Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning SEP~1~, 2020, and ending AUG~31~, 2021~

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number

31-4379471

SOUTHEAST OHIO, INC Name and title of officer or person subject to tax PANDORA SHAW-DUPRAS

EASTERSEALS CENTRAL AND

CEO Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 8,489,338.							
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b							
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b							
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b							
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b							
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b							
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b							
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax								
Under penalties of perjury, I declare that X I am an officer of the above organization or \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o tax with respect to							

. (EIN)

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

(name of organization)

SCHAEFER, HACKETT & CO. X | I authorize CLARK,

ERO firm name

to enter my PIN

Enter five numbers, but

and that I have examined a copy

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31308088522

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► CLARK, SCHAEFER, HACKETT & CO.

_ Date ▶ _ 06/28/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

			- F			
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships, F	REMICS	s, and trusts	
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			,
Type or	Name of exempt organization or other filer, see instru	ictions.	Та	xpayer	identification numb	er (TIN)
print	EASTERSEALS CENTRAL AND					
File by the	SOUTHEAST OHIO, INC				31-437947	1
due date for filing your return. See Number, street, and room or suite no. If a P.O. box, see instructions. 3830 TRUEMAN COURT						
instructions.	City, town or post office, state, and ZIP code. For a for HILLIARD, OH 43026	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applicati	on	Return	Application			Return
Is For Code Is For						Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 4720 (individual) 03 Form 4720 (other than individual)						09
Form 990-PF 04 Form 5227						10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATIO	_	HTTTTARR OH 43036			
	books are in the care of \triangleright 3830 TRUEMAN CO	JURT -				
	ione No. ► 614-228-5523		Fax No.			
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit	_				
box 🕨 [. If it is for part of the group, check this box	_ and alla	ch a list with the names and Thys of all	пепь	ers the extension is	ior.
1 I re	quest an automatic 6-month extension of time until	ZIIIT.	7 15, 2022 , to file the	o ovom	npt organization retu	ırn for
	organization named above. The extension is for the organization			e exem	ipt organization reto	1111101
ti 16	calendar year or	ariizatiori s	return for.			
		an	d ending AUG 31, 2021			
		, an	d onding		- '	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return Fina	al retur	'n	
	Change in accounting period					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less			
	nonrefundable credits. See instructions.	,	,	За	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and			
	mated tax payments made. Include any prior year overp			3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			
usii	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3с	\$	0.
	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 8453	EO an	d Form 8879-EO for	payment
instructio	ns.					

