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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 EASTER SEALS EASTERN PENNSYLVANIA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1501 LEHIGH STREET SUITE 201

City or town, state or country, and ZIP + 4
 ALLENTOWN, PA 18103

D Employer identification number
 23-2823542

E Telephone number
 (610) 289-0114

G Gross receipts \$ 3,712,165

F Name and address of principal officer
 NANCY KNOEBEL
 1501 LEHIGH STREET SUITE 201
 ALLENTOWN, PA 18103

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.ESEP.EASTERSEALS.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2000 **M** State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities EASTER SEALS EASTERN PENNSYLVANIA PROVIDES EXCEPTIONAL SERVICES TO PEOPLE WITH DISABILITIES AND OTHER SPECIAL NEEDS TO ENSURE THAT THEY AND THEIR FAMILIES MAXIMIZE THEIR POTENTIAL AND HAVE EQUAL OPPORTUNITIES TO LIVE, LEARN, WORK AND PLAY IN THEIR COMMUNITIES		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	110
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	749,575	671,424
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,643,173	2,526,422
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,476	49,933
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,253	40,097
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,473,971	3,287,876
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,781,834	2,783,930
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 223,634	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	734,898	802,095
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,516,732	3,586,025
19 Revenue less expenses Subtract line 18 from line 12	-42,761	-298,149	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,607,640	2,200,828
	22 Net assets or fund balances Subtract line 21 from line 20	745,929	710,819
		1,861,711	1,490,009

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

2013-04-09
 Date

NANCY KNOEBEL CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JANE L COLE Date

Check if self-employed

Preparer's taxpayer identification number (see instructions)
 P01244080

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HERBEIN COMPANY INC
 2763 CENTURY BOULEVARD
 READING, PA 19610

EIN ▶ 23-2415973

Phone no ▶ (610) 378-1175

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

EASTER SEALS EASTERN PENNSYLVANIA PROVIDES EXCEPTIONAL SERVICES TO PEOPLE WITH DISABILITIES AND OTHER SPECIAL NEEDS TO ENSURE THAT THEY AND THEIR FAMILIES MAXIMIZE THEIR POTENTIAL AND HAVE EQUAL OPPORTUNITIES TO LIVE, LEARN, WORK AND PLAY IN THEIR COMMUNITIES EACH OF THE EASTER SEALS EASTERN PENNSYLVANIA CENTERS, WHICH INCLUDES BERKS COUNTY, THE LEHIGH VALLEY AND THE POCONOS, PROVIDE EXCEPTIONAL SERVICES THAT ARE INDIVIDUALIZED, INNOVATIVE, FAMILY-FOCUSED AND TAILORED TO MEET SPECIFIC NEEDS OF THE PARTICULAR COMMUNITY SERVED EASTER SEALS IS DEDICATED TO ENSURING OUR SERVICES ARE EFFECTIVE IN CHANGING LIVES, THAT WE ARE EFFICIENT IN OUR USE OF DONATED FUNDS, AND THAT WE PROVIDE THESE SERVICES EVERY DAY WITH A HIGH DEGREE OF CUSTOMER SATISFACTION

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,500,709 including grants of \$) (Revenue \$ 1,570,655)
 EARLY CHILDHOOD EARLY INTERVENTION PROVIDES CRITICALLY NEEDED SERVICES TO CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS FROM BIRTH TO AGE THREE IN BERKS COUNTY, THE LEHIGH VALLEY AND THE POCONOS EASTER SEALS' MISSION EXTENDS TO HELPING FAMILIES BY GIVING THEM EMOTIONAL AND EDUCATIONAL TOOLS TO BEST SUPPORT THEIR SPECIAL CHILDREN OUR LICENSED THERAPISTS PROVIDE PHYSICAL, OCCUPATIONAL, SPEECH AND VISION THERAPY AS WELL AS EDUCATIONAL SUPPORT FROM CERTIFIED EARLY CHILDHOOD AND SPECIAL EDUCATION TEACHERS IN HUNDREDS OF HOMES THROUGHOUT THE REGION DURING FISCAL YEAR 2011-2012, APPROXIMATELY 766 CHILDREN AND THEIR FAMILIES RECEIVED EARLY INTERVENTION SERVICES FROM EASTER SEALS EASTERN PENNSYLVANIA

