# SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization EAS	TER SEALS SOU	THWEST			arate III	Structic		avor idoutis	cation number	spect.	OII.
F.P(	ORIDA, INC									er	
Part Reason for F The organization is not a	ublic Charity Sta	tus (All organization	าร mus	t com	olete th	nis par	t.) (se	e instru	ctions)		
								C IIISti u	ctions)		
A criui cri, conver	ition of churches or a	ssociation of churches d	escribed	in sect	ion 170	΄ 'b)(1)(Δ)	(i).				
- LI A SCHOOL GESCHID	eu III <b>section 170(b</b> )(	(Attach Schodul	lo E \								
A hospital or coo	perative hospital serv	rice organization describ	od in aa	ction 17	0(b)(1)(A	A)(iii). (	Attach 9	Schodulo	ш		
	on organization opera	ated in conjunction with a	a hospita	al descri	bed in s	ection 1	70/hV1	VAVIII) [	II.) Into 46 - 1		
name, city, and s	tate:					0000011	17 O(D)(1)	AAAIII). I	iller the r	ospita	al's
170(b)(1)(A)(iv).	perated for the bene (Complete Part II.)	fit of a college or univers	sity own	ed or op	erated b	y a gov	ernmen	tal unit d	escribed in	sect	ion
6 A federal, state, o	or local government o	r governmental unit desc	cribed in	section	170(b)	(1)(A)(v)	_				
7 X An organization t in section 170(b)	1)(A)(vi). (Complete	a substantial part of its Part II.)	support	from a	governm	nental u	nit or fro	m the ge	eneral nub	lic des	criba
8 A community trus	t described in section	170(b)(1)(A)(vi). (Comp	lata Da	1.11.5				J	The pub	no dec	CITD
from activities relation investment incom June 30, 1975. Se	ed to its exempt function and unrelated busines section 509(a)(2)	) more than 33-1/3 % of it ons — subject to certain ex less taxable income (les Complete Part III.)	s suppor ceptions s section	t from co , and (2) n 511 ta	ntributio no more x) from	ns, mem than 33 busines	bership 3-1/3 % ( ses acq	fees, and of its supp uired by	gross rece ort from gr the organia	ipts oss zation	afto
10 An organization o	rganized and operate	d exclusively to test for p	aublia as	4-4-0				2	3		arter
11 An organization of more publicly suppless the type	rganized and operate ported organizations	d exclusively for the ben described in section 509 ization and complete line	efit of, to (a)(1) o	nety. Se o perfori r sectior	e <b>sectio</b> m the fu i 509(a)	nctions	<b>of</b> , or call <b>section</b>	ee instrud arry out t	tions)	es of o	one d
a Type I	b Tryne ii	ization and complete line	es 11e t	hrough	l 1h.	(2)1 000	30000	1 303(a)(3	). Check	the bo	x tha
than foundation m 509(a)(2).	anagers and other that	organization is not control an one or more publicly	olled dire supporte	ectly or i ed organ	ndirectly iizations	by one describ	or more	e disqual ection 509	ified personal personal ified personal personal ification (a) (1) or s	ons ot	her
f If the organization check this box	received a written de	termination from the IRS	S that is	а Туре	I, Type	ll or Typ	e III suj	oporting	organizatio	n.	
<b>g</b> Since August 17, 2	2006, has the organization	ation accepted any gift	or contri	bution fi	om any	of the f	ollowing	persons			. L
(i) a person who	diractly or indianal.	controls, either alone or supported organization?.								Yes	No
(ii) a family men	iber of a person des	cribed in (i) above?									
(iii) a 35% contro	lled entity of a person	n described in (i) or (ii) a	houa?						11 g (ii)		
h Provide the following	ng information about	the organizations the org	anove:						11 g (iii)		
(i) Name of Supported	(ii) EIN		1				1				
Organization	<b>(.,, =</b>	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste gove	Is the tion in col. d in your erning ment?	the organ	ou notify nization in (i) of upport?	(vi) I organizat (i) organi U.S	zed in the	(vii) Amoun	t of Sup	port
			Yes	No	Yes	No	Yes	No			
			***************************************								
Total							7				
BAA For Privacy Act and Pa	perwork Reduction A	ct Notice, see the Instru	ctions f	or Form	990.	9	chedule	A (Form	990 or 990	3 15 75	0000

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.)

