

# **Public Disclosure Copy**

## **Form 990**

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>EASTER SEALS, INC</b></td> <td rowspan="2"><b>D</b> Employer identification number  36-2171729</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number  312-726-6200</td> </tr> <tr> <td>141 W. JACKSON BLVD.</td> <td>1400A</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60604</td> <td><b>G</b> Gross receipts \$ 57,780,400.</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>KENDRA DAVENPORT</b> <b>SAME AS C ABOVE</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527</td> <td><b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.EASTERSEALS.COM</b></td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td><b>L</b> Year of formation: 1938 <b>M</b> State of legal domicile: OH</td> </tr> </table>	<b>C</b> Name of organization <b>EASTER SEALS, INC</b>		<b>D</b> Employer identification number  36-2171729	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  312-726-6200	141 W. JACKSON BLVD.	1400A	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60604		<b>G</b> Gross receipts \$ 57,780,400.	<b>F</b> Name and address of principal officer: <b>KENDRA DAVENPORT</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions	<b>J</b> Website: <b>WWW.EASTERSEALS.COM</b>		<b>H(c)</b> Group exemption number	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: 1938 <b>M</b> State of legal domicile: OH
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## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LEADING THE WAY TO FULL EQUITY, INCLUSION, AND ACCESS THROUGH DISABILITY AND COMMUNITY SERVICES.</b>
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right">22</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right">22</span>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <span style="float:right">58</span>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right">50</span>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right">8,386.</span>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right">0.</span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 53,004,639. <b>Current Year</b> 47,496,861.
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>5,452,900.</b> <b>5,396,500.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>-235,500.</b> <b>-489,400.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>920,061.</b> <b>803,239.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>59,142,100.</b> <b>53,207,200.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>7,748,107.</b> <b>8,615,046.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>1,710,749.</b> <b>2,148,409.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>13,587,572.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>26,005,258.</b> <b>24,139,979.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>59,018,514.</b> <b>58,611,700.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>123,586.</b> <b>-5,404,500.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 43,754,300. <b>End of Year</b> 41,736,300.
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>17,542,800.</b> <b>15,382,500.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>26,211,500.</b> <b>26,353,800.</b>

## 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.

<b>Sign Here</b>	Signature of officer <b>GLEND A F. OAKLEY, CFO</b>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LU ANN TRAPP</b>	Preparer's signature <b>LU ANN TRAPP</b>	Date <b>06/20/24</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01506476</b>
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN <b>38-1357951</b>		Phone no. (312) 207-1040	
	Firm's address <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606</b>				

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 [X]

1 Briefly describe the organization's mission:
EASTERSEALS IS LEADING THE WAY TO FULL EQUITY, INCLUSION, AND ACCESS THROUGH LIFE-CHANGING DISABILITY AND COMMUNITY SERVICES. TRUSTED BY FAMILIES FOR MORE THAN 100 YEARS, WE HAVE WORKED TIRELESSLY WITH OUR PARTNERS TO ENHANCE QUALITY OF LIFE (SEE SCHEDULE O CONTINUATION)

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 [X] 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 [X] 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 \$ 26,697,500. including grants of \$ 22,535,666. ) (Revenue \$ 3,519,687. )
PROGRAM DEVELOPMENT: FUNDING, LEADERSHIP, AND ASSISTANCE TO PROVIDE SERVICES FOR CHILDREN AND ADULTS WITH AUTISM AND OTHER DISABILITIES. PRIMARY SERVICES ARE MEDICAL REHABILITATION, JOB TRAINING AND EMPLOYMENT, INCLUSIVE CHILDCARE, ADULT DAY SERVICES, AND CAMPING AND RECREATION. BUILDING FROM EASTERSEALS' EXPERTISE, EASTERSEALS IS FOCUSING ON THREE SERVICE AREAS OF CRITICAL IMPORTANCE: EARLY INTERVENTION, WORKFORCE DEVELOPMENT AND ADULT SERVICES.

(SEE SCHEDULE O FOR ADDITIONAL PROGRAM INFORMATION)

4b (Code: ) (Expenses \$ 6,119,646. including grants of \$ 50,400. ) (Revenue \$ 806,788. )
PUBLIC HEALTH EDUCATION: CREATING A PUBLIC AWARENESS ABOUT INDIVIDUALS LIVING WITH DISABILITIES AND THE ISSUES THEY FACE THROUGH MULTI-MEDIA PUBLIC EDUCATION CAMPAIGNS, COMMUNITY ADVOCACY, AND BY PROVIDING UP-TO-DATE RESOURCES ABOUT DISABILITIES, DISABILITY AWARENESS, OPPORTUNITIES, UNIVERSAL DESIGN, AND OTHER RELEVANT TOPICS. THE PRIMARY FOCUS IS ON YOUNG CHILDREN, OLDER ADULTS, PEOPLE LIVING WITH AUTISM, AND MILITARY SERVICE MEMBERS AND VETERANS WITH DISABILITIES.

4c (Code: ) (Expenses \$ 4,244,500. including grants of \$ 1,122,200. ) (Revenue \$ 559,577. )
FUNDRAISING ADVISORY: TRAINING AND CONSULTATION WITH EASTERSEALS' AFFILIATES TO STRENGTHEN THEIR RELATIONSHIPS WITH DONORS AND MAKE THE GENERAL PUBLIC AWARE OF THE NEEDS OF CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,871,845. including grants of \$ 0. ) (Revenue \$ 510,448. )

4e Total program service expenses 40,933,491.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 81	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on 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? (X); 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records
GLENDA OAKLEY - 312-726-6200
141 W. JACKSON BLVD, SUITE 1400A, CHICAGO, IL 60604

