

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)

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning SEP 1, 2006 and ending AUG 31, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: EASTER SEALS NORTH GEORGIA, INC. D Employer identification number: 58-1919768. E Telephone number: 404-214-0802. F Accounting method: Cash, Accrual.

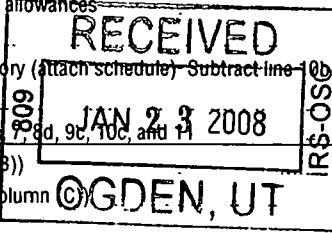
G Website: WWW.NORTHGEORGIA.EASTERSEALS.COM. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. M Check if the organization is not required to attach Sch B.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 9,062,094.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part I Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> • If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> • If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) STATEMENT 5	23 40,158.	40,158.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A STMT 4	25a 237,179.	25,933.	195,632.	15,614.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 4,539,209.	4,370,156.	62,886.	106,167.
27 Pension plan contributions not included on lines 25a, b, and c	27 37,615.	36,377.	1,218.	20.
28 Employee benefits not included on lines 25a-27	28 637,244.	625,811.	5,986.	5,447.
29 Payroll taxes	29 397,714.	371,303.	17,147.	9,264.
30 Professional fundraising fees	30			
31 Accounting fees	31 18,778.	11,490.	7,196.	92.
32 Legal fees	32 1,649.	62.	1,587.	
33 Supplies	33 522,733.	520,199.	1,706.	828.
34 Telephone	34 63,251.	55,530.	4,396.	3,325.
35 Postage and shipping	35 10,169.	6,815.	1,623.	1,731.
36 Occupancy	36 1,007,183.	983,520.	14,326.	9,337.
37 Equipment rental and maintenance	37 96,149.	84,311.	6,208.	5,630.
38 Printing and publications	38 28,283.	19,259.	1,488.	7,536.
39 Travel	39 173,434.	161,033.	5,007.	7,394.
40 Conferences, conventions, and meetings	40			
41 Interest	41 21,889.	1,289.	20,600.	
42 Depreciation, depletion, etc. (attach schedule)	42 418,308.	409,188.	9,120.	
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	43a 553,177.	507,596.	45,581.	
b DUES AND MEMBERSHIPS	43b 20,930.	5,956.	14,679.	295.
c STAFF TRAINING &	43c			
d DEVELOPMENT	43d 46,220.	43,941.	613.	1,666.
e INSURANCE	43e 131,708.	125,552.	4,652.	1,504.
f BAD DEBT EXPENSE	43f 16,412.	16,412.		
g OTHER EXPENSES	43g 143,255.	107,188.	12,011.	24,056.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 9,162,647.	8,529,079.	433,662.	199,906.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY FOR PERSONS AGED 0-21 YEARS AND DAY CARE FACILITIES FOR DISABLED AND ABLE CHILDREN AGES 0-5. (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	328,416.
b HEAD START, EARLY HEAD START AND CHILDCARE SERVICES FOR DISABLED AND ABLE CHILDREN 0-5 YEARS. OUTCOMES INDICATED SIGNIFICANT GAINS IN ALL DEVELOPMENTAL AREAS FOR ALL OF ESNG'S CHILDREN. (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,200,663.
c (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	8,529,079.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	66,972.	45	215,828.
	46	Savings and temporary cash investments	480,905.	46	370,450.
	47 a	Accounts receivable	47a 101,370.		
	b	Less: allowance for doubtful accounts	47b 8,502.	47c	92,868.
	48 a	Pledges receivable	48a 237,802.		
	b	Less: allowance for doubtful accounts	48b	48c	237,802.
	49	Grants receivable	322,937.	49	15,395.
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	30,799.	53	134,142.
	54 a	Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,057,675.	54a	1,477,875.
	b	Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment: basis	55a 16,897.			
b	Less: accumulated depreciation	55b	55c	16,897.	
56	Investments - other SEE STATEMENT 7	421,643.	56	466,301.	
57 a	Land, buildings, and equipment: basis	57a 4,804,254.			
b	Less: accumulated depreciation STMT 8	57b 2,589,717.	57c	2,214,537.	
58	Other assets, including program-related investments (describe ► DEPOSITS)	17,961.	58	17,961.	
59	Total assets (must equal line 74). Add lines 45 through 58	5,263,408.	59	5,260,056.	
Liabilities	60	Accounts payable and accrued expenses	214,967.	60	400,249.
	61	Grants payable	152,516.	61	
	62	Deferred revenue	163,369.	62	450,376.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 9	297,878.	64b	270,436.
	65	Other liabilities (describe ► SEE STATEMENT 10)	357,540.	65	225,574.
66	Total liabilities. Add lines 60 through 65	1,186,270.	66	1,346,635.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	2,676,114.	67	2,367,420.
	68	Temporarily restricted	186,862.	68	287,181.
	69	Permanently restricted	1,214,162.	69	1,258,820.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,077,138.	73	3,913,421.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5,263,408.	74	5,260,056.	