023841 04-01-20

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u> I	For the	2020 calendar year, or tax year beginning $$ $$ $$ $$	EP 1,	2020 and	ending A	UG 31, 2	021				
В	Check if applicable:	C Name of organization				D Employer ic	lentific	cation number			
á	applicable:	EASTERSEALS CENTRAL AND)								
Г	Address change	SOUTHEAST OHIO, INC									
	Name change	Doing business as				31-43	794	71			
	Initial return	Number and street (or P.O. box if mail is not del	vered to str	eet address)	Room/suite	E Telephone n	umbei	r			
	Final return/	3830 TRUEMAN COURT		,		614-2		5523			
	termin- ated	City or town, state or province, country, and 2	ZIP or forei	gn postal code		G Gross receipts \$ 8,573,580.					
	Amende return	HILLIARD, OH 43020				H(a) Is this a group return					
	Applica-		DORA S	SHAW-DUPRAS	3	for subord	inates	? Yes X No			
	pending	SAME AS C ABOVE				H(b) Are all subord	inates in	cluded? Yes No			
			◀ (insert r)	no.) 4947(a)(1)	or 527	If "No," at	tach a	list. See instructions			
<u>J</u> \	Website	: ► EASTERSEALS.COM/CENTRAL	OHIO/			H(c) Group exe	mptio	n number 🕨			
		· ga	sociation	Other >	L Year	of formation: 19	45 n	N State of legal domicile: OH			
Pa		Summary									
4	1 B	riefly describe the organization's mission or most	significant	activities: EAST	ERSEAL	S PROVID	ĒS I	EXCEPTIONAL			
Governance	<u> </u>	ERVICES TO PEOPLE WITH DI	SABIL	ITIES OR S	PECIAL	NEEDS A	ND '	THEIR			
rna	2 0	heck this box 🕨 🔲 if the organization discor	tinued its	operations or dispos	sed of more	than 25% of its r	net ass	sets.			
o ve	3 N	umber of voting members of the governing body (Part VI, line	e 1a)			3	14			
Ğ	4 N	umber of independent voting members of the gov	erning bod	y (Part VI, line 1b)		.)	4	14			
S S	5 T	otal number of individuals employed in calendar y	ear 2020 (F	Part V, line 2a)			5	168			
Activities &	6 T	otal number of volunteers (estimate if necessary)					6	129			
Çį	7 a ⊺	otal unrelated business revenue from Part VIII, col					7a	0.			
_	b N	et unrelated business taxable income from Form 9					7b	0.			
•						Prior Year		Current Year			
	8 0	ontributions and grants (Part VIII, line 1h)				2,086,2		6,008,139.			
Revenue	9 P	rogram service revenue (Part VIII, line 2g)				2,705,7		2,319,541.			
eve	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4,				61,1		59,252.			
ď	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,				193,7	93.	102,406.			
	1	otal revenue - add lines 8 through 11 (must equal				5,046,9	01.	8,489,338.			
		irants and similar amounts paid (Part IX, column (0.	0.			
	1	enefits paid to or for members (Part IX, column (A					0.	0.			
S	45 0	alaries, other compensation, employee benefits (F				3,521,3	28.	3,270,539.			
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), li					0.	0.			
per	. вт	otal fundraising expenses (Part IX, column (D), line	25)	159,3	07.						
ŭ	17 C	other expenses (Part IX, column (A), lines 11a-11d,				1,482,6	09.	1,596,929.			
		otal expenses. Add lines 13-17 (must equal Part IX				5,003,9	37.	4,867,468.			
	19 F	evenue less expenses. Subtract line 18 from line 1				42,9	64.	3,621,870.			
Net Assets or	3				Ве	ginning of Current	Year	End of Year			
sets	20 T	otal assets (Part X, line 16)				6,502,2	99.	9,965,534.			
ASS	21 T	otal liabilities (Part X, line 26)				3,198,7		2,720,160.			
Rei	22 N	et assets or fund balances. Subtract line 21 from	ine 20			3,303,5	28.	7,245,374.			
Pa	art II	Signature Block									
Und	er penalt	ies of perjury, I declare that I have examined this return,	including ac	companying schedules	s and stateme	ents, and to the bes	t of my	knowledge and belief, it is			
true	, correct,	and complete. Declaration of preparer (other than office	r) is based o	n all information of wh	nich preparer	has any knowledge).				
		<u></u>									
Sig	n	Signature of officer				Date					
Her	е	PANDORA SHAW-DUPRAS, CE	EO								
_		Type or print name and title									
	I .	Print/Type preparer's name	Preparer's	signature		.,	heck	PTIN			
Paid	յ [ANE E. PFEIFER			0	6/28/22 s	elf-employ	ed P00014949			
Pre		Firm's name CLARK, SCHAEFER,				Firm's E	IN 🕨	31-0800053			
Use	Only	Firm's address 4449 EASTON WAY,	SUITE	400							
		COLUMBUS, OH 4321	L9			Phone n	0.61	4-885-2208			
Ma	the IR	discuss this return with the preparer shown above	e? See ins	tructions				X Yes No			