S	ection A. Public Support		0, 7, 01 0 011	ai(i.)			
Ca be	alendar year (or fiscal year eginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(A.T.)
	<ol> <li>Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').</li> </ol>	4,259,884	. 2.669.718	1		-	(f) Total
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.		7 27 30 37 7 10	. 2,193,393	. 2,967,081.	2,966,107.	15,658,185
1	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						0.
5	Total. Add lines 1-3  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	4,259,884.	2,669,718.	2,795,395.	2,967,081.	2,966,107.	0. 15,658,185.
6	Public support Subtract line 5						5,434,429.
	from line 4	是生物。				"你也是没有"	10 222 756
	endar year (or fiscal year						10,223,756.
beg	inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7		4,259,884.	2,669,718.	2,795,395.	2,967,081		15,658,185.
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	9,270.	14,162.	12,864.	12,298.	46,410.	95,004.
-	business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.).SEE .PARTIV				60,228.	33,243.	0.
	Total support. Add lines 7 through 10					10世纪17年	93,471.
12	Gross receipts from related activit	ies, etc. (see inst	ructions)				5,846,660. 2,126,418.
							)
ect	ion C. Computation of Publ	ic Support Pe	rcentage				▶
14	Public support percentage for 2008	8 (line 6, column	(f) divided by line	11			
	and support percentage for 200.	7 Scriedule A, Pa	rt IV-A, line 26f			15	73.2%
10 a	and <b>stop here.</b> The organization q	organization did r ualifies as a publi	not check the box icly supported org	on line 13, and t	the line 14 is 33-1/	3 % or more, che	ck this box
	and <b>stop here</b> . The organization qu	organization did r ualifies as a publi	not check a box or cly supported org	n line 13, or 16a, anization	and line 15 is 33-1	1/3% or more, che	ck this box
17a	10%-facts-and-circumstances test or more, and if the organization manaled the backs and if the organization meets the backs-a	— <b>2008.</b> If the or eets the 'facts-and circumstances	ganization did no d-circumstances' s' test. The organ	t check a box on test, check this be test, check this be dization qualifies a	line 13, 16a, or 16 ox and <b>stop here.</b> as a publicly suppo	b, and line 14 is 1 Explain in Part IV orted organization,	0% how
<b>b</b> 1	10%-facts-and-circumstances test or more, and if the organization me organization meets the 'facts-and-c	- 2007. If the orgets the 'facts-and circumstances' te	ganization did not d-circumstances	t check a box on litest, check this bo	ine 13, 16a, 16b, ox and stop here.	or 17a, and line 15 Explain in Part IV	is 10%
8	Private foundation. If the organization	tion did not check	a box on line, 13	3, 16a, 16b. 17a <i>-</i>	r publicly supporte or 17h, check this	a organization	
AA				, , , ==, , , , , ,	Sched	dule A (Form 990 o	or 990-EZ) 2008

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.)

Section A. Public Support

Section A. Public Support						
Calendar year (or fiscal yr beginning in)►	(a) 2004	<b>(b)</b> 2005	(a) 2006	48.000		
Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').		(4) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
2 Gross receipts from [						
admissions, merchandise sold						
or services performed, or facilities furnished in a activity						
that is related to the						
organization's tax-exempt						
purpose						
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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified						
persons						
<b>b</b> Amounts included on lines 2						
and 3 received from other than						
disqualified persons that exceed the greater of 1% of						
the total of lines 9 10c 11	1					
and 12 for the year or \$5,000					1	
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line						
7c from line 6.)						
ection B. Total Support	-					
alendar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	( ) 0005			
9 Amounts from line 6	(4) 2007	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
10 a Gross income from interest						
dividends, payments received on securities loans, rents,		1				
rovalties and income form						
similar sources			1	1		
<b>b</b> Unrelated business taxable						
income (less section 511 taxes) from businesses	1					
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business						
activities not included inline 10h						
whether or not the business is regularly carried on.			Ì			
2 Other income Do not include						
2 Other income. Do not include gain or loss from the sale of						
capital assets (Explain in Part IV.)						
3 Total support. (add Ins 9, 10c, 11, and 12.)	The Wife Company of the com-					
4 First five years If the Form 900 is to						
organization, check this box and stor	or the organizati	on's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	
4 First five years. If the Form 990 is for organization, check this box and stop ection C. Computation of Public	Support Por	contage				▶ □
Public support percentage for 2009 (	line 9 column	centage				
Public support percentage for 2008 (	ilite o, column (	T) divided by line	13, column (f))		15	%
					16	
						%
Investment income percentage for 20	108 (line 10c cc	lump (f) divided I	by line 13. column	n (f))	19	
						%
more than 33-1/3%, check this box a	nd stop here. T	eck the box on line	14, and line 15 is	more than 33-1/3%,	and line 17 is not	%
h 33-1/3 support tosts 2007 16 H		3-11-011 9	adimes as a publi	iciy supported orga	inization	nd line 19
is not more than 33-1/3%, check this <b>Private foundation.</b> If the organization	n did not obact	cie. The organiza	ition qualifies as a	a publicly supporte	d organization	Id III e 10
Private foundation. If the organizatio	ir did not check	a pox on line 14,	19a, or 19b, che	ck this box and see	e instructions	▶H

Schedule A (Form 990 or 990-EZ) 2008 EASTER SEALS SOUTHWEST	50.0000	
Part II line 17a or 17b, or Part III line 17a or 17b,	59-0638490	Page 4
Part IV Supplemental Information. Complete this part to provide the explanation Part II, line 17a or 17b; or Part III, line 12. Provide any other addition	al information. (see instruct	ions)
		- 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 199

2008

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

EASTER SEALS SOUTHWEST FLORIDA, INC.