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KENDRA DAVENPORT PRESIDENT & CEO	50.00 1.00			X				505,834.	0.	8,353.
(2) MARK HECHINGER CAO & COUNSEL	50.00 0.00			X				273,731.	0.	23,270.
(3) GLENDA OAKLEY CFO	50.00 1.00			X				241,248.	0.	8,054.
(4) MARCY TRAXLER SVP, NETWORK ADVANCEMENT	50.00 0.00				X			209,294.	0.	21,317.
(5) SHARON L. WATSON SVP, COMMUNICATIONS & CORPORATE RELA	50.00 0.00				X			206,701.	0.	14,222.
(6) DANA BUNKE SVP, DIRECT RESPONSE & INTEGRATED FU	50.00 0.00				X			193,484.	0.	20,490.
(7) THOMAS C. DAVIES VP, INFORMATION TECHNOLOGY	50.00 0.00					X		172,933.	0.	20,166.
(8) JUDY SHANLEY AVP, EDUCATION & YOUTH TRANSITION	50.00 0.00					X		164,194.	0.	19,913.
(9) CRYSTAL ODOM-MCKINNEY NATIONAL DIRECTOR, SCSEP	50.00 0.00					X		147,660.	0.	19,444.
(10) KATHERINE WALLACE VP BRAND MARKETING	50.00 0.00					X		143,951.	0.	15,910.
(11) MEREDITH MANSFIELD AVP, DATA AND INFORMATION MANAGEMENT	50.00 0.00					X		152,778.	0.	557.
(12) ALICIA GEORGES BOARD CHAIR	3.00 1.00	X		X				0.	0.	0.
(13) NANCY GOGUEN IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0.	0.	0.
(14) GLENN HENDERSON SECOND VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(15) JOAN ROCKEY TREASURER	3.00 1.00	X		X				0.	0.	0.
(16) TETIANA ANDERSON SECRETARY	3.00 0.00	X		X				0.	0.	0.
(17) NICOLE COOPER FIRST VICE CHAIR - PART YEAR	3.00 0.00	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MARK BERRYHILL BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(19) RORY COOPER BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(20) DONNA DAVIDSON BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(21) CRAIG ERLICH BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(22) WANDA HILL BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(23) JOE KERN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(24) KRISTEN INGHAM BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(25) JUAN OTERO BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(26) JOHN PFEIFFER BOARD MEMBER	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,411,808.	0.	171,696.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,411,808.	0.	171,696.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 20

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, INC., 1953 GALLOWS ROAD, SUITE 500, VIENNA, VA 22182	PRINTING/PRODUCTIONS	4,086,871.
RR DONNELLEY 7810 SOLUTION CENTER, CHICAGO, IL 60677	PRINTING/PRODUCTIONS	3,948,528.
BLACKBAUD PO BOX 930256, ATLANTA, GA 31193	DONOR MANAGEMENT SYSTEM	1,467,395.
EAGLECOM, INC, 2300 YONGE STREET, SUITE 1700, TORONTO, ONTARIO, CANADA MP4	DRTV PRODUCTION & CONSULTING	1,404,688.
PERSONAL FUNDRAISING SERVICES, LLC, 10 S. RIVERSIDE PLAZA, SUITE 875, CHICAGO, IL	FUNDRAISING/CANVASSING	1,395,490.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 23

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Rows include ERHARDT PREITAUER, POOJA RAHMAN, STEVE ROSSMAN, KAVEH SAFAVI, SHIVANI VORA, GENNY WINTER, MARK WHITLEY, MICHAEL WIRTH-DAVIS, MARIA CARILLO, and PATRICIA HALPER.

Total to Part VII, Section A, line 1c

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	25,463,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	22,033,361.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,842.				
	<b>h Total.</b> Add lines 1a-1f .....		47,496,861.				
<b>Program Service Revenue</b>	<b>2 a</b> AFFILIATE MEMBERSHIP	<b>Business Code</b>					
		541900	4,942,400.	4,942,400.			
	<b>b</b> ESPAC FEES	541900	454,100.	454,100.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		5,396,500.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		972,600.			972,600.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	479,800.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	479,800.				
	<b>d</b> Net rental income or (loss) .....		479,800.			479,800.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,111,200.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,573,200.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-1,462,000.				
	<b>d</b> Net gain or (loss) .....		-1,462,000.			-1462000.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> DONOR LIST RENTAL	<b>Business Code</b>					
		900099	323,439.		8,386.	315,053.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		323,439.				
<b>12 Total revenue.</b> See instructions .....		53,207,200.	5,396,500.	8,386.	305,453.		

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,685,259.	23,685,259.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	23,007.	23,007.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,725,998.	987,559.	516,800.	221,639.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,643,190.	2,656,679.	1,390,269.	596,242.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,222,403.	953,474.	56,231.	212,698.
<b>9</b> Other employee benefits	587,668.	336,244.	175,960.	75,464.
<b>10</b> Payroll taxes	435,787.	249,343.	130,484.	55,960.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	85,119.		85,119.	
<b>c</b> Accounting	108,220.		108,220.	
<b>d</b> Lobbying	106,324.		106,324.	
<b>e</b> Professional fundraising services. See Part IV, line 17	2,148,409.			2,148,409.
<b>f</b> Investment management fees	75,845.		75,845.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,330,115.	5,899,323.	527,319.	2,903,473.
<b>12</b> Advertising and promotion	86,985.	86,985.		
<b>13</b> Office expenses	448,406.	344,287.	97,052.	7,067.
<b>14</b> Information technology	1,640,672.	1,105,021.	92,727.	442,924.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,259,534.	797,048.	267,667.	194,819.
<b>17</b> Travel	299,727.	218,520.	53,805.	27,402.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	320,615.	286,213.	19,201.	15,201.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	325,025.	113,109.	118,109.	93,807.
<b>23</b> Insurance	94,241.	58,395.	21,970.	13,876.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINT MAIL PRODUCTION	9,711,616.	3,133,025.		6,578,591.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	247,535.		247,535.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	58,611,700.	40,933,491.	4,090,637.	13,587,572.
<b>26</b> 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 checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	13,399,000.	4,672,000.	0.	8,727,000.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,891,000.	<b>2</b>	2,488,100.
	<b>3</b> Pledges and grants receivable, net .....	5,902,600.	<b>3</b>	3,413,000.
	<b>4</b> Accounts receivable, net .....	632,200.	<b>4</b>	477,200.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	857,100.	<b>9</b>	594,800.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,059,600.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,041,200.	<b>10c</b>	1,018,400.
	<b>11</b> Investments - publicly traded securities .....	24,161,800.	<b>11</b>	26,068,800.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	200,000.	<b>14</b>	200,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	7,942,700.	<b>15</b>	7,476,000.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	43,754,300.	<b>16</b>	41,736,300.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,185,800.	<b>17</b>	4,366,200.
	<b>18</b> Grants payable .....	251,600.	<b>18</b>	709,800.
	<b>19</b> Deferred revenue .....	3,800.	<b>19</b>	65,600.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	13,101,600.	<b>25</b>	10,240,900.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	17,542,800.	<b>26</b>	15,382,500.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	17,649,900.	<b>27</b>	19,743,000.
	<b>28</b> Net assets with donor restrictions .....	8,561,600.	<b>28</b>	6,610,800.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	26,211,500.	<b>32</b>	26,353,800.
	<b>33</b> Total liabilities and net assets/fund balances .....	43,754,300.	<b>33</b>	41,736,300.

