT WAS UTILIZED, THE EXTERNAL DATA THAT WAS REVIEWED AND THE RECOMMENDATION MADE TO THE FULL BOARD.

PG 6 LN 19 - EASTER SEALS SOUTHERN GA MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AS WELL AS LOCATED UPON THEIR WEBSITE.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

EASTER SEALS SOUTHERN GEORGIA, INC.

Employer identification number

58-1915733

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
OPTIONS FOR LIVING, INC 1906 PALMYRA ROAD ALBANY GA 31701 58-2105763	MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501 (C) 3	7	N/A
OPTIONS FOR LIVING EAST ONE, INC. 1906 PALMYRA ROAD ALBANY GA 31701 58-2142607	MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501 (C) 3	7	N/A
OPTIONS FOR LIVING EAST TWO, INC. 1906 PALMYRA ROAD ALBANY GA 31701	MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO				N/A

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

Schedule R (Form 990) 2009

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

**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?

		Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	...		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)	...		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)	...		X
<b>d</b> Loans or loan guarantees to or for other organization(s)	...		X
<b>e</b> Loans or loan guarantees by other organization(s)	...		X
<b>f</b> Sales of assets to other organization(s)	...		X
<b>g</b> Purchase of assets from other organization(s)	...		X
<b>h</b> Exchange of assets	...		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	...		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	...		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	...	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	...		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	...		X
<b>n</b> Sharing of paid employees	...	X	
<b>o</b> Reimbursement paid to other organization for expenses	...		X
<b>p</b> Reimbursement paid by other organization for expenses	...	X	
<b>q</b> Other transfer of cash or property to other organization(s)	...		X
<b>r</b> Other transfer of cash or property from other organization(s)	...		X

**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	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
58-2142609 COLQUITT OPTIONS, INC. 1906 PALMYRA ROAD ALBANY GA 31701 58-2446240	DISABLED MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501(C)3	7	N/A
CRISP COUNTY OPTIONS, INC. 1906 PALMYRA ROAD ALBANY GA 31701 58-2506917	DISABLED MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501(C)3	7	N/A
GRADY COUNTY OPTIONS, INC. 1906 PALMYRA ROAD ALBANY GA 31701 58-2506919	DISABLED MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501(C)3	7	N/A
VALDOSTA/LOWNDES COUNTY OPTIONS FOR LIVING 1906 PALMYRA ROAD ALBANY GA 31701 58-2662809	DISABLED MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501(C)3	7	N/A
SATILLA SOLUTIONS, INC. 1906 PALMYRA ROAD ALBANY GA 31701 42-1627223	DISABLED MAINTAINS A GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED	GA	501(C)3	7	N/A

PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 09-01-2009, and ending 08-31-2010.
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.	Employer Identification Number 58-1915733

990, Page 1, Line F

Principal officer name ... BETH ENGLISH  
or  
Business Name:

Street Address ... 1906 PALMYRA ROAD

U S Address  
Zip code 31701 City ALBANY State GA

or  
Foreign Address  
City  
Province or State  
Country  
Postal code



## PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 09-01, and ending 08-31-2010.
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.	Employer Identification Number 58-1915733

### Primary Purpose

EASTER SEALS SOUTHERN GEORGIA CREATES SOLUTIONS THAT CHANGE THE LIVES OF CHILDREN, ADULTS AND FAMILIES WITH DISABILITIES OR SPECIAL NEEDS BY OFFERING A VARIETY OF PROGRAMS AND SERVICES THAT ENABLE INDIVIDUALS TO LEAD LIVES OF EQUALITY, DIGNITY AND INDEPENDENCE.

# PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 09-01-2009, and ending 08-31-2010.		
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.		Employer Identification Number 58-1915733	
Part III - Statement of Program Service Accomplishments			
Code:	Expenses	2,742,660	including Grants of: Revenue 230,292

## Exempt Purpose Achievements

THE LARGEST PROGRAM IS OUR RESIDENTIAL PROGRAM WHICH INCLUDES RESIDENTIAL SERVICES, COMMUNITY LIVING SUPPORT AND SUPPLIES. THE RESIDENTIAL SERVICE INCLUDES THE OPERATION OF SEVEN GROUP HOMES AND FIVE APARTMENT COMPLEXES FOR INDIVIDUALS WITH DISABILITIES. THE COMMUNITY LIVING SUPPORT PROVIDES ATTENDANT CARE AND COMPANION SERVICES IN THE HOMES OF ADULTS WITH DISABILITIES. THE SUPPLY SERVICES PROVIDES SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES TO THOSE INDIVIDUALS WITH DISABILTIES.

