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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 private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

| | | |
|---|--|--|
| 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 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 province, country, and ZIP or foreign postal code ALLENTOWN, PA 18103 F Name and address of principal officer NANCY KNOEBEL 1501 LEHIGH STREET SUITE 201 ALLENTOWN, PA 18103 | D Employer identification number 23-2823542 E Telephone number (610) 289-0114 G Gross receipts \$ 2,906,069 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW ESEP 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 2000 M State of legal domicile PA |

Part I Summary

| | | | | |
|--|---|----------------------------------|-----------|---------------------|
| 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 | | 10 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 10 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | | 105 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | | 90 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 0 |
| 7b | 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) | 737,988 | | 771,582 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,179,904 | | 1,871,121 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 598,735 | | 71,778 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -9,772 | | 8,689 |
| | | 3,506,855 | | 2,723,170 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | | 0 |
| | 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) | 2,484,338 | | 1,417,624 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 151,277 | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 801,007 | | 1,328,540 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,285,345 | | 2,746,164 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 221,510 | | -22,994 | |
| Net Assets or Fund Balances | | Beginning of Current Year | | End of Year |
| | 20 Total assets (Part X, line 16) | 2,128,308 | | 2,137,850 |
| | 21 Total liabilities (Part X, line 26) | 332,688 | | 213,129 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 1,795,620 | | 1,924,721 | |

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 | 2014-12-12 Date | | | |
| | NANCY KNOEBEL CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LINDA S HIMEBACK | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00042618 |
| | Firm's name <input type="checkbox"/> HERBEIN COMPANY INC | Firm's EIN <input type="checkbox"/> 23-2415973 | | | |
| | Firm's address <input type="checkbox"/> 2763 CENTURY BOULEVARD READING, PA 19610 | 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 or note to any line in this Part III Yes No

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 ALL OF THE EXCEPTIONAL SERVICES PROVIDED BY EASTER SEALS EASTERN PENNSYLVANIA THROUGHOUT ITS REGION - WHICH INCLUDES BERKS COUNTY, THE LEHIGH VALLEY, NORTHEAST PENNSYLVANIA AND THE POCONOS - ARE INDIVIDUALIZED, INNOVATIVE, FAMILY-FOCUSED AND TAILORED TO MEET THE SPECIFIC NEEDS OF THE INDIVIDUALS 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 THROUGHOUT THE YEAR THE BOARD OF DIRECTORS AND MANAGEMENT TEAM CLOSELY MONITOR OPERATIONS AND ANNUALLY SURVEY 100% OF OUR CONSUMERS REGARDING OUR EFFECTIVENESS IN MEETING THEIR NEEDS

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 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 \$ 937,780 including grants of \$) (Revenue \$ 1,000,338)
 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 2013-2014, APPROXIMATELY 567 CHILDREN AND THEIR FAMILIES RECEIVED EARLY INTERVENTION SERVICES FROM EASTER SEALS EASTERN PENNSYLVANIA

4b (Code) (Expenses \$ 319,021 including grants of \$) (Revenue \$ 140,125)
 MEDICAL REHABILITATION OUTPATIENT THERAPIES PROVIDE PHYSICAL AND OCCUPATIONAL THERAPY FOR CHILDREN AND YOUNG ADULTS ON AN OUTPATIENT 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 2013-2014, EASTER SEALS PROVIDED MEDICAL REHABILITATION TO 157 PEOPLE IN BERKS COUNTY AND THE LEHIGH VALLEY

4c (Code) (Expenses \$ 493,655 including grants of \$) (Revenue \$ 427,374)
 CONTRACTED SERVICES SCHOOL AND COMMUNITY SUPPORT SERVICES HELP INDIVIDUALS WITH SPECIAL NEEDS THROUGH LOCAL SCHOOLS AND OTHER ORGANIZATIONS WE PROVIDE OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY IN SCHOOL DISTRICTS AND AN EQUIPMENT LOAN PROGRAM 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 2013-2014, EASTER SEALS PROVIDED CONTRACTED SERVICES TO APPROXIMATELY 266 CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY

(Code) (Expenses \$ 111,604 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 THE 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 2013-2014, EASTER SEALS PROVIDED SPECIALTY MEDICAL CARE TO 322 ADULTS AND CHILDREN IN THE LEHIGH VALLEY AND BERKS COUNTY AREA