**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	53,207,200.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,611,700.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,404,500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,211,500.
5	Net unrealized gains (losses) on investments	5	3,513,100.
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 on Schedule O)	9	2,033,700.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,353,800.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: EASTER SEALS, INC
Employer identification number: 36-2171729

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 12, 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).
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).
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).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] 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...
11 [ ] An organization organized and operated exclusively to test for public safety.
12 [ ] 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).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations: [ ]
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	51784246.	65529129.	56014213.	53108539.	47496861.	273932988
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	51784246.	65529129.	56014213.	53108539.	47496861.	273932988
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						273932988

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	51784246.	65529129.	56014213.	53108539.	47496861.	273932988
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	696,974.	716,964.	867,368.	1150200.	1452400.	4883906.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	818,991.	508,455.	472,522.	454,961.	323,439.	2578368.
<b>11 Total support.</b> Add lines 7 through 10						281395262
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	26,819,478.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.35 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	97.65 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 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 \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**EASTER SEALS, INC**

Employer identification number

**36-2171729**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization  <b>EASTER SEALS, INC</b>	Employer identification number  <b>36-2171729</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>22,294,206.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,736,476.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization  <b>EASTER SEALS, INC</b>	Employer identification number  <b>36-2171729</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>EASTER SEALS, INC</b>	Employer identification number  <b>36-2171729</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

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

Name of organization <b>EASTER SEALS, INC</b>	Employer identification number <b>36-2171729</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	53,162.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	53,162.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	106,324.													
<b>d</b> Other exempt purpose expenditures .....	58,505,376.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	58,611,700.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	289,000.	330,000.	341,000.	106,324.	1,066,324.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	144,500.	165,000.	170,500.	53,162.	533,162.

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

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

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **EASTER SEALS, INC** Employer identification number **36-2171729**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 make 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 program
  - 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" on 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on 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)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 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" on 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				
b Buildings				
c Leasehold improvements		1,262,000.	770,200.	491,800.
d Equipment		1,797,600.	1,271,000.	526,600.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,018,400.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PERPETUAL TRUST	1,428,000.
(2) CHARITABLE REMAINDER TRUSTS	829,900.
(3) LEASE ASSET	4,949,300.
(4) POSTAGE ESCROW	268,800.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,476,000.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	3,149,200.
(3) ANNUITIES PAYABLE	498,000.
(4) LEASE LIABILITIES	6,593,700.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,240,900.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	74,168,600.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	3,513,100.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	17,190,100.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	20,703,200.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	53,465,400.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	75,845.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-334,045.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-258,200.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	53,207,200.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	74,026,300.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	17,190,100.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,699,655.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	15,490,445.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	58,535,855.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	75,845.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	75,845.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	58,611,700.

**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.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF SPLIT INTEREST	-334,000.
ROUNDING	-45.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 4B</b>	<b>-334,045.</b>

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

PENSION LIABILITY ADJUSTMENTS	-1,699,400.
ROUNDING	-255.
<b>TOTAL TO SCHEDULE D, PART XII, LINE 2D</b>	<b>-1,699,655.</b>



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **EASTER SEALS, INC** Employer identification number **36-2171729**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PERSONAL FUNDRAISING SERVICES - 10 RIVERSIDE PLAZA, SUITE	CANVASSING		X	1,138,183.	1,328,940.	-190,757.
GATEWAY COMMUNICATIONS INC - 16805 NE MASON CT, PORTLAND,	FUNDRAISING - TELEMARKETING		X	222,557.	169,068.	53,489.
BRUCE NAMEROW (DBA INTERACTIVE STRATEGIES LLC) -	FUNDRAISING CONSULTANT		X	46,428.	34,757.	11,671.
NNE MARKETING - 1666 MASSACHUSETTS AVE, LEXINGTON,	DIRECT MAIL GENERAL FUNDRAISING CONSULTANT		X	0.	483,466.	-483,466.
<b>Total</b>				1,407,168.	2,016,231.	-609,063.

- 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.
- AL, AK, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MN, MI, MA, MO, MS, NH, NJ, NM, NV, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, IN, AR, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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 provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: PERSONAL FUNDRAISING SERVICES

(I) ADDRESS OF FUNDRAISER:

10 RIVERSIDE PLAZA, SUITE 875, CHICAGO, IL 60606

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS INC

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON CT, PORTLAND, OR 97230

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: BRUCE NAMEROW (DBA INTERACTIVE STRATEGIES LLC)

(I) ADDRESS OF FUNDRAISER:

1133 CONNECTICUT AVE, NW, STE 600, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER: 1666 MASSACHUSETTS AVE, LEXINGTON, MA 02420