SOUTHEAST OHIO, INC 31-4379471 <u> Page</u> **2** Form 990 (2020) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OUR MISSION IS TO SPREAD HELP, HOPE & ANSWERS. EASTERSEALS' PURPOSE IS TO CHANGE THE WAY THE WORLD DEFINES AND VIEWS DISABILITY BY MAKING POSITIVE DIFFERENCES IN PEOPLE'S LIVES EVERY DAY. PROFOUND, Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes." describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O. 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. 1,453,449. including grants of \$.596.998. (Revenue \$) (Expenses \$ IN HOME SERVICES - EASTERSEALS' UNIQUE IN-HOME SERVICES ENABLED 32 YOUNG CHILDREN THROUGH SENIOR ADULTS WITH DISABILITIES, OR SPECIAL NEEDS, TO LIVE WITHIN THEIR HOMES. OUR IN-HOME SERVICES STRIVE TO SUPPORT THE DAILY INDEPENDENCE GOALS OF THESE INDIVIDUALS THAT HAVE WORKING WITH OUR CLIENTS' INTERESTS IN MIND, SPECIALIZED NEEDS. EASTERSEALS PROVIDES A SAFE, SECURE ENVIRONMENT OF RESPECT AND ENRICHMENT THAT RESULTS IN HIGH QUALITY CARE FOR PEOPLE WHO MIGHT OTHERWISE BE FORCED INTO AN INSTITUTIONAL SETTING. 738,973. including grants of \$ 4b) (Expenses \$) (Revenue \$ EARLY CHILDHOOD EDUCATION - EASTERSEALS EARLY INTERVENTION PROGRAM PROVIDED SERVICES TO 73 CHILDREN AGES 12 TO 36 MONTHS WHO HAVE BEEN PREVIOUSLY IDENTIFIED WITH DEVELOPMENTAL DELAYS OR DISABILITIES. SERVICES CONSIST OF HOME VISITS AND CENTER BASED SERVICES. EASTERSEALS PROVIDED THE FAMILIES WITH EDUCATION AND THERAPY BASED INTERVENTIONS TO HELP ACHIEVE THE GOALS INCLUDED IN EACH CHILD'S INDIVIDUAL FAMILY THE PROGRAM IS STAFFED BY SPECIALLY TRAINED EARLY SERVICE PLAN. INTERVENTION SPECIALISTS, EARLY INTERVENTION ASSISTANTS, OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST, AND SPEECH THERAPIST. 100% OF THE FAMILIES OF CHILDREN ENROLLED AND SURVEYED DURING FISCAL YEAR 2021 WOULD RECOMMEND EASTERSEALS TO FAMILY AND FRIENDS. 878,296. 653,327.) (Expenses \$ including grants of \$) (Revenue \$ PROVIDES THERAPEUTIC PROGRAMMING, LIFE SKILLS AND ADULT DAY CENTERS THE SUPPORT NECESSARY TO REMAIN ACTIVELY ENGAGED IN THE COMMUNITY. INDIVIDUALS HAVE THE OPPORTUNITY TO REGULARLY INTERACT WITH ALL AGES AND ABILITY LEVELS THROUGH REGULAR ACTIVITIES AND COMMUNITY EVENTS. EASTERSEALS SERVED 46 CLIENTS IN OUR THREE CENTERS LOCATED IN CHILLICOTHE, SOUTH POINT AND PORTSMOUTH, Other program services (Describe on Schedule O.) 1 , 237 , 000 . including grants of \$69,216.)

718.

4,307,

Form **990** (2020)