(Code) (Expenses \$ 306,594 including grants of \$) (Revenue \$ 203,284)
 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 LEHIGH VALLEY SATURDAY RESPITE IS HELD TWICE A MONTH ON THE FIRST AND THIRD SATURDAY OF EACH MONTH AT THE JCC IN ALLENTOWN SATURDAY RESPITE IS ALSO OFFERED IN BERKS COUNTY ON THE SECOND SATURDAY OF EACH MONTH HANG TIME AND FIT CLUB ARE WEEKNIGHT PROGRAMS FOR TEENS AND YOUNG ADULTS WITH SPECIAL NEEDS AGE 12-21 THAT OFFER A FUN-FILLED ATMOSPHERE WHERE LASTING FRIENDSHIPS ARE MADE ACTIVITIES INCLUDE PROGRAMS WITH LOCAL MARTIAL ARTISTS, ART TEACHERS, PERSONAL TRAINERS AND YOGA INSTRUCTORS AND ENCOURAGE SOCIALIZATION FIT CLUB BOWLING IS HELD IN THE LEHIGH VALLEY, OFFERING TEENS AND YOUNG ADULTS THE OPPORTUNITY TO SOCIALIZE IN THE COMMUNITY IN FISCAL YEAR 2013-2014, EASTER SEALS PROVIDED CAMPING AND RECREATION PROGRAMS FOR 241 CHILDREN AND THEIR FAMILIES

(Code) (Expenses \$ 92,013 including grants of \$) (Revenue \$ 100,000)
 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 2013-2014, 512 CONSUMERS AND THEIR FAMILIES RECEIVED SERVICES FROM THIS PROGRAM

4d Other program services (Describe in Schedule O)
 (Expenses \$ 510,211 including grants of \$) (Revenue \$ 303,284)

4e Total program service expenses 2,260,667

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> | | 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> | | No |
| 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> | | 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 for escrow or custodial account liability, 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"/> | Yes | |
| 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 and XII</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 and XII 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, Parts I and IV</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</i> <input checked="" type="checkbox"/> | | 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> <input checked="" type="checkbox"/> | 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> <input checked="" type="checkbox"/> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | | |
|------------|--|------------|-----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i> | 34 | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | No |
| b | If "Yes" to line 35a, 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 | |
| 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 11b 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 or note to any line in this Part V

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 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. | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | No |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | No |
| 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? | | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 as charitable contributions? | | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | Yes | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders. | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | 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. | | |
| 13b | 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. | | |
| 13c | Enter the amount of reserves on hand. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | |

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 or note to any line 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 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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.)

| | | Yes | No |
|------------|--|-----|----|
| 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 this 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

- 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 Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 or note to any line 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, 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 organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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) ELAINE A STANKO CHAIRPERSON | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (2) FRANK GARTON VICE CHAIRPERSON THROUGH JUNE | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (3) DOLORES BERTOTI VICE CHAIRPERSON | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (4) TONY DEUTSCH TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (5) ANDREW STANTEN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (6) TIM CHARLESWORTH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) STEVE FALATYN MD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) RICHARD MORSE MD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) MANISH KUMAR MD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) MAUREEN FENERTY DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) MIKE MCSHANE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) NANCY KNOEBEL PRESIDENT & CEO/SECRETARY | 40 00 | | | X | | | | 111,980 | 0 | 6,000 |
| (13) DEBORAH HILL CFO | 40 00 | | | X | | | | 79,922 | 0 | 6,000 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|--|--|--|------------------------------------|----------------------------|--|--------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 344,039 | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 81,560 | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e 44,500 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 301,483 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 55 | | | | |
| | h | Total. Add lines 1a-1f | | 771,582 | | | |
| Program Service Revenue | 2a | FEES AND CONTRACTS FROM | Business Code 624100 | 1,527,711 | 1,527,711 | | |
| | b | FEES FROM INDIVIDUALS | 624100 | 343,410 | 343,410 | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 1,871,121 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 15,960 | | 15,960 |
| 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 | 230,960 | | | |
| | | | (ii) Other | | | | |
| | | | b Less cost or other basis and sales expenses | 175,142 | | | |
| | | | c Gain or (loss) | 55,818 | | | |
| d | | Net gain or (loss) | | 55,818 | | 55,818 | |
| 8a | | Gross income from fundraising events (not including \$ 81,560 of contributions reported on line 1c) See Part IV, line 18 | a | 15,601 | | | |
| | | | b Less direct expenses | 7,757 | | | |
| | c Net income or (loss) from fundraising events | | | 7,844 | | 7,844 | |
| 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | | b Less direct expenses | | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | | b Less cost of goods sold | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | MISC INCOME | 624100 | 845 | | 845 | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 845 | | | | |
| 12 | Total revenue. See Instructions | | 2,723,170 | 1,871,121 | 0 | 80,467 | |