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**EASTER SEALS, INC**

Employer identification number  
**36-2171729**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AARP 601 E. STREET N.W. WASHINGTON, DC 20049	52-0794300	501(C)(3)	5,018,495.	0.			DISABILITY SERVICES
EASTERSEALS NEW JERSEY 25 KENNEDY BLVD SUITE 600 EAST BRUNSWICK, NJ 08816	22-1508591	501(C)(3)	4,615,166.	0.			DISABILITY SERVICES
EASTERSEALS OREGON 7300 SW HUNZIKER ST, SUITE 103 PORTLAND, OR 97223	93-0386885	501(C)(3)	4,122,457.	0.			DISABILITY SERVICES
EASTERSEALS-GOODWILL NORTHERN ROCKY MOUNTAIN - P.O. BOX 2509 - GREAT FALLS, MT 59403-2509	81-0232125	501(C)(3)	3,054,674.	0.			DISABILITY SERVICES
EASTERSEALS ALABAMA 5960 EAST SHIRLEY LANE MONTGOMERY, AL 36117	63-0320188	501(C)(3)	1,582,175.	0.			DISABILITY SERVICES
GOODWILL EASTER SEALS MIAMI VALLEY 660 SOUTH MAIN STREET DAYTON, OH 45402	31-0537112	501(C)(3)	1,182,241.	0.			DISABILITY SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **52.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) 2023**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS NORTHERN CALIFORNIA 2820 SHADELANDS DRIVE, BUILDING 5, WALNUT CREEK, CA 94598	84-1839186	501(C)(3)	556,535.	0.			DISABILITY SERVICES
EASTERSEALS ARKANSAS 3920 WOODLAND HEIGHTS ROAD LITTLE ROCK, AR 72212	71-0123680	501(C)(3)	277,189.	0.			DISABILITY SERVICES
EASTERSEALS SERVING DC MD VA, INC 1420 SPRING STREET SILVER SPRING, MD 20910	53-0212296	501(C)(3)	254,250.	0.			DISABILITY SERVICES
EASTERSEALS GREATER HOUSTON 4888 LOOP CENTRAL DRIVE, SUITE 200 HOUSTON, TX 77081	74-1238418	501(C)(3)	221,420.	0.			DISABILITY SERVICES
EASTERSEALS COLORADO 393 SOUTH HARLAN STREET, SUITE 250 LAKEWOOD, CO 80226	84-0412575	501(C)(3)	160,570.	0.			DISABILITY SERVICES
EASTERSEALS BLAKE FOUNDATION 7750 E. BROADWAY, STE A200 TUCSON, AZ 85710	86-0093224	501(C)(3)	148,063.	0.			DISABILITY SERVICES
EASTERSEALS NORTH GEORGIA 53 PERIMETER CENTER EAST, SUITE 550 ATLANTA, GA 30021	58-1919768	501(C)(3)	142,776.	0.			DISABILITY SERVICES
EASTERSEALS MICHIGAN WATERFORD OFFICES, 1105 N. TELEGRAPH ROAD - WATERFORD, MI 48326	38-1402860	501(C)(3)	121,364.	0.			DISABILITY SERVICES
EASTERSEALS CROSSROADS REHABILITATION CENTER - 4740 KINGSWAY DRIVE - INDIANAPOLIS, IN 46205	35-0869058	501(C)(3)	116,500.	0.			DISABILITY SERVICES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS UCP NORTH CAROLINA & VIRGINIA INC. - 5171 GLENWOOD AVENUE # 211 - RALEIGH, NC 27612	56-0670676	501(C)(3)	114,423.	0.			DISABILITY SERVICES
EASTERSEALS SOUTHERN CALIFORNIA 1063 MCGAW, SUITE 100 IRVINE, CA 92614	94-3068149	501(C)(3)	111,605.	0.			DISABILITY SERVICES
EASTERSEALS DUPAGE & FOX VALLEY ROSALIE DOLD CTR FOR CHILDREN, 830 SOUTH ADDISON ROAD - VILLA PARK, IL 60181	36-2476388	501(C)(3)	97,015.	0.			DISABILITY SERVICES
EASTERSEALS NEW HAMPSHIRE 555 AUBURN STREET MANCHESTER, NH 03103	02-0272825	501(C)(3)	93,158.	0.			DISABILITY SERVICES
EASTERSEALS DELAWARE & MARYLAND'S EASTERN SHORE - 61 CORPORATE CIRCLE - NEW CASTLE, DE 19720	51-0066728	501(C)(3)	87,913.	0.			DISABILITY SERVICES
EASTERSEALS WASHINGTON 200 WEST MERCER STREET, STE 210E SEATTLE, WA 98119	91-0575956	501(C)(3)	77,351.	0.			DISABILITY SERVICES
EASTERSEALS FLORIDA 2010 CROSBY WAY WINTER PARK, FL 32792	59-0637848	501(C)(3)	77,080.	0.			DISABILITY SERVICES
EASTERSEALS MASSACHUSETTS 484 MAIN STREET, DENHOLM BLDG WORCESTER, MA 01608	04-2103867	501(C)(3)	66,102.	0.			DISABILITY SERVICES
EASTERSEALS IOWA ACCOUNTS PAYABLE, 401 NORTHEAST 66TH DES MOINES, IA 50313	42-0707100	501(C)(3)	65,744.	0.			DISABILITY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS NEW YORK 40 WEST 37TH STREET, STE 503 NEW YORK, NY 10017	13-5506808	501(C)(3)	63,964.	0.			DISABILITY SERVICES