4b (Code) (Expenses \$ 390,129 including grants of \$) (Revenue \$ 143,827)
 MEDICAL REHABILITATION OUT-PATIENT THERAPIES PROVIDE PHYSICAL AND OCCUPATIONAL THERAPY FOR CHILDREN AND YOUNG ADULTS ON AN OUT-PATIENT BASIS WE ARE COMMITTED TO MAXIMIZING EACH INDIVIDUAL'S POTENTIAL THROUGH MEDICALLY SOUND AND PROVEN REHABILITATION THERAPIES THESE THERAPIES ADDRESS THE FACTORS THAT HINDER AN INDIVIDUAL'S GROWTH AND FUNCTIONING IN FISCAL YEAR 2011-2012, EASTER SEALS PROVIDED MEDICAL REHABILITATION TO 244 PEOPLE IN BERKS COUNTY AND THE LEHIGH VALLEY

4c (Code) (Expenses \$ 560,196 including grants of \$) (Revenue \$ 512,727)
 CONTRACTED SERVICES SCHOOL AND COMMUNITY SUPPORT SERVICES THAT HELP INDIVIDUALS WITH SPECIAL NEEDS THROUGH LOCAL SCHOOLS AND OTHER ORGANIZATIONS SUCH AS OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY IN SCHOOL DISTRICTS, AN EQUIPMENT LOAN PROGRAM, AND CHILD SCREENINGS IN DAY CARE AND COMMUNITY SETTINGS FOR REGULAR DEVELOPMENT AND AUTISM EARLY INTERVENTION PRESCHOOL FROM AGE 3 TO 5 PROVIDES CHILDREN AN OPPORTUNITY TO EXPERIENCE PRESCHOOL THAT INCORPORATES SPECIAL ED TEACHERS, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY AND VISION THERAPY IT ALLOWS CHILDREN WITH SPECIAL NEEDS TO BECOME INVOLVED THROUGH ACTIVITIES THAT ENCOURAGE SOCIALIZATION, MOVEMENT, PLAY, LISTENING, COMMUNICATION, BUILDING SELF-ESTEEM, FEEDING, MUSIC, TECHNOLOGY AND INDEPENDENCE DURING FISCAL YEAR 2011-2012, EASTER SEALS PROVIDED CONTRACTED SERVICES TO APPROXIMATELY 485 CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY

(Code) (Expenses \$ 128,107 including grants of \$) (Revenue \$)
 CLINICAL SERVICES SPECIALTY MEDICAL CLINICS BRING THE SERVICES OF TOP-QUALITY MEDICAL AND SURGICAL SPECIALISTS TO WORK WITH CHILDREN WITH COMPLEX MEDICAL NEEDS PEDIATRIC NEUROLOGY CLINIC TREATS CHILDREN WITH NEUROLOGICAL ISSUES AND DIAGNOSES CERTAIN SYNDROMES AND DISORDERS AND PROVIDES DIAGNOSTIC TESTING, EVALUATIONS AND TREATMENT FOR CHILDREN WITH SEIZURE DISORDERS ORTHOPEDIC CLINICS PROVIDE BOTH EARLY SCREENING AND REFERRALS TO TOP NOTCH ORTHOPEDIC SURGEONS ALONG WITH DIAGNOSIS AND MEDICAL/SURGICAL TREATMENT FOR ALL TYPES OF ORTHOPEDIC ISSUES PEDIATRIC FEEDING CLINIC HELP CHILDREN WHO HAVE PROBLEMS SUCH AS DIFFICULTY CHEWING OR SWALLOWING, AVERSION TO CERTAIN FOOD TEXTURES, ANXIETY DURING MEALTIME, PICKY EATERS AND CHILDREN ON THE ROAD TO OBESITY OR ANOREXIA MANY OF THESE CLINICS ARE PROVIDED AT NO COST TO THE CONSUMER AND ENABLE PARTICIPANTS TO ACCESS SERVICES WHICH OTHERWISE WOULD NOT BE AVAILABLE LOCALLY MANY OF OUR LOW-INCOME FAMILIES DO NOT HAVE THE MEANS TO TRAVEL TO LARGE METROPOLITAN MEDICAL CENTERS LIKE PHILADELPHIA FOR THESE FAMILIES, HAVING ACCESS TO TOP-QUALITY MEDICAL CARE THAT IS CLOSE TO HOME GIVES THEIR SPECIAL NEEDS CHILD A CHANCE AT A BETTER, MORE INDEPENDENT FUTURE IN FISCAL YEAR 2011-2012, EASTER SEALS PROVIDED SPECIALTY MEDICAL CARE TO 456 ADULTS AND CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY AREA

