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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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 2010 calendar year, or tax year beginning SEPTEMBER 01, 2010, and ending AUGUST 31, 2011

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	C Name of organization EASTER SEALS SOUTHERN GEORGIA INC		D Employer identification number 58-1915733
	Doing Business As		E Telephone number (229) 439-7061
	Number and street (or P.O. box if mail is not delivered to street address)	Room/Suite	G Gross receipts \$ 6,978,766
	1906 PALMYRA ROAD		
	City or town, state or country, and ZIP + 4 Albany GA 31701		
F Name and address of principal officer. See attachment #1		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)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: www.southerngeorgia.easterseals.com			
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 1990	M State of legal domicile GA	

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities. See attachment #2		
	2 Check this box <input type="checkbox"/> 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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	311
	6 Total number of volunteers (estimate if necessary)	6	30
REVENUE	7a Total 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
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,221,641	3,070,107
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,184,913	3,794,857
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,588	13,164
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,854	55,630
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,494,996	6,933,758
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,016,208	1,643,589
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
EXPENSES	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (A), line 25)	3,217,553	3,669,062
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,785	
	19 Revenue less expenses. Subtract line 18 from line 12	1,280,540	1,579,990
	20 Total assets (Part X, line 16)	5,514,301	6,892,641
	21 Total liabilities (Part X, line 26)	-19,305	41,117
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
NONREVENUE ASSETS		2,167,359	2,132,601
		1,324,742	1,248,867
		842,617	883,734

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 3/8/12
	BETH ENGLISH Type or print name and title	EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name WILLIS R CLENNEY CP	Preparer's signature <i>Willis R Clenney</i>
	Firm's name CLENNY POWELL & RENTZ CPAS	Date 3/2/12
	Firm's address PO BOX 604	Check <input type="checkbox"/> if self-employed
	ALBANY GA 31702	PTIN P01250580 Firm's EIN 58-2287260 Phone no (229) 883-1314

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☐**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 \$ 3,083,876 including grants of \$) (Revenue \$ 3,088,242)
See attachment #3

4b (Code:) (Expenses \$ 2,242,326 including grants of \$ 1,643,589) (Revenue \$ 193,765)

4c (Code:) (Expenses \$ 546,693 including grants of \$) (Revenue \$ 160,769)

4d Other program services (Describe in Schedule O)

(Expenses \$ 449,542 including grants of \$) (Revenue \$ 362,110)

4e Total program service expenses ► \$ 6,322,437

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? (see instructions)	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	N/A	

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	21 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	22 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	23	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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b	
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	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	25b	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	26	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	27	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	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	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? 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)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	36			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		N/A	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	311			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A	5c		
6a	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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	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.	7d				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		N/A	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		N/A	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☐

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21	
b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

	Yes	No
10a	X	
b	X	
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		

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**Check if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organiza- tions in Schedule O)	(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	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
JACKIE DIXON PRESIDENT	0.50	X		X				0	0	0
DAVE ORLOWSKI IMMEDIATE PAST PRESIDENT	0.25	X		X				0	0	0
JACKI ATKINS PRESIDENT ELECT	0.25	X		X				0	0	0
LAUREN WATSON SECRETARY	0.50	X		X				0	0	0
DIANA HELTON TREASURER	0.50	X		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				87,330	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
PAT COFFMAN	0.25	X						0	0	0
KIM COLBY	0.25	X						0	0	0
ALLISON MANSFIELD	0.25	X						0	0	0
CHERI REECE	0.25	X						0	0	0
RACHELLE SCOTT	0.25	X						0	0	0
ALFREDA SHEPPARD	0.25	X						0	0	0
JANICE WESTER	0.25	X						0	0	0
NATHANIEL CLARK	0.25	X						0	0	0
MATT HATCHER	40.00			X				68,420	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
1b Sub-total									155750	0	0
c Total from continuation sheets to Part VII, Section A										0	0
d Total (add lines 1b and 1c)									155750	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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	30,962			
	b	Membership dues	1b				
	c	Fundraising events	1c	8,640			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,936,568			
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	93,937			
	g	Noncash contributions included in lines 1a-1f		\$ 2,725			
	h	Total. Add lines 1a-1f		3,070,107			
P R O G R A M R E V E N U E	2a		Business Code				
	PROGRAM SERVICE FEES		624120	3,600,561	3,600,561		
	b PRODUCTION INCOME		624310	128,083	128,083		
	c HUD PROPERTY FEES		561000	66,213	66,213		
	d						
	e						
	f All other program service revenue						
g	Total. Add lines 2a-2f		3,794,857				
O T H E R R E V E N U E	3			Investment income (including dividends, interest, and other similar amounts)	13,164		13,164
	4			Income from investment of tax-exempt bond proceeds			
	5			Royalties			
			(i) Real	(ii) Personal			
	6a	Gross Rents	5,000				
	b	Less rental expenses					
	c	Rental income or (loss)	5,000				
	d	Net rental income or (loss)		5,000		5,000	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	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 \$ 8,640 of contributions reported on line 1c)			
		See Part IV, line 18	a	85,609			
	b	Less direct expenses	b	45,008			
	c	Net income or (loss) from fundraising events		40,601		40,601	
	9a			Gross income from gaming activities See Part IV, line 19			
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
10a			Gross sales of inventory, less returns and allowances				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS INCOME	900099	10,029	10,029			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		10,029				
12	Total revenue. See instructions		6,933,758	3,804,886		58,765	