EASTERSEALS SOUTHWEST HUMAN DEVELOPMENT - 2850 NORTH 24TH STREET - PHOENIX, AZ 85008	86-0407179	501(C)(3)	62,034.	0.			DISABILITY SERVICES
EASTERSEALS REDWOOD 2901 GILBERT AVENUE CINCINNATI, OH 45206	31-0873433	501(C)(3)	57,118.	0.			DISABILITY SERVICES
EASTERSEALS NORTHEAST CENTRAL FLORIDA, INC. - 1219 DUNN AVENUE - DAYTONA BEACH, FL 32114	59-0722785	501(C)(3)	55,419.	0.			DISABILITY SERVICES
EASTERSEALS SOUTH FLORIDA 1475 N.W. 14TH AVENUE MIAMI, FL 33125	59-0722783	501(C)(3)	54,957.	0.			DISABILITY SERVICES
EASTERSEALS CENTRAL TEXAS 8505 CROSS PARK DRIVE, SUITE 120 AUSTIN, TX 78754	75-0808811	501(C)(3)	53,811.	0.			DISABILITY SERVICES
EASTERSEALS SOUTHWEST FLORIDA 350 BRADEN AVENUE SARASOTA, FL 34243	59-0638490	501(C)(3)	50,500.	0.			DISABILITY SERVICES
EASTERSEALS TENNESSEE 500 WILSON PIKE CIRCLE, SUITE 228 BRENTWOOD, TN 37027	62-0504893	501(C)(3)	48,721.	0.			DISABILITY SERVICES
EASTERSEALS MIDWEST 11933 WESTLINE INDUSTRIAL DR. ST LOUIS, MO 63021	43-0979927	501(C)(3)	47,751.	0.			DISABILITY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS CAPITAL REGION & EASTERN CONNECTICUT - REHABILITATION CENTER, 100 DEERFIELD ROAD - WINDSOR, CT 06095	06-0662138	501(C)(3)	42,834.	0.			DISABILITY SERVICES
EASTERSEALS JOLIET REGION, INC. 212 BARNEY DRIVE JOLIET, IL 60435	36-2300706	501(C)(3)	39,561.	0.			DISABILITY SERVICES
EASTERSEALS SOUTHEASTERN PENNSYLVANIA - DELEWARE COUNTY DIVISION, 468 N. MIDDLE TOWN ROAD - MEDIEC, PA 19131	23-1352293	501(C)(3)	39,252.	0.			DISABILITY SERVICES
EASTERSEALS WEST GEORGIA, INC. 2515 DOUBLE CHURCHES ROAD COLUMBUS, GA 31909	58-1919206	501(C)(3)	37,164.	0.			DISABILITY SERVICES
EASTERSEALS METROPOLITAN CHICAGO 1939 W. 13TH ST CHICAGO, IL 60608	36-2169153	501(C)(3)	36,175.	0.			DISABILITY SERVICES
EASTERSEALS OF MAHONING, TRUMBULL AND COLUMBIANA COUNTIES - 299 EDWARDS STREET - YOUNGSTOWN, OH 44502	34-6004377	501(C)(3)	33,509.	0.			DISABILITY SERVICES
EASTERSEALS EASTERN PENNSYLVANIA 1501 LEHIGH STREET, SUITE 201 ALLENTOWN, PA 18103	23-2823542	501(C)(3)	33,380.	0.			DISABILITY SERVICES
EASTERSEALS SOUTH CAROLINA P.O. BOX 5715 COLUMBIA, SC 29250	57-0342029	501(C)(3)	31,175.	0.			DISABILITY SERVICES
EASTERSEALS WESTERN AND CENTRAL PENNSYLVANIA - 875 GREENTREE ROAD, 6 PARKWAY CENTER, #150 - PITTSBURGH, PA 15220	25-0965215	501(C)(3)	30,743.	0.			DISABILITY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL EASTERSEALS MINNESOTA 553 FAIRVIEW AVENUE NORTH ST PAUL, MN 55104	41-0706171	501(C)(3)	30,500.	0.			DISABILITY SERVICES
EASTERSEALS LOUISIANA 935 GRAVIER STREET, SUITE 720 NEW ORLEANS, LA 70112	72-0694376	501(C)(3)	29,585.	0.			DISABILITY SERVICES
EASTERSEALS SOUTHWESTERN INDIANA THE REHABILITATION CENTER, 3701 BELLEMEADE AVENUE - EVANSVILLE, IN 47714	35-0909982	501(C)(3)	27,659.	0.			DISABILITY SERVICES
EASTERSEALS ARC OF NORTHEAST INDIANA - 4919 COLDWATER ROAD - FORT WAYNE, IN 46825	35-0998711	501(C)(3)	27,134.	0.			DISABILITY SERVICES
EASTERSEALS OF OAK HILL 120 HOLCOMB STREET HARTFORD, CT 06112	06-0653197	501(C)(3)	24,262.	0.			DISABILITY SERVICES
EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC. - 3830 TRUEMAN COURT - HILLIARD, OH 43026	31-4379471	501(C)(3)	23,594.	0.			DISABILITY SERVICES
EASTERSEALS RIO GRANDE VALLEY, TEXAS - P.O. BOX 489, 1217 HOUSTON STREET - MC ALLEN, TX 78505-0489	74-1233800	501(C)(3)	21,459.	0.			DISABILITY SERVICES
EASTERSEALS REHABILITATION CENTER 2203 BABCOCK ROAD SAN ANTONIO, TX 78229	74-1653179	501(C)(3)	14,520.	0.			DISABILITY SERVICES
EASTERSEALS SUPERIOR CALIFORNIA 3205 HURLEY WAY SACRAMENTO, CA 95827	94-1279800	501(C)(3)	11,211.	0.			DISABILITY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS CENTRAL CALIFORNIA 9010 SOQUEL DRIVE APTOS, CA 95003	94-1497580	501(C)(3)	10,844.	0.			DISABILITY SERVICES