(Code) (Expenses \$ 319,935 including grants of \$) (Revenue \$ 194,533)
 RECREATION CAMPING AND RECREATION PROGRAMS IN THE LEHIGH VALLEY, BERKS COUNTY AND THE POCONOS GIVE CHILDREN - WITH AND WITHOUT DISABILITIES - A CHANCE FOR FUN, RECREATION AND SOCIALIZATION IN A SAFE AND SUPPORTIVE ENVIRONMENT EASTER SEALS HAS BEEN PROVIDING CAMPING PROGRAMS FOR CHILDREN WITH DISABILITIES AND OTHER SPECIAL NEEDS AS FAR BACK AS THE EARLY 1940S TODAY, OUR CAMP LILY DAY CAMP PROGRAMS IN THE LEHIGH VALLEY AND BERKS COUNTY ALLOW CHILDREN TO SPREAD THEIR WINGS AND MAKE NEW FRIENDS WHILE PROVIDING MUCH NEEDED RESPIRE FOR FAMILIES OUR RESIDENTIAL SUMMER CAMP PROGRAM, GROWING GREEN, HELD ON THE CAMPUS OF THE POCONO ENVIRONMENTAL EDUCATION CENTER (PEEC), BLENDS OCCUPATIONAL, EDUCATIONAL AND RECREATIONAL EXPERIENCES IN WEEK-LONG SESSIONS SATURDAY RESPIRE OFFERS FAMILIES TIME TO CARE FOR THEMSELVES WHILE THEIR CHILDREN ARE IN A SAFE AND SUPPORTIVE ENVIRONMENT SATURDAY DAY TRIPS OFFER A FULL DAY OF DESTINATION, FUN-FILLED ACTIVITIES ACTIVITIES ARE ADAPTIVE TO MAXIMIZE PARTICIPATION EXAMPLES INCLUDE HAUNTED HOUSE & CORN MAZE, THEATRE TICKETS, HIKE THE DELAWARE WATER GAP, SNOW TUBING, BRONX ZOO, BEACH AND BOARDWALK, AND EXPLORING PHILADELPHIA HANG TIME JUNIOR IS A PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AGE 3 TO 12 THAT OFFERS A FUN-FILLED ATMOSPHERE WHERE CHILDREN WITH SPECIAL NEEDS TAKE PART IN FUN AND EXCITING ADAPTED ACTIVITIES HANG TIME AND FIT CLUB ARE WEEK NIGHT PROGRAMS FOR TEENS AND YOUNG ADULTS WITH SPECIAL NEEDS AGE 12 - 21 OFFERING A FUN-FILLED ATMOSPHERE WHERE LASTING FRIENDSHIPS ARE MADE ACTIVITIES MAY INCLUDE EXPOSURE TO LOCAL MARTIAL ARTISTS, ART TEACHERS, PERSONAL TRAINERS AND YOGA INSTRUCTORS, AND ENCOURAGES SOCIALIZATION TRAVEL TRIPS ARE SEVEN DAY EXCURSIONS IN A SMALL GROUP SETTING, WHERE PARTICIPANTS WILL ENJOY A FAMILY STYLE VACATION THE JERSEY SHORE BEACH AND BOARDWALK TRIP IS A CONSUMER FAVORITE IN FISCAL YEAR 2011-2012, EASTER SEALS PROVIDED CAMPING AND RECREATION PROGRAMS FOR 269 CHILDREN AND THEIR FAMILIES