59-0638490

PART II, LII	VE 7	0 -	OTHER	INCOME
--------------	------	-----	-------	--------

NATURE AND SOURCE	2008	2007	2006	2005	2004
FUNDRAISING TO	AL \$\frac{33,243.}{\\$33,243.} \\\ \frac{\\$33,243.}{\\$33,243.}	60,228. 60,228.	\$ 0.	<u>\$ 0.</u> §	0.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ and 990-PF ► See separate instructions. OMB No. 1545-0047

2008

	see separate instructions,						
Name of the organization EASTER	R SEALS SOUTHWEST	Employerie	dentification number				
T. TOKIL	DA, INC.	1					
Organization type (check one	e):	59-063	38490				
Filers of: Form 990 or 990-EZ	Section:  X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> tr 527 political organization	ı reated as a private fou	<i>ı</i> ndation				
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation						
boxes for both the General Ru	red by the <b>General Rule or</b> a <b>Special Rule</b> . ( <b>Note:</b> Only a section 501(c)(7), ( le and a Special Rule. See instructions.)	(8), or (10) organization c	an check				
Special Rules -	rm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 o						
	anization filing Form 990, or Form 990-EZ, that met the 33-1/3% surfeceived from any one contributor, during the year, a contribution of the grant of the amount on Form 990-EZ, line 1. Complet	, σαιοι οι (I) φο,ουο οι (Z	274 OF THE				
aggregate contributions or to purposes, or the prevention	bequests of more than \$1,000 for use <i>exclusively</i> for religious, chain of cruelty to children or animals. Complete Parts I II and III.	ed from any one contri rritable, scientific, litera	ibutor, during the year, ary, or educational				
some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than etc, purpose. Do not complete any of the Parts unless the General Puls and did not complete any of the Parts unless the General Puls and the parts unless the parts unless the General Puls and the parts unless the parts unless the parts un							
	and your, y,		C C				
aution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 1990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or 1990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 1990-PF), are 1990-PF, or 199							
or Form 990. These instruction	erwork Reduction Act Notice, see the Instructions is will be issued separately.	Schedule B (Form 990,	990-EZ, or 990-PF) (2008)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)				
Name of organization		Page 1	of 1	of Part
EASTER SEALS SOUTHWEST	4	Employ	yer identification number	orran
Part L Contribut		59-(	0638490	

Black Charles Control	Soft instructions.)		
(a) Numi	(D)	(c) Aggregate contributions	(d) Type of contribution
(a)	ES SOUTHWEST FL FOUNDATION  350 BRADEN AVENUE  SARASOTA, FL 34243	 <sup>\$</sup> 1,146,323	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
Numb	er Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	FL DEPT OF CHILD & FAMILY  9393 NORTH FLORIDA AVE.  TAMPA, FL 33612	 \$558,316	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
Numbe	r Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	MANATEE COUNTY SCHOOL BOARD  215 MANATEE AVE. W  BRADENTON, FL 34205  (b)	-  \$295,816.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	EARLY STEPS SARASOTA COUNTY  1700 TAMIAMI TRAIL  SARASOTA, FL 34239	\$ <u>278,894.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
lumber	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	ESTATE OF HARLAN  PO BOX 105495  ATLANTA, GA 30348	\$70,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) umber	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	ESTATE OF MUDGE  401 MARKET ST. PA4313 PHILADELPHIA, PA 19101	\$ <u>182,615.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

of 1

of Part II

EASTER SEALS SOUTHWEST

Employer identification number

59-0638490

Part II No	oncash Property (see instructions.)		38490
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receiv
N/I	A	(see maddettons)	
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)	(d)
rart I	Property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(L)		1
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ş	
(a) No. from	(b)		
No. from Part I	Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)	rl-s		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
AA		dule <b>B</b> (Form 990, 990-EZ,	

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2008)							
Name of orga	anization			Page 1	of 1	of Part III		
EASTER	R SEALS SOUTHWEST				Employer identificat	tion number		
Part III	Exclusively religious, charitable organizations aggregating more	, etc. individual contribu	itions to so	otion E01( )	59-0638490	)		
	organizations aggregating more For organizations completing Part III, en contributions of \$1,000 or less for the ye  (b)	than \$1,000 for the year ter total of exclusively religious	r.(Complete c	ols <b>(a)</b> through (	( <b>7), (8), or (10)</b> ( <b>e) and</b> the following	ng line entry.)		
(a)	(b)	ar. (Enter this information one	e – see instru	uctions.)	► \$	N/A		
No. from	Purpose of gift	(0)			(d)			
Part I	N/A	Use of gift		Desci	ription of how gift	is held		
	IV/ A							
	Transferee's name, addre	(e) Transfer of gi ess, and ZIP + 4		olekia a di sa				
	Rela			erationship of tr	ransferor to transf	eree		
(a)	(b)							
No. from	Purpose of gift	(c)			(d)			
Part I		Use of gift		Descri	ption of how gift is	s held		
-								
	(e)							
L	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
		, ,	Kei	ationship of tra	nsferor to transfer	ree		
			-					
L			1					
(2)	4.5							
(a) No. from	(b)	(c)		1	(d)			
Part I	Purpose of gift	Use of gift		Description of how gift is held				
						neid		
_								
-								
		(e) Transfer of gift						
	Transferee's name, address							
		5) and 211 + 4	Rela	Relationship of transferor to transferee				
						_		
(a) No. from	(b)	(c)			(d)			
Part I	Purpose of gift	Use of gift		Descripti	(a) ion of how gift is h			
					on now girt is n	eid		
		(e)						
	Transferrate	Transfor of wife						
-	Transferee's name, address	, and ZIP + 4	Relat	tionship of trans	sferor to transferee	9		
-								
-						- 20		