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	402,070	402,070		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,241,519	1,241,519		
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	161,300		161,300	
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	2,893,801	2,726,662	141,402	25,737
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	366,292	326,327	34,546	5,419
10	Payroll taxes	247,669	222,782	22,901	1,986
11	Fees for services (non-employees):				
a	Management				
b	Legal	14,315	14,315		
c	Accounting	10,725		10,725	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	293,046	291,271	1,704	71
12	Advertising and promotion	44,139	44,139		
13	Office expenses	150,954	128,068	19,046	3,840
14	Information technology				
15	Royalties				
16	Occupancy	199,597	188,648	10,276	673
17	Travel	186,030	157,932	24,906	3,192
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,942	8,746	4,176	20
20	Interest	27,642	17,254	10,388	
21	Payments to affiliates	35,000		35,000	
22	Depreciation, depletion, and amortization	82,888	75,042	6,890	956
23	Insurance	74,619	68,110	5,968	541
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	FOOD AND PROGRAM SUPPLIES	121,813	121,813		
b	BAD DEBT EXPENSE	118,465	118,465		
c	FACILITIES REPAIRS & MAINTEN	95,871	88,989	6,343	539
d	OTHER MISC EXPENSE	71,191	48,894	19,487	2,810
e	EQUIPMENT MAINTENANCE & REPA	26,047	16,685	8,361	1,001
f	All other expenses #5	14,706	14,706		
25	Total functional expenses. Add lines 1 through 24f	6,892,641	6,322,437	523,419	46,785
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
A S S E T S	1 Cash -- non-interest bearing	2,956	1	-14,194
	2 Savings and temporary cash investments	232,773	2	150,238
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	603,554	4	614,274
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	46,504	8	41,272
	9 Prepaid expenses and deferred charges	53,686	9	40,412
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 2,270,355		
	b Less: accumulated depreciation	10b 1,120,597	1,131,973	10c 1,149,758
	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	95,913	15	150,841
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,167,359	16	2,132,601	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	307,711	17	302,065
	18 Grants payable		18	
	19 Deferred revenue	481,843	19	346,548
	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	535,188	23	600,254
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,324,742	26	1,248,867
F U N D A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	800,517	27	841,634
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	42,100	29	42,100
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	842,617	33	883,734
	34 Total liabilities and net assets/fund balances	2,167,359	34	2,132,601

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,933,758
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,892,641
3	Revenue less expenses Subtract line 2 from line 1	3	41,117
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	842,617
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	883,734

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b 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	X	

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.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Name of the organization

EASTER SEALS SOUTHERN GEORGIA INC

Employer Identification number

58-1915733

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
---------------	--------------------------------------------------------------------------------------------------------

The organization is not a private foundation because it is. (For lines 1 through 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?	Yes	No
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X
 - h Provide the following information about the supported organization(s)

[illegible]

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,736,398	1,585,603	4,639,740	5,092,884	3,061,467	16,116,092
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,736,398	1,585,603	4,639,740	5,092,884	3,061,467	16,116,092
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 Public support. Subtract line 5 from line 4						16,116,092

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,736,398	1,585,603	4,639,740	5,092,884	3,061,467	16,116,092
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,295	9,499	3,290	4,588	13,164	40,836
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.)	101,361	100,068	75,406	78,854	59,270	414,959
11 Total support. Add lines 7 through 10						16,571,887
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.25 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.86 %
16a 33 1/3 % support test -- 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test -- 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

PART II LINE 10 - INCOME REPORTED INCLUDES FUNDRAISING EVENTS AS WELL AS VARIOUS IMMATERIAL MISCELLANEOUS INCOME.