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCSEP PARTICIPANT SUPPORTIVE SERVICES	92	23,007.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

EASTERSEALS MONITORS THE VARIOUS GRANTS PROVIDED TO SUBRECIPIENTS THROUGH THE USE OF FINANCIAL AND NON-FINANCIAL MEASURES. FOR EXAMPLE, EACH SUBRECIPIENT MUST SUBMIT ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS TO ENSURE SOLVENCY AND THAT BASIC FINANCIAL THRESHOLDS ARE MET. FOR NON-FINANCIAL MEASURES, EASTERSEALS HAS MULTIPLE INTERACTIONS WITH SUBRECIPIENTS THROUGHOUT THE YEAR TO MONITOR PERFORMANCE AND TO MAKE RECOMMENDATIONS FOR INCORPORATING BEST PRACTICES INTO SUBRECIPIENTS' OPERATIONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**EASTER SEALS, INC**

Employer identification number

**36-2171729**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENDRA DAVENPORT PRESIDENT & CEO	(i) 486,934.	0.	18,900.	7,596.	757.	514,187.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) MARK HECHINGER CAO & COUNSEL	(i) 273,731.	0.	0.	8,522.	14,748.	297,001.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) GLENDA OAKLEY CFO	(i) 241,248.	0.	0.	7,297.	757.	249,302.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) MARCY TRAXLER SVP, NETWORK ADVANCEMENT	(i) 209,294.	0.	0.	6,511.	14,806.	230,611.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) SHARON L. WATSON SVP, COMMUNICATIONS & CORPORATE RELA	(i) 206,701.	0.	0.	6,290.	7,932.	220,923.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) DANA BUNKE SVP, DIRECT RESPONSE & INTEGRATED FU	(i) 193,484.	0.	0.	1,591.	18,899.	213,974.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) THOMAS C. DAVIES VP, INFORMATION TECHNOLOGY	(i) 172,933.	0.	0.	5,402.	14,764.	193,099.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) JUDY SHANLEY AVP, EDUCATION & YOUTH TRANSITION	(i) 164,194.	0.	0.	5,144.	14,769.	184,107.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) CRYSTAL ODOM-MCKINNEY NATIONAL DIRECTOR, SCSEP	(i) 147,660.	0.	0.	4,635.	14,809.	167,104.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) KATHERINE WALLACE VP BRAND MARKETING	(i) 143,951.	0.	0.	1,141.	14,769.	159,861.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(11) MEREDITH MANSFIELD AVP, DATA AND INFORMATION MANAGEMENT	(i) 152,778.	0.	0.	0.	557.	153,335.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

HOUSING ALLOWANCE FOR CHICAGO APARTMENT RENTAL FOR CEO, \$1,575 PER MONTH

BEGINNING IN JUNE 2023. THIS HOUSING ALLOWANCE IS REPORTED AS TAXABLE

INCOME.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

EASTER SEALS, INC

Employer identification number

36-2171729

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (CONTINUED)

AND EXPAND LOCAL ACCESS TO HEALTHCARE, EDUCATION, EMPLOYMENT, AND

TRANSPORTATION. AND WE WON'T REST UNTIL EVERY ONE OF US IS VALUED,

RESPECTED, AND ACCEPTED. THROUGH OUR NATIONAL NETWORK OF AFFILIATES,

EASTERSEALS PROVIDES ESSENTIAL SERVICES AND ON-THE-GROUND SUPPORTS EACH

YEAR TO 1.5 MILLION CHILDREN AND ADULTS WITH DISABILITIES, INCLUDING

VETERANS AND OLDER ADULTS FROM EARLY CHILDHOOD PROGRAMS FOR THE

CRITICAL FIRST FIVE YEARS TO AUTISM SERVICES, MEDICAL REHABILITATION

AND EMPLOYMENT PROGRAMS, TRANSPORTATION AND MOBILITY SERVICES,

VETERANS' PROGRAMS, AND MORE. OUR PUBLIC EDUCATION, POLICY, AND

ADVOCACY INITIATIVES POSITIVELY SHAPE PERCEPTIONS AND ADDRESS THE

URGENT AND EVOLVING NEEDS OF ONE IN FOUR AMERICANS WITH DISABILITIES

TODAY. TOGETHER, WE'RE EMPOWERING PEOPLE WITH DISABILITIES, FAMILIES,

AND COMMUNITIES TO BE FULL AND EQUAL PARTICIPANTS IN SOCIETY. TO LEARN

MORE, VISIT [WWW.EASTERSEALS.COM](http://WWW.EASTERSEALS.COM).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPLEMENTING THE THREE SERVICE AREAS ARE THE FOLLOWING PROGRAMS:

SCSEP -

EASTERSEALS SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) IS A

WORK-BASED COMMUNITY SERVICE PROGRAM FOR OLDER WORKERS, FUNDED BY THE

DEPARTMENT OF LABOR (DOL). AUTHORIZED BY THE OLDER AMERICAN ACT, THE

PROGRAM PROVIDES SUBSIDIZED, SERVICE-BASED TRAINING FOR LOW-INCOME

PERSONS 55 OR OLDER, WHO ARE UNEMPLOYED WITH POOR EMPLOYMENT PROSPECTS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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SCSEP'S MISSION IS TO PROMOTE ECONOMIC SELF-SUFFICIENCY FOR OLDER INDIVIDUALS SEEKING TO ACHIEVE THIS GOAL. PROGRAM PARTICIPANTS TRAIN AT COMMUNITY NONPROFITS AND GOVERNMENT AGENCIES, GAINING SKILLS TO PREPARE THEM FOR EMPLOYMENT.

IN ADDITION, EASTERSEALS PROVIDES PROGRAM PARTICIPANTS TRAINING TO HELP THEM BECOME JOB-READY; THIS CAN INCLUDE RESUME WORKSHOPS, INTERVIEW WORKSHOPS, JOB SEARCH ASSISTANCE, AND OTHER SUPPORTS TO BECOME MORE EMPLOYABLE.

EASTERSEALS SCSEP PARTICIPANTS PROVIDED COMMUNITY SERVICE TO LOCAL NOT-FOR-PROFIT AND GOVERNMENT AGENCIES THROUGH THEIR TRAINING ASSIGNMENTS.

CTAA/NCMM -

EASTERSEALS IS A SUBCONTRACTOR TO THE COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA ON THIS FIVE-YEAR NATIONAL TECHNICAL ASSISTANCE CENTER FUNDED THROUGH A COOPERATIVE AGREEMENT WITH THE US DEPARTMENT OF TRANSPORTATION, FEDERAL TRANSIT ADMINISTRATION.

EASTERSEALS IS A CRITICAL PARTNER CHARGED WITH CARRYING OUT THE NCMM MISSION: TO FACILITATE COMMUNITIES TO ADOPT TRANSPORTATION STRATEGIES AND MOBILITY OPTIONS THAT EMPOWER PEOPLE TO LIVE INDEPENDENTLY AND ADVANCE HEALTH, ECONOMIC VITALITY, SELF-SUFFICIENCY, AND COMMUNITY.