(Code) (Expenses \$ 89,340 including grants of \$) (Revenue \$ 104,680)
 FISCAL ADMINISTRATION EASTER SEALS PROVIDES FISCAL ADMINISTRATION OF WAIVER PROGRAMS FOR NORTHAMPTON AND LEHIGH COUNTIES FISCAL ADMINISTRATION IS A REIMBURSEMENT PROGRAM FOR CONSUMERS ELIGIBLE FOR COUNTY-DRIVEN MENTAL HEALTH/MENTAL RETARDATION FUNDS EASTER SEALS RECEIVES ADVANCES FROM LEHIGH AND NORTHAMPTON COUNTIES AND THEN REIMBURSES THE CONSUMER, FAMILY MEMBER OR PROVIDER OF SERVICES DURING FISCAL 2011-2012, 650 CONSUMERS AND THEIR FAMILIES RECEIVED SERVICES FROM THIS PROGRAM

4d Other program services (Describe in Schedule O)
 (Expenses \$ 537,382 including grants of \$) (Revenue \$ 299,213)

4e Total program service expenses \$ 2,988,416

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

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? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	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? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	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? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed PA; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ORGANIZATION, 1501 LEHIGH STREET SUITE 201, ALLENTOWN, PA 18103, (610) 289-0114.

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, and **current** key employees 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, or 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 or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THERESA TALBOTT CHAIRPERSON	1 00	X		X				0	0	0
(2) FRANK GARTON VICE CHAIRPERSON	1 00	X		X				0	0	0
(3) PATRICIA BOKANYI TREASURER	1 00	X		X				0	0	0
(4) PETER CLEFF DIRECTOR	1 00	X						0	0	0
(5) TIM CHARLESWORTH DIRECTOR	1 00	X						0	0	0
(6) STEVE FALATYN MD DIRECTOR	1 00	X						0	0	0
(7) TONY DEUTSCH DIRECTOR	1 00	X						0	0	0
(8) DONNA WEBER DIRECTOR	1 00	X						0	0	0
(9) ANDREW STANTEN DIRECTOR	1 00	X						0	0	0
(10) ELAINE A STANKO DIRECTOR	1 00	X						0	0	0
(11) RICHARD MORSE DIRECTOR	1 00	X						0	0	0
(12) NANCY KNOEBEL PRESIDENT & CEO/SECRETARY	40 00			X				108,356	0	7,775
(13) DEBORAH HILL CFO	40 00			X				77,856	0	7,136

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	280,653				
	b	Membership dues 1b					
	c	Fundraising events 1c	115,488				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	61,123				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	214,160				
	g	Noncash contributions included in lines 1a-1f \$ <u>5,841</u>					
	h	Total. Add lines 1a-1f ▶		671,424			
Program Service Revenue	2a	FEES AND CONTRACTS FROM Business Code	624100	2,188,062	2,188,062		
	b	FEES FROM INDIVIDUALS	624100	338,360	338,360		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		2,526,422			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		19,815		19,815	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	430,741			
			(ii) Other				
	b	Less cost or other basis and sales expenses	400,623				
c	Gain or (loss)	30,118					
d	Net gain or (loss) ▶		30,118		30,118		
8a	Gross income from fundraising events (not including \$ <u>115,488</u> of contributions reported on line 1c) See Part IV, line 18	a	44,148				
		b	23,666				
		c	Net income or (loss) from fundraising events ▶		20,482		20,482
9a	Gross income from gaming activities See Part IV, line 19	a					
		b					
		c	Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		c	Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue		Business Code					
11a	MISC INCOME	624100	19,615			19,615	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		19,615				
12	Total revenue. See Instructions ▶		3,287,876	2,526,422	0	90,030	