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)

Check if Schedule O contains a response or note to any line 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 | 203,902 | 59,555 | 105,414 | 38,933 |
| 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 | 992,422 | 882,087 | 54,108 | 56,227 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 93,121 | 80,158 | 10,217 | 2,746 |
| 10 | Payroll taxes | 128,179 | 101,646 | 17,007 | 9,526 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 761,583 | 720,398 | 39,144 | 2,041 |
| 12 | Advertising and promotion | 7,519 | 2,789 | 2,568 | 2,162 |
| 13 | Office expenses | 57,604 | 30,902 | 22,028 | 4,674 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 204,881 | 155,133 | 35,286 | 14,462 |
| 17 | Travel | 30,738 | 30,738 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,574 | 1,823 | 2,505 | 246 |
| 20 | Interest | 4,904 | 2,302 | 2,602 | |
| 21 | Payments to affiliates | 15,490 | | 9,604 | 5,886 |
| 22 | Depreciation, depletion, and amortization | 64,706 | 50,021 | 10,204 | 4,481 |
| 23 | Insurance | 18,447 | 9,693 | 6,219 | 2,535 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | CAMPERSHIPS | 68,443 | 68,443 | | |
| b | EQUIPMENT RENTAL AND MA | 50,693 | 34,999 | 10,851 | 4,843 |
| c | PROGRAM SUPPLIES | 34,502 | 27,600 | 4,988 | 1,914 |
| d | MEMBERSHIP DUES AND FEE | 4,145 | 2,380 | 1,475 | 290 |
| e | All other expenses | 311 | | | 311 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,746,164 | 2,260,667 | 334,220 | 151,277 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|---|---|--------------------|-----------|-------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 394,749 | 1 | 167,044 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 27,410 | 3 | 56,562 |
| | 4 Accounts receivable, net | 219,105 | 4 | 249,034 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other 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) 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 | 22,681 | 9 | 35,318 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 963,515 | | |
| | b Less accumulated depreciation | 10b 895,571 | 117,844 | 10c 67,944 |
| | 11 Investments—publicly traded securities | 878,445 | 11 | 1,047,978 |
| | 12 Investments—other securities See Part IV, line 11 | 468,074 | 12 | 513,970 |
| | 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) | 2,128,308 | 16 | 2,137,850 | |
| Liabilities | 17 Accounts payable and accrued expenses | 148,835 | 17 | 125,975 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 74,335 | 19 | 27,282 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other 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 | 52,060 | 23 | 34,667 |
| | 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 | 57,458 | 25 | 25,205 |
| | 26 Total liabilities. Add lines 17 through 25 | 332,688 | 26 | 213,129 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,093,897 | 27 | 1,077,287 |
| | 28 Temporarily restricted net assets | 14,170 | 28 | 93,451 |
| | 29 Permanently restricted net assets | 687,553 | 29 | 753,983 |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | 1,795,620 | 33 | 1,924,721 | |
| 34 Total liabilities and net assets/fund balances | 2,128,308 | 34 | 2,137,850 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,723,170 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,746,164 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -22,994 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,795,620 |
| 5 | Net unrealized gains (losses) on investments | 5 | 152,095 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,924,721 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis | Yes | |
| 2c If "Yes," to line 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 | |
| 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 | |
| 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 | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 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 - Non-functionally integrated
- 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 |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

(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)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 847,723 | 749,575 | 671,424 | 737,988 | 771,582 | 3,778,292 |
| 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 | 847,723 | 749,575 | 671,424 | 737,988 | 771,582 | 3,778,292 |
| 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 | | | | | | 3,778,292 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|-----------|------------|
| 7 Amounts from line 4 | 847,723 | 749,575 | 671,424 | 737,988 | 771,582 | 3,778,292 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 22,435 | 23,882 | 19,815 | 17,034 | 15,960 | 99,126 |
| 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) | 7,822 | 8,802 | 19,615 | 1,950 | 845 | 39,034 |
| 11 Total support (Add lines 7 through 10) | | | | | | 3,916,452 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 11,695,010 |
| 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.470 % |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 95.390 % |
| 16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations 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).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for reporting revenues and assets.