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule **D** (Form 990) 2008

EZ	ASTER SEALS SOUTHWEST		Employer Identification number
P	Ornanias SOUTHWEST		59-0638490
1. W. 11. S.	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Fun	nds or Accounts Complete if
	the organization answered 'Yes' to	Torri 550, Fait IV, line 6.	
1	Total number of and of an	(a) Donor advised funds	(b) Funds and other accounts
2	retail realities at cita of year		a society
3	199. Pace Contributions to (duffing year)		
4	33 - 3 - 9 - 9 - Grants from (during year)		
	San again value at cha of year		
5	funds are the organization's property, subject to	Y THE OF GRAINZAROLLS CACIDSIVE IELIZI COULTOLL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	used only for charitable purposes and not for the impermissible private benefit?	i, and donor advisors in writing that grant funde e benefit of the donor or donor advisor or oth	ds may be er
Pa	Conservation Easements Complet	e if the organization answered 'Vos'	to Form 000 Day No
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	to Form 990, Part IV, line 7.
	Preservation of land for public use (e.g., rec		of man bright of the state of t
	Protection of natural habitat		of an historically important land area
	Preservation of open space		f certified historic structure
2	Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the form	of a concernation
	of the tax year.	The form	of a conservation easement on the last da
-	Total number of an		Held at the End of the Year
d L	Total number of conservation easements		20
Ü	Total acreage restricted by conservation easeme	ents	2b
ا	Number of conservation easements on a certifie	d historic structure included in (a)	2c
່າ	Number of conservation easements included in (	c) acquired after 8/17/06	. 2d
3	real fiber of conservation easements modified, tra	insferred, released, extinguished, or terminate	ed by the organization during the taxable
			5 Santing the taxable
4	Number of states where property subject to cons	ervation easement is located >	_
5	Does the organization have a written policy rega enforcement of the conservation easement it hol Staff or volunteer hours do noted to manife in	ding the periodic monitoring, inspection, violates?	ations, and Yes No
_	orall of volunteer flours devoted to monitoring. If	ISDECTION and enforcing excoments during th	
	and the superiods meaned in monitoring, map	ecung, and enforcing easements during the v	ear ►S
8	Does each conservation easement reported on li 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	tion
	in Part XIV, describe how the organization reports coinclude, if applicable, the text of the footnote to toonservation easements.	nser <mark>vation easements in its</mark> revenue and expens he organization's financial statements that de	e statement, and balance sheet, and scribes the organization's accounting for
	Organizations Maintaining Collecti Complete if the organization answe	red res to Form 990, Part IV. line 8	
1	If the organization elected, as permitted under Streasures, or other similar assets held for public at the text of the footnote to its financial statements	FAS 116, not to report in its revenue statement exhibition, education, or research in furtherant that describes these items.	nt and balance sheet works of art, historical ce of public service, provide, in Part XIV,
b	If the organization elected, as permitted under SF treasures, or other similar assets held for public earnounts relating to these items:	FAS 116, not to report in its revenue statemer exhibition, education, or research in furtheran	ce of public service, provide the following
(	(i) Revenues included in Form 990, Part VIII, line	e 1	- A
2	amounts required to be reported under SFAS 116	nstorical treasures, or other similar assets for relating to these items:	financial gain, provide the following
a F	Revenues included in Form 990, Part VIII, line 1		- A
<b>b</b> A	Assets included in Form 990, Part X		
DAA .			»Ş
SAA I	For Privacy Act and Paperwork Reduction Act N	otice, see the Instructions for Form 990.	Schedule <b>D</b> (Form 990) 2008