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

2010

**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 education)	<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, and not on a historic structure listed in the National Register.	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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	42,100	53,904	53,645		
b Contributions			259		
c Net investment earnings, gains, and losses	700				
d Grants or scholarships					
e Other expenditures for facilities and programs		11,804			
f Administrative expenses					
g End of year balance	42,800	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 N/A
 (ii) related organizations

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

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

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

Part VI 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		1,763,954	872,578	891,376
c Leasehold improvements				
d Equipment		397,412	248,019	149,393
e Other				

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ► 1,149,758

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (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
Total. (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
CASH HELD IN UNEMPLOYMENT SERVICE TRUST	108,041
CASH - DONOR RESTRICTED ENDOWMENT	42,800
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	150,841

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

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

2. FIN 48 (ASC 740) 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 (ASC 740)

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

THE ORGANIZATION'S ENDOWMENT FUND IS MAINTAINED AND MANAGED BY THE COMMUNITY FOUNDATION OF SOUTH GEORGIA. THE INTENDED USE OF THE FUNDS ARE FOR FUTURE NEW PROGRAM DEVELOPMENT.

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.

Open to Public Inspection

EASTER SEALS SOUTHERN GEORGIA INC

Employer identification number
58-1915733

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- ☐ 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

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 SPRING BASS (event type)	(b) Event #2 DUATHLON (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
R E V E N U E	1 Gross receipts	44,604	18,408	29,372	92,384
	2 Less Charitable contributions	3,640		5,000	8,640
	3 Gross income (line 1 minus line 2)	40,964	18,408	24,372	83,744
D I R E C T E X P E N S E S	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,271	11,038	10,699	45,008
	10 Direct expense summary Add lines 4 through 9 in column (d)				(45,008)
	11 Net income summary Combine line 3, column (d), and line 10				38,736

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
R E V E N U E	1 Gross revenue				
D I R E C T E X P E N S E S	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine 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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

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? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated 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
EASTER SEALS NORTH GEORGIA, INC. 1200 LAKE HEARN DR, STE 250 Atlanta GA 30319 EASTER SEALS WEST GEORGIA, INC.	58-1919768	501(c)(3)	260,998				Respite/Family Support Services
2515 DOUBLE CHURCH RD Columbus GA 31909 EASTER SEALS EAST GEORGIA, INC.	58-1919206	501(c)(3)	47,646				Respite/Family Support Services
P.O. BOX 2441 Augusta GA 30903 EASTER SEALS MIDDLE GEORGIA, INC.	58-1918315	501(c)(3)	65,586				Respite/Family Support Services
P.O. BOX 847 Dublin GA 31040	58-1917053	501(c)(3)	27,840				Respite/Family Support Services

2 Enter total number of section 501(c)(3) and government organizations

4

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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.

Part III can be duplicated 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	98	103,869			
DIRECT SERVICES	2,140	1,137,650			

Part IV

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

PART II-GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS
 THE GRANTS TO THE 4 EASTER SEAL AFFILIATES WERE FOR A GRANT WE RECEIVED TO EXPAND STATEWIDE OUR EXISTING RESPITE AND FAMILY SUPPORT PRGM MODEL. THE AFFILIATES FOLLOW THE SAME PROCEDURES THAT ARE IN PLACE FOR OUR ASSISTANCE TO INDIVIDUALS IN PART III (WHICH ARE DESCRIBED BELOW).

PART III-GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS
 THE CRITERIA FOR THE INDIVIDUAL ASSISTANCE 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 OR DENIES BASED ON THE 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 A SAMPLING OF FILES TO REVIEW COMPLIANCE WITH STATE REQUIREMENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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 HELPS THEM LEAD LIVES OF EQUALITY, DIGNITY AND INDEPENDENCE.