THROUGH UNIVERSALLY DESIGNED TECHNICAL ASSISTANCE, EASTERSEALS:

Name of the organization <b>EASTER SEALS, INC</b>	Employer identification number <b>36-2171729</b>
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-ASSISTS STATES, REGIONS, AND LOCAL COMMUNITIES TO ADDRESS  
TRANSPORTATION CHALLENGES, SOLVE PROBLEMS, AND BUILD CAPACITY TO  
COORDINATE RESOURCES THROUGH MOBILITY MANAGEMENT.

-SUPPORTS FTA'S COORDINATING COUNCIL ON ACCESS AND MOBILITY (CCAM).

-DEVELOPS AND DELIVERS TRAINING, PRODUCTS, AND INFORMATIONAL MATERIALS;  
AND

-FACILITATES A NATIONAL COMMUNITY OF PRACTICE FOR MOBILITY MANAGEMENT  
PROFESSIONALS.

NCMM STAFF PROVIDED VARYING LEVELS OF TECHNICAL ASSISTANCE, INCLUDING  
INTENSE AND TARGETED TECHNICAL ASSISTANCE THROUGH WORKSHOPS AND  
PRESENTATIONS AND LESS-INTENSE TA THROUGH ONLINE MODES. NOTABLE  
OUTCOMES INCLUDED:

TRANSPORTATION/PAC & NADTC -

EASTERSEALS TRANSPORTATION GROUP STAFF ADMINISTERS TWO FEDERAL  
COOPERATIVE AGREEMENTS AND A FEE-FOR-SERVICE CONSULTING BUSINESS. THE  
TRANSPORTATION GROUP FOCUSES ON FIVE MAJOR AREAS: TECHNICAL ASSISTANCE  
ACTIVITIES, GRANTS MANAGEMENT; DEVELOPMENT AND DELIVERY OF RESOURCES,  
TRAINING PROGRAMS, AND OUTREACH INITIATIVES. BELOW ARE THE SUMMARIES  
FOR EACH OF THE TRANSPORTATION GROUP'S PROGRAMS/PROJECTS.

EASTERSEALS PROJECT ACTION CONSULTING (ESPAC) PROVIDES FEE-FOR-SERVICE  
TECHNICAL ASSISTANCE, TRAINING, AND GRANT MANAGEMENT FOR SERVICE  
PROVIDERS ACROSS THE UNITED STATES. OUR GOAL IS TO HELP TRANSPORTATION  
AND/OR DISABILITY SERVICE PROVIDERS, SCHOOLS, DEPARTMENTS OF  
TRANSPORTATION, TRANSIT ASSOCIATIONS, TRAVEL TRAINING ASSOCIATIONS,

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HUMAN SERVICE AGENCIES, STATES, REGIONAL AGENCIES, TRIBAL NATIONS, COMMUNITIES AND OTHERS DEVELOP CUSTOMIZED SOLUTIONS TO IMPROVE MOBILITY FOR ALL INDIVIDUALS. EASTERSEALS PROJECT ACTION CONSULTING OFFERS CUSTOMIZED TRAINING AND TECHNICAL ASSISTANCE TO FIT EVERY AGENCY'S SCHEDULE AND EACH COMMUNITY'S NEEDS. STAFF HAVE THE EXPERTISE TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON THE AMERICANS WITH DISABILITIES ACT, RURAL AND TRIBAL TRANSPORTATION MANAGEMENT, LEADERSHIP DEVELOPMENT, STRATEGIC PLANNING, PUBLIC ENGAGEMENT, COMMUNITY COALITION BUILDING, AND MANY OTHER ACCESSIBLE TRANSPORTATION TOPICS.

THE NATIONAL AGING AND DISABILITY TRANSPORTATION CENTER (NADTC) IS OPERATED THROUGH A COOPERATIVE AGREEMENT FUNDED BY THE U.S. DEPARTMENT OF TRANSPORTATION, FEDERAL TRANSIT ADMINISTRATION (FTA). ITS MISSION IS TO PROMOTE THE AVAILABILITY AND ACCESSIBILITY OF TRANSPORTATION OPTIONS THAT MEET THE NEEDS OF OLDER ADULTS AND PEOPLE WITH DISABILITIES, AND CAREGIVERS. STAFF IS RESPONSIBLE FOR: INFORMATION, REFERRAL AND TECHNICAL ASSISTANCE ACTIVITIES (I.E., TOLL-FREE, PERSON-CENTERED INFORMATION AND REFERRAL AND TARGETED TECHNICAL ASSISTANCE); TRAINING PROGRAMS (I.E., ONLINE COURSES, WEBINARS); GRANT ADMINISTRATION (COMMUNITY GRANT PROGRAMS); OUTREACH INITIATIVES (I.E., NEWSLETTERS, PRESENTATIONS AT CONFERENCES, BLOGS, AND MAINTENANCE OF WEBSITE); SOCIAL MEDIA ENGAGEMENT (I.E., FACEBOOK, LINKEDIN, TWITTER), RESOURCE DEVELOPMENT (I.E., TRENDS REPORTS, TOOLKITS, INFORMATION BRIEFS ON SPECIFIC TOPICS OF INTEREST); SURVEYS AND RESEARCH SPECIFIC TO TRANSPORTATION FOR OLDER ADULTS, PEOPLE WITH DISABILITIES, AND CAREGIVERS; AS WELL AS OVERSIGHT AND TECHNICAL ASSISTANCE FOR FTA'S ICAM AND HSCR GRANTEES.

Name of the organization EASTER SEALS, INC	Employer identification number 36-2171729
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES - PROFESSIONAL EDUCATION AND TRAINING:

ACTIVITIES TO IMPROVE THE KNOWLEDGE, SKILLS, AND CRITICAL JUDGMENT OF AFFILIATE STAFF, VOLUNTEERS, CAREGIVERS, AND OTHER HEALTH AND EDUCATION PROFESSIONALS.

EXPENSES \$ 3,871,845. INCLUDING GRANTS OF \$ 0. REVENUE \$ 510,448.