Schedule D (Form 990) 2008 EAS	TER SEALS SOUT	HWEST	atout <del>a</del>	59-06	538490	Page
Part III Organizations Maint  3 Using the organization's access	ion and other reserve	S OI Art, HISTO	rical Treasures,	or Other Similar A	ssets (con	tinued)
3 Using the organization's access that apply):	sion and other records	, check any of th	e following that are	a significant use of its co	ollection item	ns (check al
a Public exhibition			or exchange program			,
b Scholarly research		e Other	ronango program	15		
c Preservation for future gene	erations					
4 Provide a description of the org Part XIV.	anization's collections	and explain how	they further the org	anization's exempt purp	ose in	
5 During the year, did the organiz assets to be sold to raise funds  Part IV Trust, Escrow and Company of the sold to raise funds	ation solicit or receive	donations of art	, historical treasures	or other similar		
Part IV Trust Escrow and Co	Istodial Arres	ntained as part o	f the organization's	collection?	Yes	No
Part IV Trust, Escrow and Control IV, line 9, or reported	an amount on Fo	<b>nents</b> Comple orm 990. Part	te if organization	n answered 'Yes' to	Form 990	Part
1a Is the organization an agent, truincluded on Form 990, Part X?.  b If 'Yes.' explain the arrangement						
included on Form 990, Part X?		·····	for contributions or c	other assets not		
<b>b</b> If 'Yes,' explain the arrangemen	in Part XIV and com	plete the followin	g table:		Yes	No
					Amount	
c Beginning balance	****************		*********	1c	Amount	-
a Additions during the year						
c plan punions during the year						
Littuing balance						
Za Did the organization include an a	mount on Form 990.	Part X, line 21?.			Yes	Tal.
						No
Part V Endowment Funds Co	npiete if organiza	tion answered	I 'Yes' to Form 9	90, Part IV, line 10.		
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Four ye	ears hack
<b>b</b> Contributions	277,677.					Sale Back
c Investment earnings or losses	14 240					
d Grants or scholarships	-14,249.					
e Other expenditures for facilities and programs	F.F. 020					
f Administrative expenses	55,038.					
g End of year balance	200 200					
2 Provide the estimated percentage	208, 390.					
a Board designated or quasi-endow	ment	ice held as:				
	100.00%	8				
c Term endowment	%					
3a Are there endowment funds not in organization by:	the possession of the	organization that	nt are held and admi	nistered for the		
(i) unrelated organizations					Yes	No
(ii). Telated organizations					3a(i)	X
- 1 100 to oddin, are the related of	adnizations listen as r	equired on School	tula D2		3a(ii) X	
					3b X	
investillents—Land, bu	ildings, and Equi	pment. See Fo	orm 990 Part X	line 10		
Description of investment	(a) Cost o	r other basis (	b) Cost or other	(c) Depreciation	(d) Pools V	al
1 a Land	(Inve.	stment)	basis (other)	(i) Doprodiano()	(d) Book V	arue
<b>b</b> Buildings			438,671.		438	,671.
c Leasehold improvements			1,135,820.	786,541.		,279.
<b>d</b> Equipment			1,825,486.	876,656.	948	,830.
<b>e</b> Other			450,588.	360,497.		,091.
Total. Add lines 1a-1e (Column (d) shou	ld equal Form 990 D-	art X column (D)	150,822.	110,393.	40,	429.
BAA		ir EA, COIUITIII (B),	ше ти(с).)		1,867,	300.
				Schedul	e <b>D</b> (Form 99	0) 2008

Part VII Investments—Other Securities See Fo	HWEST	i 10	59-0638490 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation
Financial derivatives and other financial products		Cost or end-of-	ear market value
Closely-held equity interests			
Other			
The Colombia			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ►  Part VIII Investments—Program Related (See Fo	000 D 11		<b>米尔亚米拉克罗沙克森</b>
(a) Description of investment type	(b) Book value		
	(b) Book value	(c) Method of Cost or end-of-year	of valuation ear market value
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) ►			_
Part IX Other Assets (See Form 990, Part X, lin	ne 15) N/A		
(a) Desc			(b) Book value
"			(5) Book Value
Fotol Column (h) Tatal (h)			
Fotal. Column (b) Total (should equal Form 990, Part X, col.(E Part X Other Liabilities (See Form 990, Part X,	3), line 15)		. •
(a) Description of Liability	(b) Amount		
ederal Income Taxes	(b) Amount		
			1. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			<b>为时间,所被"数型</b>
otal. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)			
Part XIV, provide the text of the footnote to the organization	's financial statement	ts that raparts the average L'	