Part IV Checklist of Required Schedules

1				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule (Part I) 4 Section 801(c)(s) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the supplies Schedule (Part I) 5 Is the organization as cotion 501(c)(h) 501(c)(s) or 501(c)(s) organization that receives membraship dues, assessments, or similar amounts as defined in Revenue Procedule 8419" II "Yes, "complete Schedule C, Part III II I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Pres', complete Schedule C, Part I is Section 501(ip) election in effect during the tax year? If 'Pres', complete Schedule C, Part II is the organization as accino 501(ip) election in effect during the tax year? If 'Pres', complete Schedule C, Part II is the organization as accino 501(ip). 43 (516) or 501(ip) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If 'Pres', complete Schedule C, Part III is the organization market any often adverse during or any similar funds or accounts or which donno have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Pres', complete Schedule D, Part II is Did the organization received noted a conservation casement, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yres,' complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for escrove or custodial account liability, serve as a disdocidant for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or depth replation services? If 'Yes,' complete Schedule D, Part IV is It If the organization report an amount for interval in a present any organization report any of the following questions is 'Yes,' then complete Schedule D, Part VI it If the organization report an amount for investments or the social assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part VI is Did the organization report an amount for investments or other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part VI is Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If		If "Yes," complete Schedule A	1_		
Section 50(R)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as section 501(h)(s), 501(c)(s),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II Si Is the organization a section 50 (16/4), 501 (16/6) or 501 (16/6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised in a disparation or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II is schedule D, Part II II is organization maintain organization of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II is organization report an amount in Part X, line 21 for escrew or custodial account liability, sege as a custodial for amounts not listed in Part X, ine 12 for escrew or custodial account liability, sege as a custodial for amounts not listed in Part X, ine 12 for escrew or custodial account liability, sege as a custodial for amounts not listed in Part X, ine 12 for escrew or custodial account liability, sege as a custodial for amounts not listed in Part X, ine 10 for through a related organization, hold assets in donor-restriction endowments II "If "Yes," complete Schedule D, Part V II Did the organization seport an amount for investments or the securities in Part X, line 10 for If Yes, complete Schedule D, Part V II Did the organization report an amount for investments or the securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16 for If Yes, complete Schedule D, Part X II Did the organization seporate or consolidated financial statements for the tax year include a tortinot that addresses the organization seporate or consolidated financial statements for the tax year? If "Yes,		public office? If "Yes," complete Schedule C, Part I	3		Х
s the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B1/8 (17 Yes, "complete Schedule C, Part II Did the organization maintain any donor advesed funds or any similar funds or accounts?" If "Yes," complete Schedule D, Part I Did the organization receive no hold a conservation assement, including assements to preserve upon pasce, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization receive no hold a conservation assement, including assements to preserve upon pasce, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization peror an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustodial for amounts not listed in Part X, or provide credit consensing, did the management, credit repair, or odd negletation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI as applicable. Did the organization report an amount for rivestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for rivestments - other securities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the o	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation essential, including essentials to preserve open space, the environment, historical drags, or historic stressures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sene as a sustodial for amounts not listed in Part X for provide crodit conselling, debt management, credit repair, or debt neoptiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for line seasors in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount of the line season in Part X, line 18; If "Yes," complete Schedule D, Part X III Did the organization report an amount for line season in Part X, line 18; If yes, "complete Schedule D, Part X III Did the organization report and amount for the line season in Part X, line 18; If yes, "complete Schedule D, Part X III Did the organ		during the tax year? If "Yes," complete Schedule C, Part II	4		X
bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization received or hold a conservation easement, including assembles to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sene as a sustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or sawer to any of the following questions is "Yes," then complete Schedule D, Part SV II II II the organization asserts only of the following questions is "Yes," then complete Schedule D, Part SV II II II the organization report an amount for investments of the securities in Part X, line 10, If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments or ther securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part VII II	5				l
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Pto I bid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pto I Pto		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts N and XII is optional 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report and Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) ines 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report and total of fundraising event gross income and contributions on Part VIII, lines 1 and 82 If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did	u		114	х	
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Page 4

EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Count (A). Image 27 **(Pays.**) complete Schedule (). Part I and III				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and rightest compensated employees? If "Yes," complete Schedule I, Ent VII Visc, "for line 25a VX	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part IV as issued after December 31, 2002? If "Yes," arrange insex 24b through 24d and complete Schedule J. Part IV as issued after December 31, 2002? If "Yes," arrange insex 24b through 24d and complete Schedule J. Part IV as issued after December 31, 2002? If "Yes," arrange insex 24b through 24d and complete Schedule J. Part IV as issued after December 31, 2002? If "Yes," arrange insex 24b through 24d and complete Schedule J. Part IV as a sch		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Late to deep complete state day of the year, that was issued after December 31, 2002? // "Yes," answer fires 24b through 24d and complete Schedule K. If "No," go to fire 25e. Dot the organization marks any proceeds of tax exempt bonds beyond a temporary period exception? Dot the organization meast any proceeds of tax exempt bonds beyond a temporary period exception? Dot the organization meast any proceeds of tax exempt bonds beyond a temporary period exception? Dot the organization meast any proceeds of tax exempt bonds beyond a temporary period exception? Dot the organization marks and exempt bonds beyond a temporary period exception? Dot the organization marks and an exception of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Sa Section 50(16)3, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Soberbule I, Part I Dot the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I Dot the organization aware that it engaged in an excess benefit transaction has not been reported on any of these persons? If "Yes," complete Schedule I, Part II Dot the organization provide and on the part of the sasting of the part of the part of the part of the sasting of the part of the part of the part of the part	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yea," arrawer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		· ·		4	77
sate day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25s. b Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16), 501(16), 40 of 50(16), 40 of 50(1			23		X
Schedule K. If "No.", go to line 25a	24a	· · · · · · · · · · · · · · · · · · ·			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive vaccount other than a refunding service at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 258 Section 901(3), 501(46), 40 and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 258 X better the transaction bas not been reported on any of the organization engage in an excess benefit transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 259 X 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 another or any of these persons? If "Yes," complete Schedule L, Part II 270 X Y and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, complete Schedule L, Part IV I instructions, for applicable fling thresholds, conditions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IV I Instructions, for applicable fling thresholds, conditions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IV I Instructions of the properties of the following parties give Schedule L, Part IV I Instructions? If Yes, complete Schedule L, Part IV I Instructions? If Yes, complete Schedule L, Part IV I Instructions of the properties of the part I Instructions of the properties of the properties of the p			045		y
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c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 10b the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 X 21 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 21 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 22 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 23 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 24 A 35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 25 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 26 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O for Part V, line 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O for Part V, lines 11b and 19? 39 Note: All Form 990 filers are required to complete Schedule O for Part V, lines 11b and 19? 30 Did the organization complete Schedule O for Part V, lines 11b and 19? 31 Did the organization organization organized to not place schedule O for Part V, lines	b				
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(gambling) winnings to prize winners?	_				
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	X	