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	201,123	59,571	103,229	38,323
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	2,133,258	1,964,592	75,408	93,258
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,484	9,484		
9	Other employee benefits	204,553	175,625	11,400	17,528
10	Payroll taxes	235,512	211,118	12,038	12,356
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	81,909	70,891	8,992	2,026
12	Advertising and promotion	12,745	7,237	4,895	613
13	Office expenses	152,678	94,714	45,353	12,611
14	Information technology				
15	Royalties				
16	Occupancy	218,775	162,532	37,669	18,574
17	Travel	108,175	100,843	2,615	4,717
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,284	9,376	6,626	1,282
20	Interest	24,263		24,263	
21	Payments to affiliates	35,000		21,700	13,300
22	Depreciation, depletion, and amortization	74,228	56,227	11,993	6,008
23	Insurance	22,028	13,375	5,751	2,902
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	CAMPERSHIPS	46,146	46,146		
b	BAD DEBT	5,089	5,053		36
c	MEMBERSHIP DUES AND FEE	3,775	1,632	2,043	100
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,586,025	2,988,416	373,975	223,634
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	157,976	1	74,579
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,525	3	6,063
	4 Accounts receivable, net	431,881	4	435,269
	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		8	
	9 Prepaid expenses and deferred charges	21,887	9	24,601
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,437,165		
	b Less accumulated depreciation	1,053,887	10c	383,278
	11 Investments—publicly traded securities	1,143,332	11	840,557
	12 Investments—other securities See Part IV, line 11	484,439	12	436,481
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,607,640	16	2,200,828	
Liabilities	17 Accounts payable and accrued expenses	233,315	17	138,769
	18 Grants payable		18	
	19 Deferred revenue	84,946	19	85,379
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	34,597
	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	427,668	23	452,074
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	745,929	26	710,819
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	908,718	27	588,976
	28 Temporarily restricted net assets	252,502	28	253,649
	29 Permanently restricted net assets	700,491	29	647,384
	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	1,861,711	33	1,490,009	
34 Total liabilities and net assets/fund balances	2,607,640	34	2,200,828	

Part XI Reconciliation of Net Assets

Check 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	3,287,876
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,586,025
3	Revenue less expenses Subtract line 2 from line 1	3	-298,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,861,711
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-73,553
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	1,490,009

Part XII Financial Statements and Reporting

Check 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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

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

Name of the organization: EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number: 23-2823542

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 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 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)

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Main table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	926,584	766,487	847,723	749,575	671,424	3,961,793
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	926,584	766,487	847,723	749,575	671,424	3,961,793
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						3,961,793

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	926,584	766,487	847,723	749,575	671,424	3,961,793
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,530	57,675	22,435	23,882	19,815	189,337
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	24,177	3,245	7,822	8,802	19,615	63,661
11 Total support (Add lines 7 through 10)						4,214,791
12 Gross receipts from related activities, etc. (See instructions)					12	12,632,816

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94.000 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92.590 %

16a 33 1/3% support test—2011. 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 **b 33 1/3% support test—2010.** If the organization did not check the 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 **17a 10%-facts-and-circumstances test—2011.** 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 **b 10%-facts-and-circumstances test—2010.** 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 **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-2823542
Name: EASTER SEALS EASTERN PENNSYLVANIA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 128,107 including grants of \$) (Revenue \$)

CLINICAL SERVICES SPECIALTY MEDICAL CLINICS BRING THE SERVICES OF TOP-QUALITY MEDICAL AND SURGICAL SPECIALISTS TO WORK WITH CHILDREN WITH COMPLEX MEDICAL NEEDS PEDIATRIC NEUROLOGY CLINIC TREATS CHILDREN WITH NEUROLOGICAL ISSUES AND DIAGNOSES CERTAIN SYNDROMES AND DISORDERS AND PROVIDES DIAGNOSTIC TESTING, EVALUATIONS AND TREATMENT FOR CHILDREN WITH SEIZURE DISORDERS ORTHOPEDIC CLINICS PROVIDE BOTH EARLY SCREENING AND REFERRALS TO TOP NOTCH ORTHOPEDIC SURGEONS ALONG WITH DIAGNOSIS AND MEDICAL/SURGICAL TREATMENT FOR ALL TYPES OF ORTHOPEDIC ISSUES PEDIATRIC FEEDING CLINIC HELP CHILDREN WHO HAVE PROBLEMS SUCH AS DIFFICULTY CHEWING OR SWALLOWING, AVERSION TO CERTAIN FOOD TEXTURES, ANXIETY DURING MEALTIME, PICKY EATERS AND CHILDREN ON THE ROAD TO OBESITY OR ANOREXIA MANY OF THESE CLINICS ARE PROVIDED AT NO COST TO THE CONSUMER AND ENABLE PARTICIPANTS TO ACCESS SERVICES WHICH OTHERWISE WOULD NOT BE AVAILABLE LOCALLY MANY OF OUR LOW-INCOME FAMILIES DO NOT HAVE THE MEANS TO TRAVEL TO LARGE METROPOLITAN MEDICAL CENTERS LIKE PHILADELPHIA FOR THESE FAMILIES, HAVING ACCESS TO TOP-QUALITY MEDICAL CARE THAT IS CLOSE TO HOME GIVES THEIR SPECIAL NEEDS CHILD A CHANCE AT A BETTER, MORE INDEPENDENT FUTURE IN FISCAL YEAR 2011-2012, EASTER SEALS PROVIDED SPECIALTY MEDICAL CARE TO 456 ADULTS AND CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY AREA