Schedule D (Form 990) 2008 EASTER SEALS SOUTHWEST	59-0638490	Page
		- rage
Total Totalida (Folili 550) Fall VIII CONTINU (A) Tipo FO	3	,134,749
		,473,314
		-338,565
		-94,583
		-94,583
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.  Part XII Reconciliation of Revenue per Audited Financial St.	-	-433,148
		400,140
		133,861
- 1 The moraded on line 1 but hot on Form 990. Part VIII line 12:	A. E.	133,001
a Net unrealized gains on investments.		
b borided services and use of facilities		
Tredevenes of prior year grants		
d Other (Describe in Part XIV).		
e Add lines 2a through 2d.	. 2e	-888.
- Casa act into Ze Holli III C I		
who sales included of Form 350, Fall VIII. line 12 but not on line 1.	3,.	134, /49.
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	-100	
c Add lines 4a and 4b	4c	
Total Toveliae, Add lines a doll ac (This chould ague) Farrer 000 p		L34,749.
The state of the s	Return	.54, 145.
		67,009.
- 7 who divided on line 1 but 100 on Form 990 Part IX line 25.		01,009.
a Donated services and use of facilities. 2a 93,695.	<b>机</b> (2)	
Striot year adjustments		
c Losses reported on Form 990, Part IX, line 25.		
d Other (Describe in Part XIV).		
e Add lines 2a through 2d.	2e	93,695.
o Cabitact line Ze Hotti line I	3 3.4	73,314.
A wholen is included on Form 330, Part IX. line 25 hist not on line 1.	5,4	73,314.
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe III Part XIV)		
C Add liftes 4a and 4b	4c	
Total expenses, Add files 5 and 40 (This should equal Form 900 Port ) line 10 )		73,314.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
PART_V_LINE 4 - INTENDED_USES OF ENDOWMENT FUND		
TO_SUPPORT THE OPERATIONS OF THE ORGANIZATION AT THE DISCRETION OF THE	E TRUSTEES.	
		the court of the c
BAA		
TEEA2204 100000		

Part XIV   Supplemental Information (continued)
·

Schedule **D** (Form 990) 2008

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization EASTER SEALS	S SOUTHWES	m		e than \$15,000 on For			Inspection
FLURIDA INI	-						ation number
Part I Fundraising Activities	Complete it	the oro	anization	answared Weel t	F 000	-063849	90
1 Indicate whether the organization	raised funds the	rough an	of the fo	llowing activities Ob	5 Form 990	, Part IV	, line 17.
Mail solicitations		ough un	iy or the to	Solicitation of	k all that appl	у.	
Email solicitations				Solicitation of nor	-government	grants	
Phone solicitations				Solicitation of gov		ts	
In-person solicitations				X Special fundraisin	g events		
2a Did the organization have written	or oral agrees						
2a Did the organization have written employees listed in Form 990, Pa	or oral agreem ort VII) or entity	ent with a in connec	any individu ction with r	ial (including officers, o	lirectors, trust	ees or key	,
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by t	ndividuals or en	tities (fun	idraicore) n	wordstonal fundraising	services?		Yes X N
compensated at least \$5,000 by t	he organization	. Form 99	0EZ filers	are not required to com	under which	the fundra	iser is to be
(i) Name of individual	1			1 1 1 1 1 1 1 1 1 1	(v) Amount		
or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	(iv) Gross receipts	I (or retain	ed by) I	(vi) Amount paid to
		of conti	ributions?	from activity	fundraiser col.(	listed in	(or retained by)
		Yes	No		301.(	,	organization
	1						
Total			>				
							0.
3 List all states in which the organiza or licensing.	tion is registere	d or licen	sed to solid	cit funds or has been n	otified it is ex	empt from	registration
_FL							

P	arl	t II	Fundraising Events Complete	if the organization			638490 Pag
	T		reported more than \$15,000 on	Form 990-EZ, line	answered 'Yes' to 6a. List events wit	Form 990, Part IV, h gross receipts ar	line 18, or eater than \$5,000
				MEADOWS CUP	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through
R				(event type)	(event type)	(total number)	col. (c))
REVENUE		1	Gross receipts	. 70,782			70,782
E		2	Less: Charitable contributions				
	-	3	Gross revenue (line 1 minus line 2)	70,782.			70,782
D		4	Cash prizes				
DIRECT		5	Non-cash prizes				
		6	Rent/facility costs				
EXPERSES		7	Other direct expenses	37,539.			37,539
S		8	Direct expense summary. Add lines 4- the Net income summary. Combine lines 3 and Gaming. Complete if the expension	arough 7 in column (d).			
Pa	rt l	Ш	<b>Ganning</b> Complete in the Dinamiza	ATIOD SUCMORAD IVA	s' to Form 990 Pa	rt IV line 10 av	33,243
	Г		\$15,000 on Form 990-EZ, line 6a.		- 10 FOITH 550, Fa	it iv, line 19, or re	ported more than
REVEZUE				(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ē		1	Gross revenue.		_		
E		2	Cash prizes				
EXPENSES ENSES		3	Non-cash prizes				
C S T E S		4	Rent/facility costs	Ø.			
		5	Other direct expenses				
	(		Volunteer labor	Yes %	Yes%	Yes %	
	:	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)			
	8						
			Net gaming income summary. Combine lin				Vmo ···
9	Er	nter	the state(s) in which the organization ope	rates gaming activities	•		YES NO
a b	IS If '	tne 'No	e organization licensed to operate gaming a	activities in each of the	se states?		9a
-							
4.0							
IU a h	If '	ere 'Ye	any of the organization's gaming licenses s,' Explain:	revoked, suspended or	terminated during the	tax year?	10a
_			1.5				
11	Do	es	the organization operate gaming activities	with nonmembers?			17
12	ls ad	the mir	organization a grantor, beneficiary or trus nister charitable gaming?	tee of a trust or a mem	ber of a partnership or	other entity formed to	
AA				TEEA3702L 08/	15/08	Schedule <b>G</b> (Form	990 or 990-EZ) 2008
						/- 0111	