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Form **990** (2020)

Form 990 (2020) SOUTHEAST OHIO, INC

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

	Catalonic Hogarania Canal International Continued)			
0-	Fatautha gurahay of application and application of Managerittal of Warra and Tay Obstances		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 168			
h	filed for the calendar year ending with or within the year covered by this return 2a 15 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)	20		
32	Did the appropriate have applied by a result of the control of the	За		X
	If IIVes II has it find a Farm COOT for this way O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	Х
b	If "Yes," enter the name of the foreign country	14		<u> </u>
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a h	Gross income from members or shareholders			
J	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O.		000	(0000)
		F		'UUUUU'

SOUTHEAST OHIO, 31-4379471 Form 990 (2020) 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 Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

THE ORGANIZATION - 614-228-5523 43026 3830 TRUEMAN COURT, HILLIARD, OH

State the name, address, and telephone number of the person who possesses the organization's books and records

032006 12-23-20

statements available to the public during the tax year.

Form 990 (2020)

SOUTHEAST OHIO, INC

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or truster

 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of grant of g	Key employee	Highest compensated surpline		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PANDORA SHAW-DUPRAS CEO	40.00			Х				138,649.	0.	1,146.
(2) KRISTY EMCH-ROBY CHIEF DEVELOPMENT OFFICER	40.00			x				94,735.	0.	9,572.
(3) TONI MASON CHIEF HUMAN RESOURCES OFFI	40.00			х				92,228.	0.	7,861.
(4) JENNIFER NICKELL-THOMAS SECRETARY	1.00	X		X				0.	0.	0.
(5) JIM KELLEY PAST PRESIDENT	1.00	Х		х				0.	0.	0.
(6) TRISHA KREJCI PRESIDENT	1.00	х		х				0.	0.	0.
(7) RYAN STEELE ASSISTANT SECRETARY	1.00	Х		х				0.	0.	0.
(8) J. ANTHONY KINGTON DIRECTOR	1.00	х						0.	0.	0.
(9) JEFF GOUHIN DIRECTOR	1.00	Х						0.	0.	0.
(10) RENE PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(11) GRANT MOOT TREASURER	1.00	X		х				0.	0.	0.
(12) ANGIE FIRESTINE DIRECTOR	1.00	X						0.	0.	0.
(13) KAZUE MOTOKI DIRECTOR	1.00	X						0.	0.	0.
(14) KIMBERLY REGIS DIRECTOR	1.00	x						0.	0.	0.
(15) JAY GROTE CO-VP	1.00	X		Х				0.	0.	0.
(16) MISTI COLE DIRECTOR	1.00	X						0.	0.	0.
(17) KIMBERLY LATHEM DIRECTOR	1.00	X						0.	0.	0.
032007 12-23-20	ı								•	Form 990 (2020)