(Code) (Expenses \$ 319,935 including grants of \$) (Revenue \$ 194,533)

RECREATION CAMPING AND RECREATION PROGRAMS IN THE LEHIGH VALLEY, BERKS COUNTY AND THE POCONOS GIVE CHILDREN - WITH AND WITHOUT DISABILITIES - A CHANCE FOR FUN, RECREATION AND SOCIALIZATION IN A SAFE AND SUPPORTIVE ENVIRONMENT EASTER SEALS HAS BEEN PROVIDING CAMPING PROGRAMS FOR CHILDREN WITH DISABILITIES AND OTHER SPECIAL NEEDS AS FAR BACK AS THE EARLY 1940S TODAY, OUR CAMP LILY DAY CAMP PROGRAMS IN THE LEHIGH VALLEY AND BERKS COUNTY ALLOW CHILDREN TO SPREAD THEIR WINGS AND MAKE NEW FRIENDS WHILE PROVIDING MUCH NEEDED RESPITE FOR FAMILIES OUR RESIDENTIAL SUMMER CAMP PROGRAM, GROWING GREEN, HELD ON THE CAMPUS OF THE POCONO ENVIRONMENTAL EDUCATION CENTER (PEEC), BLENDS OCCUPATIONAL, EDUCATIONAL AND RECREATIONAL EXPERIENCES IN WEEK-LONG SESSIONS SATURDAY RESPITE OFFERS FAMILIES TIME TO CARE FOR THEMSELVES WHILE THEIR CHILDREN ARE IN A SAFE AND SUPPORTIVE ENVIRONMENT SATURDAY DAY TRIPS OFFER A FULL DAY OF DESTINATION, FUN-FILLED ACTIVITIES ACTIVITIES ARE ADAPTIVE TO MAXIMIZE PARTICIPATION EXAMPLES INCLUDE HAUNTED HOUSE & CORN MAZE, THEATRE TICKETS, HIKE THE DELAWARE WATER GAP, SNOW TUBING, BRONX ZOO, BEACH AND BOARDWALK, AND EXPLORING PHILADELPHIA HANG TIME JUNIOR IS A PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AGE 3 TO 12 THAT OFFERS A FUN-FILLED ATMOSPHERE WHERE CHILDREN WITH SPECIAL NEEDS TAKE PART IN FUN AND EXCITING ADAPTED ACTIVITIES HANG TIME AND FIT CLUB ARE WEEK NIGHT PROGRAMS FOR TEENS AND YOUNG ADULTS WITH SPECIAL NEEDS AGE 12 - 21 OFFERING A FUN-FILLED ATMOSPHERE WHERE LASTING FRIENDSHIPS ARE MADE ACTIVITIES MAY INCLUDE EXPOSURE TO LOCAL MARTIAL ARTISTS, ART TEACHERS, PERSONAL TRAINERS AND YOGA INSTRUCTORS, AND ENCOURAGES SOCIALIZATION TRAVEL TRIPS ARE SEVEN DAY EXCURSIONS IN A SMALL GROUP SETTING, WHERE PARTICIPANTS WILL ENJOY A FAMILY STYLE VACATION THE JERSEY SHORE BEACH AND BOARDWALK TRIP IS A CONSUMER FAVORITE IN FISCAL YEAR 2011-2012, EASTER SEALS PROVIDED CAMPING AND RECREATION PROGRAMS FOR 269 CHILDREN AND THEIR FAMILIES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	including grants of \$) (Revenue \$
	89,340		104,680
FISCAL ADMINISTRATION EASTER SEALS PROVIDES FISCAL ADMINISTRATION OF WAIVER PROGRAMS FOR NORTHAMPTON AND LEHIGH COUNTIES FISCAL ADMINISTRATION IS A REIMBURSEMENT PROGRAM FOR CONSUMERS ELIGIBLE FOR COUNTY-DRIVEN MENTAL HEALTH/MENTAL RETARDATION FUNDS EASTER SEALS RECEIVES ADVANCES FROM LEHIGH AND NORTHAMPTON COUNTIES AND THEN REIMBURSES THE CONSUMER, FAMILY MEMBER OR PROVIDER OF SERVICES DURING FISCAL 2011-2012, 650 CONSUMERS AND THEIR FAMILIES RECEIVED SERVICES FROM THIS PROGRAM			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number