Schedule G (Form 990 or 990-EZ) 2008 EASTER SEALS SOUTHWEST		59-0638490	)	P	age :
13 Indicate the percentage of gaming activity operated in:	1 1		Y		NO
a The organization's facility					
a The organization's facility b An outside facility	13a	왕			
14 Provide the name and address of the person who prepares the organization's gaming/special	13b	왕			
and see of the person who prepares the organizations gaming/special	events boo	oks and records:			
Name: ►					
Name: ▶					
Address:					
15a Does the organization have a contact with a third party from whom the organization receives g	namina rov	enue?	15		
bill res, enter the amount of gaming revenue received by the organization S	and	the amount	15a		
or garring revenue retained by the third party \$		the amount			
c If 'Yes,' enter name and address:					
Name: ►					
Address:	2,400				
16 Gaming manager information					
Nome: ►					
Name: ►		7			
Gaming manager compensation > \$					
Description of services provided: >					
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 presented that it is a state gaming license?		7.1			
3		1 1	7a		
b Enter the amount of distributions required under state law distributed to other exempt organizate	tions or sp	ent in the	, a		
organization's own exempt activities during the tax year: > \$					
<b>SAA</b> TEEA3703L 07/18/08	Schedu	ule G (Form 990 or	r 990 E	7) 20	200

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990, FZ Part V line 38a or 40b.

OMB No. 1545-0047

2008

Open to Public

internal revenue :				190-EZ, P	art V, line 38a	or 40b.					Inc	pectio	5
Name of the organ	nization EASTER SEALS SOU	THWES	T				E	mployer	identif	ication r			
Parit E	FLORIDA, INC.						0 0						
To	xcess Benefit Transaction be completed by organizations to	<b>ns</b> (sec	ction 50 wered 'Y	01(c)(3) es' on Fo	and section	1 501(c	)(4) organiz	ation	s on	ly).	1. 4		
1			10100 10	03 011 1 01	iiii 550, i ait iy				-EZ, P	art V,	line 4		
	(a) Name of disqualified person					(b) Description of transaction							orrect
												Yes	I N
													+
												-	_
												-	$\vdash$
2 Enter the	e amount of tax imposed on the	organiza	ation ma	nagers o	r disqualified p	ersons o	luring the year	under	,				
									<b>\$</b>				
I alt II L	amount of tax, if any, on line 2	i natze	Arcon	C					▶ \$				
To Pa	be completed by organizant V, line 38a.	ations	that ar	iswered	d 'Yes' on Fo	orm 990	0, Part IV, I	ine 2	6 or 1	Form	990	-EZ,	
(a) Name	of interested person and purpose	(b) Loan the orga	to or from anization?		c) Original cipal amount	(d)	(d) Balance due (e) In default? (f) Approver by board or committee?					or agreeme	
		То	From					Yes	No	Yes	No.	Yes	No
otol													
Part III Gra	ants or Assistance Benefi	tting b	ntoroci	tod Day	▶ \$								
	be completed by organiza	tions t	hat an	swered	<b>sons.</b> 'Yes' on Fo	rm 990	. Part IV li	ne 27	7				
(a) (	Name of interested person			ship between	n interested person					type of	acciete		
		(b) Relationship between interested person and the organization (c) Amount of grant or type of						0331310	II ICE				
art IV Bus	sinoss Transpolitore Inves												
To	siness Transactions Invol be completed by organiza	tions t	n <b>terest</b> hat ans	<b>ed Per</b> s swered	<b>sons.</b> 'Yes' on Fo	rm 990	Part IV lie	a 28	2 20	)h	. 20-		
(a) N	lame of interested person	anizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28  (b) Relationship between interested person and the cross that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28  (c) Amount of transaction \$  (d) Description of transaction						T					
		interes	ted person organizatio	and the	transactio	n \$	(u) Desc		ı u al ISƏ	POOL		(e) Shar organiza revenu	ation's
AUL GESKO	)	OFFICE	מחו									Yes	No
מעמים חייי	,	OFFIC	EK		10	,000.	COMPUTER	DAT	ABAS	E ST	/C		X

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

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

EASTER SEALS SOUTHWEST FLORIDA, INC.

2008

OMB No. 1545-0047

Open to Public Inspection Employer identification number 59-0638490 Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions. Part I Identification of Disregarded Entities

Related Organizations and Unrelated Partnerships

	(F) Direct controlling	entity					N/A	44				i
	(E) Public charity status	(If section 501(c)(3))				,						
	Legal domicile (state Exempt Code section Public charity status or foreign country)					501 (0) (3)	(c) (a) Tac					
(4)	Legal domicile (state or foreign country)	(Animo) use of the control of the co				TH	1					
(8)	Primary activity		TO STIPPORT	TAND THE CONTRACTOR	EASTER SEALS	SOUTHWEST, INC						
(A)	Name, address, and EIN of related organization	EASTER SEALS SOUTHWEST FL FOUNDATION	350 BRADEN AVE	SARASOTA FT. 34243		65-0611186						

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

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

Schedule R (Form 990) 2008 EASTER SEALS SOUTHWEST FLORIDA, INC.