FORM 990, PART VI, SECTION A, LINE 6:

EASTER SEALS, INC. EXISTS TO SUPPORT THE INTERESTS OF AFFILIATE EASTERSEALS ORGANIZATIONS WHICH CONSIST OF TWO (2) CLASSES: AFFILIATES AND PROVISIONAL AFFILIATES. AFFILIATES ARE REPRESENTED ON THE BOARD AND HAVE APPROVAL RIGHTS OVER AMENDMENTS AFFECTING CERTAIN PROVISIONS OF THE BYLAWS OF EASTER SEALS, INC. IN ADDITION, THE BYLAWS OF EASTER SEALS, INC. PROVIDE FOR 3 AFFILIATE CEO VOTING SEATS ON THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD OF EASTER SEALS, INC. ARE NOMINATED BY A NOMINATING COMMITTEE OF THE BOARD AND ELECTED BY THE BOARD AS PROVIDED IN THE BYLAWS. THE NOMINATING COMMITTEE IS APPOINTED BY THE CHAIR OF THE BOARD OF EASTER SEALS, INC. AND SHALL CONTAIN AT LEAST 5 MEMBERS, INCLUDING 2 AFFILIATE CEO'S AND 2 AFFILIATE CHIEF VOLUNTEER OFFICERS WHO ARE NOT MEMBERS OF THE BOARD OF EASTER SEALS, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

THE AFFILIATES OF EASTER SEALS, INC. ARE RESERVED CERTAIN POWERS UNDER THE BYLAWS OF THE ORGANIZATION WHICH REQUIRE THEIR APPROVAL OF ANY AMENDMENT TO SUCH BYLAWS WHICH ADDRESS:

Name of the organization EASTER SEALS, INC	Employer identification number 36-2171729
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- ESTABLISHMENT OR MODIFICATION OF AFFILIATION FEE FORMULA
- CHANGES TO THE AFFILIATION AGREEMENT RELATED TO CERTAIN STANDARDS OF AFFILIATION
- ELIMINATION OR ALTERATION OF THE PROVISION OF THE BYLAWS PROVIDING FOR 3 AFFILIATE CEO SEATS ON THE BOARD
- CHANGES TO THE SECTION OF THE BYLAWS WHICH ESTABLISH THE ABOVE APPROVAL RIGHTS AND ANY OTHER MATTER FOR WHICH THE BOARD SEEKS APPROVAL OF THE AFFILIATES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE PRIOR TO THE FINAL SUBMISSION. THE AUDIT COMMITTEE, PER ITS CHARTER, IS GRANTED AUTHORITY BY THE BOARD TO REVIEW THE FORM 990. ADDITIONALLY, ALL BOARD MEMBERS WERE PROVIDED AN ELECTRONIC COPY OF THE FORM 990, INCLUDING ALL SUPPLEMENTAL SCHEDULES, PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

1) CONFLICT OF INTEREST FORMS WERE SENT OUT AND COMPLETED BY BOARD MEMBERS AND EMPLOYEES FOR THIS YEAR. THE CONFLICT OF INTEREST POLICY AND FORMS FOR VOLUNTEERS AND STAFF HAVE BEEN RECENTLY REVIEWED BY LEGAL COUNSEL TO ENSURE THEY ARE CONSISTENT WITH ALL APPROPRIATE REQUIREMENTS AND REGULATIONS.

2) ALL CONFLICT OF INTEREST FORMS COMPLETED BY BOARD MEMBERS AND STAFF ARE REVIEWED BY HUMAN RESOURCES TO DETERMINE IF ANY POTENTIAL CONFLICTS EXIST AND ANY POTENTIAL ISSUES ARE RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization <b>EASTER SEALS, INC</b>	Employer identification number <b>36-2171729</b>
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THE EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE EVALUATES THE PERFORMANCE AND REVIEWS AND ESTABLISHES THE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF EASTERSEALS. THE COMMITTEE ALSO REVIEWS COMPENSATION OF KEY EXECUTIVE TEAM MEMBERS. COMPARABLE COMPENSATION DATA, PREPARED BY SEVERAL OUTSIDE SOURCES, IS SHARED WITH THE COMMITTEE TO ASSIST THEM IN THEIR DECISION-MAKING. THE COMMITTEE'S DECISIONS ARE FORMALLY DOCUMENTED IN MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NV, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MT, NC

FORM 990, PART VI, SECTION C, LINE 19:  
EASTERSEALS, UPON REQUEST, WILL PROVIDE COPIES OF ANY OF THE FOLLOWING DOCUMENTS TO THE GENERAL PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D): 1) FORM 1023, 2) FORM 990, 3) FORM 990-T, 4) GOVERNING DOCUMENTS, 5) CONFLICT OF INTEREST POLICY, AND 6) FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 1A -  
LIFETIME MEMBERS, HONORARY MEMBERS AND BOARD FELLOWS ARE MEMBERS OF THE BOARD OF DIRECTORS, BUT DO NOT HAVE VOTING RIGHTS.

FORM 990, PART IX, LINE 11G, OTHER FEES:  
OTHER FEES:  
PROGRAM SERVICE EXPENSES 5,899,323.  
MANAGEMENT AND GENERAL EXPENSES 527,319.



Name of the organization <b>EASTER SEALS, INC</b>	Employer identification number <b>36-2171729</b>
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**FUNDRAISING EXPENSES** **2,903,473.**

**TOTAL EXPENSES** **9,330,115.**

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** **9,330,115.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

**PENSION LIABILITY ADJUSTMENT** **1,699,400.**

**CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT** **334,000.**

**ROUNDING** **300.**

**TOTAL TO FORM 990, PART XI, LINE 9** **2,033,700.**

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **EASTER SEALS, INC**      Employer identification number: **36-2171729**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EASTER SEALS FOUNDATION - 26-1207337 141 W. JACKSON BLVD., SUITE 1400A CHICAGO, IL 60604	SUPPORTS EASTER SEALS, INC.	ILLINOIS	501(C)(3)	LINE 12A, I INC.	EASTER SEALS, INC.		X

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**      Schedule R (Form 990) 2023

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