23-2823542

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		7,644
j Total lines 1c through 1i			7,644
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	CONSULTANT PAID FOR LOBBYING EFFORTS AND COSTS OF TRAVEL, ETC INCLUDING CHAMBER EVENTS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number: 23-2823542

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if 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	668,946	649,283	711,734	972,347	
b Contributions					
c Investment earnings or losses	-136	117,985	74,798	-135,598	
d Grants or scholarships					
e Other expenditures for facilities and programs	200,000	94,000	132,645	121,430	
f Administrative expenses	3,315	4,322	4,604	3,585	
g End of year balance	465,495	668,946	649,283	711,734	

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

- a** Board designated or quasi-endowment ▶ 54.700 %
- b** Permanent endowment ▶ 45.300 %
- c** Term endowment ▶

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

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,764		19,764
b Buildings		822,824	620,097	202,727
c Leasehold improvements		39,079	21,810	17,269
d Equipment		555,498	411,980	143,518
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				383,278

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,287,876
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,586,025
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-298,149
4	Net unrealized gains (losses) on investments	4	-73,553
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-73,553
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-371,702

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	3,214,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-73,553
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	-73,553
3	Subtract line 2e from line 1	3	3,287,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	3,287,876

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

1	Total expenses and losses per audited financial statements	1	3,586,025
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	0
3	Subtract line 2e from line 1	3	3,586,025
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,586,025

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF FOUR RESTRICTED ENDOWMENTS, OF WHICH PORTIONS ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR THE PROGRAMS OF THE ORGANIZATION AS SPECIFIED IN THE ENDOWMENT RESTRICTIONS AND ONE BOARD RESTRICTED ENDOWMENT FUND AVAILABLE FOR SPENDING IN ACCORDANCE WITH THE ORGANIZATION'S POLICY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, AS REQUIRED USING THAT GUIDANCE, MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS TAX YEARS 2008 AND FORWARD REMAIN OPN FOR EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number: 23-2823542

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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.

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.

		(a) Event #1 LEHIGH VALLEY GOLF TOURNAMENT (event type)	(b) Event #2 WALK WITH ME (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	101,028	47,047	7,911	155,986
	2 Less Charitable contributions	75,423	38,265	1,800	115,488
	3 Gross income (line 1 minus line 2)	25,605	8,782	6,111	40,498
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	132	1,906		2,038
	6 Rent/facility costs	2,112	3,290		5,402
	7 Food and beverages	2,672	123		2,795
	8 Entertainment				
	9 Other direct expenses	799	7,929	2,014	10,742
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(20,977)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				19,521	

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

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

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 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number

23-2823542

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDITOR PRESENTED A REVIEW OF THE AUDITED FINANCIAL STATEMENTS AT MEETINGS WITH THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS. EACH BOARD MEMBER RECEIVED A COPY OF THE 990 BY EMAIL, AND WAS INVITED TO PARTICIPATE IN A CONFERENCE CALL TO REVIEW IT PRIOR TO ITS FILING.
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS IS REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST TO THE ORGANIZATION.
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS AND MANAGEMENT PERFORM PERIODIC PERFORMANCE REVIEWS OF TOP MANAGEMENT AND KEY EMPLOYEES. COMPENSATION IS DETERMINED BASED ON BUDGET AND COMPARISONS FROM THE NATIONAL ORGANIZATION AND SIMILAR ORGANIZATIONS.
	FORM 990, PART VI, SECTION C, LINE 18	ITEMS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC.
	FORM 990, PART VI, SECTION C, LINE 19	ITEMS ARE MADE AVAILABLE UPON REQUEST FROM THE PUBLIC.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -73,553