Page 2

59-0638490

General or managing partner? 9 Yes Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) Dispropor-tionate ŝ Yes Share of total income Share of end-of-year assets (E)
Predominant
income (related,
investment,
unrelated) Part III Identification of Related Organizations Taxable as a Partnership (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of
related organization

	(C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	trust) deserts ownership					
xable as a Corporation or Trust	Primary Activity (State or foreign controlling entity (C corp	10 (Karana)					_
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	(A) Name, address, and EIN of related organization						

Schedule R (Form 990) (2008)

TEEA5002L 12/23/08

BAA

TNC
FLORIDA.
SOUTHWEST
SEALS S
EASTER
2008
rm 990)
Fo
Schedule R (

Part V Transactions With Related Organizations

Page 3

59-0638490

Make Osemelake Hand 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV.  During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Dade II IV.		Yes No
a Receipt of (f) interest (ff) annuities (fil) royalties (iv) rent from a controlled entity.	ا۸: 	1a
Giff, grant, or capital contribution from other organization(s)		
of loops or loop an expension to a few other executions (a)		1c ×
d Loans or loan guarantees to or lot other organization(s)		1
י במנוס כו נסמו פעמומונכס בל מנופן מולמווזבמנטונסל יייייייייייייייייייייייייייייייייייי	***************************************	
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		1f X
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		
		× = ::::
j Lease of facilities, equipment, or other assets from other organization(s)		> 1.F
refrormance of services or membership or fundraising solicitations		
Ferrormance of services or membership or fundraising solicitations by other organization(s)		X X
in Sharing of half amployees		1m X
<b>o</b> Reimbursement paid to other organization for expenses.		
p Reimbursement paid by other organization for expenses		10 X
		1p X
<b>q</b> Other transfer of cash or property to other organization(s)		
-		5
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships	and transaction thresholds.	sholds.
(A) Name of other organization	(B) Transaction	(C) Amount involved
	type (a-r)	
(1) EASTER SEALS SOUTHWEST FL FOUNDATION	ບ	1 146 323
(2) EASTER SEALS SOUTHWEST FI. FOUNDATION		-
TI IOTHITION CONTROL	Ъ	169,566.
(3)		
(4)		
(5)		
(9)		
BAA TEBBERGAI NTINOMO		
	Schedul	Schedule <b>R</b> (Form 990) (2008)

Page 4

59-0638490

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities

Name, address, and EIN of entity	(b) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	Disproportionate	Code V-UBI amount in Box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	rorm (1065)	Yes
							+
							- 1
	- N 180						
							-
DAAA							_

#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization EASTER SEALS SOUTHWEST

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

FLORIDA, INC 59-0638490 FORM 990, PART V, LINES 1C, 7G & 7H WE HAVE ANSWERED NO TO THESE QUESTIONS AS WE DO NOT PARTICIPATE IN GAMING AND HAVE NOT RECEIVED ANY OF THESE TYPES ON CONTRIBUTIONS. AS SUCH, WE WERE NOT SUBJECT TO THE WITHHOLDING RULES NOR ARE WE REQUIRED TO FILE A FORM 8899 OR A 1098-C. FORM 990, PART III, LINE 1 - ORGANIZATION MISSION EASTER SEALS SOUTHWEST FLORIDA, INC. IS A NOT-FOR-PROFIT ORGANIZATION WITH LICENSE TO OPERATE IN MANATEE, SARASOTA, HIGHLANDS, HARDEE AND DESOTO COUNTIES. EASTER SEALS SOUTHWEST FLORIDA CREATES SOLUTIONS THAT CHANGE LIVES FOR CHILDREN, ADULTS AND FAMILIES THROUGH HIGH QUALITY THERAPEUTIC, EDUCATIONAL AND SUPPORT SERVICES. FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS A DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BOARD MEMBERS ARE REQUIRED TO SIGN A NEW CONFLICT OF INTEREST STATEMENT ANNUALLY. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES A BOARD COMMITTEE PROVIDES EVALUATION AND OVERSIGHT OF THE CEO POSITION AND SETS COMPENSATION CONSISTENT WITH THE RESPONSIBILITIES AND COMPETITIVE MARKETPLACE. OTHER SENIOR EMPLOYEES ARE EVALUATED BY THE CEO AND COMPENSATION IS SET CONSISTENT WITH JOB FUNCTIONS AND THE MARKET. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL REQUIRED DISCLOSURES ARE MADE AVAILABLE UPON REQUEST OR AT WWW.GUIDESTAR.ORG.