Pg 6 Ln 11a - A draft copy of the 990 is submitted to a CPA member of the board with 990 experience. The board member conducts a technical review of the return. Any items noted in the review are corrected and a revised Form 990 is then emailed to all board members 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 agency's 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

2010

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	(g) Section 512(b)(13) controlled 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 Georgia	Georgia	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 Georgia	Georgia	501(C)3	7	N/A	X
OPTIONS FOR LIVING EAST TWO INC	MAINTAINS A HOME TO					X

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

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)	(l) General or managing partner?		(k) Percentage ownership
							Yes	No		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, 35a, 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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sales of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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	(d) Method of determining amount involved

990 - Schedule R Part II, Continuation of Identification of Related Tax-Exempt Organizations

Name of Organization		For Calendar year 2010, or tax year period beginning 09-01		and ending 08-31-2011		Employer Identification Number	
EASTER SEALS SOUTHERN GEORGIA INC						58-1915733	
(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	(g) Section 512(b)(13) controlled entity? Yes No	
1906 PALMYRA ROAD Albany GA 31701 58-2142609	PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED MAINTAINS A HOME TO	Georgia	501(C)3	7	N/A		X
COLQUITT OPTIONS INC 1906 PALMYRA ROAD Albany GA 31701 58-2446240	PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED MAINTAINS A HOME TO	Georgia	501(C)3	7	N/A		X
CRISP COUNTY OPTIONS INC 1906 PALMYRA ROAD Albany GA 31701 58-2506917	GROUP HOME TO PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED MAINTAINS A HOME TO	Georgia	501(C)3	7	N/A		X
GRADY COUNTY OPTIONS INC 1906 PALMYRA ROAD Albany GA 31701 58-2506919	PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED MAINTAINS A HOME TO	Georgia	501(C)3	7	N/A		X
VALDOSTA-LOWNDES COUNTY OPTIONS FOR LIVING 1906 PALMYRA ROAD Albany GA 31701 58-2662809	PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED MAINTAINS A HOME TO	Georgia	501(C)3	7	N/A		X
SATILLA SOLUTIONS INC 1906 PALMYRA ROAD Albany GA 31701 42-1627223	PROVIDE LOW RENT AND PROVIDED CARE TO DISABLED MAINTAINS A HOME TO	Georgia	501(C)3	7	N/A		X
			501(C)3	7			X

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2010, or tax period beginning 09-01-2010, and ending 08-31-2011
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 ..

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning 09-01, and ending 08-31-2011
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.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	09-01-2010, and ending	08-31-2011
Name of Organization EASTER SEALS SOUTHERN GEORGIA INC			Employer Identification Number 58-1915733

Part III - Statement of Program Service Accomplishments

Code	Expenses	3,083,876	including Grants of.	Revenue	3,088,242
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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 NINE GROUP HOMES (AN INCREASE OF TWO FROM THE PRIOR YEAR) 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 DISABILITIES. THE RESIDENTIAL PROGRAM SERVED 94 INDIVIDUALS FOR THE FISCAL YEAR.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning 09-01-2010, and ending 08-31-2011
Name of Organization EASTER SEALS SOUTHERN GEORGIA INC	Employer Identification Number 58-1915733

Part III - Statement of Program Service Accomplishments

Code	Expenses	2,242,326	including Grants of	1,643,589	Revenue	193,765
Exempt Purpose Achievements						

THE RESPITE/FAMILY SUPPORT PROGRAM PROVIDES ASSISTANCE TO FAMILIES WITH DISABILITIES AND DURING THE YEAR PROVIDED ASSISTANCE TO 2,238 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 SUPPORT TO FAMILIES WHILE MINIMIZING THE NEED AND COST OF OUT OF HOME PLACEMENTS.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning 09-01-2010, and ending 08-31-2011
Name of Organization EASTER SEALS SOUTHERN GEORGIA INC	Employer Identification Number 58-1915733

Part III - Statement of Program Service Accomplishments

Code	Expenses	546,693	including Grants of	Revenue	160,769
Exempt Purpose Achievements					

THE VOCATIONAL SERVICES PROGRAM INCLUDES SHELTERED EMPLOYMENT, TRANSITION SERVICES, WORK ADJUSTMENT AND WORK EVALUATIONS. DURING THE YEAR THE PROGRAM SERVED 534 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.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 4 - 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	09-01-2010, and ending	08-31-2011
Name of Organization EASTER SEALS SOUTHERN GEORGIA INC			Employer Identification Number 58-1915733

Part III - Statement of Program Service Accomplishments

Code.	Expenses	449,542	including Grants of	Revenue	362,110
Exempt Purpose Achievements					

None

990 BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning 09-01, and ending 08-31-2011.
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 (229) 439-7061

Fax Number

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

JVA Copyright Forms (Software Only) - 2010 TW L0505F

**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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

Type or print	Name of exempt organization EASTER SEALS SOUTHERN GEORGIA INC	Employer identification number 58-1915733
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. 1906 PALMYRA ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Albany GA 31701	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until APRIL 16, 20 12, 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 10, and ending AUGUST 31, 20 11

- 2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, 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 Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)