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 XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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 | 517,003 | 465,495 | 668,946 | 649,283 | 711,734 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 102,811 | 54,204 | -136 | 117,985 | 74,798 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,923 | 2,696 | 200,000 | 94,000 | 132,645 |
| f Administrative expenses | | | 3,315 | 4,322 | 4,604 |
| g End of year balance | 615,891 | 517,003 | 465,495 | 668,946 | 649,283 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 61.100 %
 - b** Permanent endowment 38.900 %
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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 | |
| (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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 344,545 | 357,120 | -12,575 |
| c Leasehold improvements | | 65,852 | 25,820 | 40,032 |
| d Equipment | | 533,354 | 512,631 | 20,723 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 67,944 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,875,265 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains on investments | 2a | 152,095 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | 2e | 152,095 | |
| 3 | Subtract line 2e from line 1 | 3 | 2,723,170 | |
| 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 XIII) | 4b | | |
| c | Add lines 4a and 4b | 4c | 0 | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 2,723,170 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,746,164 |
| 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 XIII) | 2d | | |
| e | Add lines 2a through 2d | 2e | 0 | |
| 3 | Subtract line 2e from line 1 | 3 | 2,746,164 | |
| 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 XIII) | 4b | | |
| c | Add lines 4a and 4b | 4c | 0 | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 2,746,164 | |

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4 | THE ORGANIZATION'S ENDOWMENT CONSISTS OF FOUR RESTRICTED ENDOWMENTS, OF WHICH PORTIONS ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR THE PROGRAMS OF THE ORGANIZATION AS SPECIFIED IN THE ENDOWMENT RESTRICTIONS AND ONE BOARD RESTRICTED ENDOWMENT FUND AVAILABLE FOR SPENDING IN ACCORDANCE WITH THE ORGANIZATION'S POLICY |
| PART X, LINE 2 | 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 2010 AND FORWARD REMAIN OPEN 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

2013

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

- a Mail solicitations, b Internet and email 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... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes rows 1-10 and a Total row.

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 | (b) Event #2 | (c) Other events | (d) Total events |
|---|--|--|--|----------------------------|-------------------------------|
| | | LEHIGH VALLEY GOLF TOURNAMENT (event type) | WINGS COMPETITION (event type) | 1 (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 74,850 | 8,515 | 6,250 | 89,615 |
| | 2 Less Contributions | 72,810 | 2,500 | 6,250 | 81,560 |
| | 3 Gross income (line 1 minus line 2) | 2,040 | 6,015 | | 8,055 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 2,040 | | | 2,040 |
| | 7 Food and beverages | 2,962 | | 171 | 3,133 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 1,947 | 282 | 355 | 2,584 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | | 298 |

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 Subtract line 7 from line 1, 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 _____

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

Part IV Supplemental Information. 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).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013

**Open to Public
Inspection**

Name of the organization
EASTER SEALS EASTERN PENNSYLVANIA

Employer identification number

23-2823542

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11 | |
| 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 THE EXECUTIVE COMMITTEE OF THE BOARD SETS CEO COMPENSATION AND ASSESSES PERFORMANCE |
| 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 |
| FORM 990, PART IX, LINE 11G | CONSULTANT AND CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 65,640 MANAGEMENT AND GENERAL EXPENSES 33,297 FUNDRAISING EXPENSES 1,582 TOTAL EXPENSES 100,519 INDEPENDENT CONTRACTORS PROGRAM SERVICE EXPENSES 654,758 MANAGEMENT AND GENERAL EXPENSES 5,847 FUNDRAISING EXPENSES 459 TOTAL EXPENSES 661,064 |