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes sections 82a through 91b with 'Yes' and 'No' columns. Contains handwritten entries such as '438,455.', 'N/A', 'GA', 'KAREN BREWSTER', '404-214-0802', 'SAME ADDRESS AS PAGE 1', '30319', and 'N/A'.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a THERAPY/DAY CARE					894,264.
b MEDICAL REHABILITATION					92,512.
c					
d					
e					
f Medicare/Medicaid payments					133,723.
g Fees and contracts from government agencies					724,954.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	95,110.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					46,364.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					15,169.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		95,110.	1,906,986.
105 Total (add line 104, columns (B), (D), and (E))					2,002,096.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	RENUMERATION FOR THERAPY SERVICES AND DAY CARE
103	MISCELLANEOUS EXEMPT FUNCTION INCOME

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Karen Brewster Date: 1/15/08

Type or print name and title: Karen Brewster VP Business & Finance

Paid Preparer's Use Only

Preparer's signature: Aun M. Thompson Date: 1/14/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JONES AND KOLB
10 PIEDMONT CTR, STE 100
ATLANTA, GA 30305

EIN: _____ Phone no: (404) 262-7920

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **EASTER SEALS NORTH GEORGIA, INC.** Employer identification number: **58 1919768**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
B. WEATHERSBY 1200 LAKE HEARN DR, #250, ATLANTA, GA	ADMIN DIR 40.00	71,038.	4,247.	
R. GWALTNEY 1200 LAKE HEARN DR, #250, ATLANTA, GA	HR DIRECTOR 40.00	58,961.	5,973.	
P. ROBERTS 1200 LAKE HEARN DR, #250, ATLANTA, GA	DEVELOPMENT DIR 40.00	61,608.	814.	
Total number of other employees paid over \$50,000	▶ 0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INTEGRATED MANAGEMENT SYSTEMS 402 HWY 78, SUITE 530-279, SNELLVILLE, GA 30039	COMPUTER CONSULTING	72,674.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc , 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). (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	8,587,519.	8,730,986.	8,462,291.	9,201,704.	34,982,500.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	842,517.	920,119.	929,750.	538,817.	3,231,203.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	97,886.	31,089.	15,279.	11,107.	155,361.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	86,652.	11,106.	SEE STATEMENT 14 2,777.	64,631.	165,166.
23 Total of lines 15 through 22	9,614,574.	9,693,300.	9,410,097.	9,816,259.	38,534,230.
24 Line 23 minus line 17	8,772,057.	8,773,181.	8,480,347.	9,277,442.	35,303,027.
25 Enter 1% of line 23	96,146.	96,933.	94,101.	98,163.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2005) 375,319. (2004) 344,167. (2003) 346,670. (2002) 453,894.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (a) for lines 15 34,982,500. 16 _____ 17 3,231,203. 20 _____ 21 _____					27c 38,213,703.
d Add: Line 27a total 1,520,050. and line 27b total 0.					27d 1,520,050.
e Public support (line 27c total minus line 27d total)					27e 36,693,653.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 38,534,230.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.2235%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .4032%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					NONE

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
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32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
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33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
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34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENT	52,364.		52,364.	6,000.	46,364.
TO FM 990, PART I, LINE 9	52,364.		52,364.	6,000.	46,364.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	<u>AMOUNT</u>
EASTER SEALS	230 WEST MONROE ST., SUITE 1800 CHICAGO, IL 60606	
<u>PURPOSE OF PAYMENT</u>		
SUPPORT OF NATIONAL PROGRAMS		162,240.
TOTAL TO FORM 990, PART I, LINE 16		162,240.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
INCREASE (DECREASE) IN VALUE OF BENEFICIAL TRUST	44,658.
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	50,217.
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	10,201.
TOTAL TO FORM 990, PART I, LINE 20	105,076.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

LENDER'S NAME		TERMS OF REPAYMENT	
IRONSTONE BANK		MONTHLY P&I PAYMENTS	

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
04/01/05	03/31/10	390,000.	6.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
ALL PROPERTY	CASH FLOW

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	223,068.

LENDER'S NAME		TERMS OF REPAYMENT	
IRONSTONE BANK		DUE AT MATURITY	

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/15/07	05/15/08	0.	8.25%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
INVESTMENT ACCOUNT	CASH FLOW

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	47,368.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

270,436.

FORM 990	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION		AMOUNT
OTHER LONG-TERM LIABILITIES		225,574.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		225,574.

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT 11	
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
VARIOUS	FMV			1,477,875.	1,477,875.
TO FORM 990, LINE 54A, COL B				1,477,875.	1,477,875.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
NET APPRECIATION OF BENEFICIAL INTEREST IN PERPETUAL TRUST		44,658.
TOTAL TO FORM 990, PART IV-A		44,658.

DOUG SHIPMAN 1200 LAKE HEARN DRIVE #250 ATLANTA, GA 30319	DIRECTOR 1.00	0.	0.	0.
BRENDA CLARK FARLEY 1200 LAKE HEARN DRIVE #250 ATLANTA, GA 30319	DIRECTOR 1.00	0.	0.	0.
STACI WALKER 1200 LAKE HEARN DRIVE #250 ATLANTA, GA 30319	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>214,766.</u>	<u>22,413.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
GAIN(LOSS) ON SALE OF PROPERTY	0.	0.	0.	21,214.
MISCELLANEOUS	73,113.	1,371.	2,777.	40,544.
SPECIAL FUNDRAISING EVENTS	13,539.	9,735.	0.	2,873.
TOTAL TO SCHEDULE A, LINE 22	<u>86,652.</u>	<u>11,106.</u>	<u>2,777.</u>	<u>64,631.</u>