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning	09-01-2009, and ending	08-31-2010.
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.			Employer Identification Number 58-1915733
Part III - Statement of Program Service Accomplishments			
Code	Expenses	1,556,716	including Grants of 1,016,208 Revenue 28,910

#### Exempt Purpose Achievements

THE RESPITE/FAMILY SUPPORT PROGRAM PROVIDES ASSISTANCE TO FAMILIES WITH DISABILITIES AND DURING THE YEAR PROVIDED ASSISTANCE TO 1,246 INDIVIDUALS. RESPITE SERVICES ARE TIME LIMITED, TEMPORARY RELIEF PROVIDED TO THE PRIMARY CAREGIVER OF INDIVIDUALS WITH DISABILITIES. IT ALLOWS THEM TO ENJOY A WELL DESERVED BREAK. FAMILY SUPPORT SERVICES IS A BROAD BASED CATEGORY THAT IS DESIGNED TO IMPROVE THE QUALITY OF SUPPORTS TO FAMILIES, WHILE MINIMIZING THE NEED AND COST OF OUT OF HOME PLACEMENTS.

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 09-01-2009, and ending 08-31-2010.		
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.		Employer Identification Number 58-1915733	
Part III - Statement of Program Service Accomplishments			
Code:	Expenses:	367,212 including Grants of.	Revenue: 130,167

#### Exempt Purpose Achievements

THE VOCATIONAL SERVICES PROGRAM INCLUDES SHELTERED EMPLOYMENT, TRANSITION SERVICES, WORK ADJUSTMENT AND WORK EVALUATIONS. DURING THE YEAR THE PROGRAM SERVED 156 INDIVIDUALS. SHELTERED EMPLOYMENT IS DESIGNED TO PROVIDE LONG-TERM EMPLOYMENT FOR THOSE INDIVIDUALS WHO NEED MAXIMUM SUPERVISION TO BE PRODUCTIVE. TRANSITION SERVICES REFERS TO AN ARRAY OF SPECIALTY SERVICES THAT MAY BE PROVIDED TO INDIVIDUALS BASED ON CONSUMER CHOICE AND NEED. WORK ADJUSTMENT IS A TIME LIMITED WORK SKILLS TRAINING AND MAY BE FACILITY BASED (WORKSHOP) OR COMMUNITY BASED.

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: PAGE 4 - 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 09-01-2009, and ending 08-31-2010.		
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.		Employer Identification Number 58-1915733	
Part III - Statement of Program Service Accomplishments			
Code.	Expenses	229,245	including Grants of: Revenue: 3,155
Exempt Purpose Achievements			
NONE			

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 09-01, and ending 08-31-2010.
Name of Organization EASTER SEALS SOUTHERN GEORGIA, INC.	Employer Identification Number 58-1915733
Part VI - Line 20	

Individual Name .. . MATT HATCHER  
or  
Business Name

Street Address .. . 1906 PALMYRA ROAD

U.S. Address

Zip code 31701 City ALBANY State GA  
or  
Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

ATTACHMENT 5: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

**For calendar year 2009 or tax period beginning 09-01-2009, and ending 08-31-2010.**

EASTER SEALS SOUTHERN GEORGIA, INC.

58-1915733

Total	46,004	24,822	15,459	5,723
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ATTACHMENT 6: SCH M, PART I - TYPES OF PROPERTY

## INSPECTION

For calendar year 2009 or tax period beginning 09-01, and ending 08-31-2010.

EASTER SEALS SOUTHERN GEORGIA, INC.

58-1915733

### Other Types of Property

JVA Copyright Forms (Software Only) - 2009 TW L0819F 09\_EOM1



# 2009 DETAIL STATEMENTS

EASTER SEALS SOUTHERN GEORGIA,  
58-1915733

PAGE 1

## STATEMENT #1 - NON CASH (990-EO PG 9 LINE 1G)

DONATED HOUSE.....	139,500
VARIOUS NONCASH.....	9,690

TOTAL CARRIED TO 990-EO PG 9 LINE 1G.....	149,190
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**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

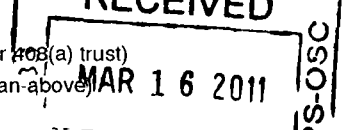
A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>EASTER SEALS SOUTHERN GEORGIA, INC.</b>	Employer identification number <b>58-1915733</b>
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 <b>1906 PALMYRA ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBANY GA 31701</b>	

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

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

- The books are in the care of ► SEE ATTACHMENT #4

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until APRIL 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20\_\_ or  
► ☒ tax year beginning SEPTEMBER 01, 20 09, and ending AUGUST 31, 20 10

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	\$	0
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	\$	0
c <b>Balance Due.</b> 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	\$	0

**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.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)