Form **990** (2020) 032007 12-23-20

Form 990 (2020) SOUTHEAS 7	r OHIO,	IN	IC						31-43	<u>79471</u>	L Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	compensated Employee	s (continued)		
(A)	(B)			(((D)	(E)		(F)
Name and title	Average			Pos	ition			Reportable	Reportable		Estimated
Trains and the	hours per					than o		compensation	compensation		amount of
	week					r/trus		from	from related		other
	(list any	tor						the	organizations	co	mpensation
	hours for	direc				- D		organization	(W-2/1099-MISC		from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,		rganization
	organizations	trust	lal tr		yee	ed uic				a	nd related
	below	Individual trustee or director	Institutional trustee	-e	Key employee	est c	ıer			org	ganizations
	line)	√ipul	Insti	Officer	Key 6	Highest compensated employee	Former				
(18) JEFF BRUNER	10.00										
OUTSOURCED CFO				Х				0.		0.	0.
										7	
										_	
										_	
								205 610			10 550
1b Subtotal								325,612.		0. 1 0.	18,579. 0.
c Total from continuation sheets to Part VI			_		4	····		325,612.			18,579.
d Total (add lines 1b and 1c)			- 4							0 • _	10,379.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		1
compensation from the organization			_								
											Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for se										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	. J 1	for such individual		4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest con	mpensated ind	epe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compe	nsation f	from
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		1	(C)
Name and business	address							Description of s	ervices	Comp	ensation
KEYTEL SYSTEMS		_	_								
6200 EASTGREEN BLVD, REYN	OLDSBUR	G,	0	H -	43	06	8	IT SERVICES		1	<u>15,023.</u>
, —							\dashv				

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2020) SOUTHEA
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S (s	1 2	Federated campaigns 1a	13,061.				1
ant		Membership dues 1b	13,001.				
يَّةِ وَ							
ts, Ar		•		-			
Gifts, Grants ilar Amounts		Related organizations 1d	<u> </u>				
Contributions, (and Other Simil		, ,	650,625.	-			
걸	f	All other contributions, gifts, grants, and					
ig H			344,453.				
dit	g	Noncash contributions included in lines 1a-1f 1g \$	54,335.				
<u>သိ မ</u>	h	Total. Add lines 1a-1f)	6,008,139.			
			Business Code				
ø	2 a	PROGRAM SERVICE FEES	624120	2,319,541.	2,319,541.		
Program Service Revenue	b						
Ser	С						
E S	d						
Beg	e					Y	
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		2,319,541.			
$\overline{}$	3	Investment income (including dividends, intere		2/313/3111			
	3	other similar amounts)		56,953.			56,953.
	4	Income from investment of tax-exempt bond p		30,333.			30,333.
	5				-		
	3	Royalties(i) Real	(ii) Personal				
	٠.		(ii) i cisoriai				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a		2,299.	-			
		assets other than inventory 7a	2,299.	-			
4	b	Less: cost or other basis	0.				
n i		and sales expenses 7b	2,299.	-			
e e	С	Gain or (loss) 7c	4,499.	2 200			2 200
her Revenue		Net gain or (loss)	<u> </u>	2,299.			2,299.
the	8 a	Gross income from fundraising events (not					
ᅙ		including \$of					
		contributions reported on line 1c). See	160 101				
			162,121.				
			84,242.	77.070			77 070
		Net income or (loss) from fundraising events	<u> </u>	77,879.			77,879.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19		-			
		Less: direct expenses 9b					
	— '	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory	<u></u>				
S			Business Code	04 - 0-			
o n	11 a	MISCELLANEOUS	900099	24,527.			24,527.
ane	b						
cell šev	С						
Miscellaneous Revenue	d	All other revenue		04 - 25			
	е	Total. Add lines 11a-11d		24,527.			1.64
	12	Total revenue. See instructions		8,489,338.	2,319,541.	0.	161,658.

Form 990 (2020) SOUTHEAST OHI Part IX Statement of Functional Expenses SOUTHEAST OHIO, INC

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				4
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	344,191.	298,325.	33,329.	12,537
6	Compensation not included above to disqualified		,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,725,342.	2,365,945.	263,226.	96,171
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	85,583.	72,100.	8,661.	4,822
0	Payroll taxes	115,423.	101,905.	10,031.	3,487
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	552,910.	469,676.	66,370.	16,864
2	Advertising and promotion				
3	Office expenses	169,005.	164,643.	1,391.	2,971
4	Information technology				
5	Royalties				
6	Occupancy	163,600.	159,604.	1,054.	2,942
7	Travel	68,898.	65,067.	2,970.	861
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	11,459.	10,110.	965.	384
0	Interest	87,087.	82,788.	2,866.	1,433
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	224,074.	216,010.	2,734.	5,330
3	Insurance	59,729.	56,656.	2,049.	1,024
4	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 0.)				
а	EQUIPMENT RENTAL & MAIN	89,217.	80,219.	3,031.	5,967
b	NATIONAL DUES	57,363.	57,363.	-,	- / - •
C	DETAILITATE & DUDI TONICONO	55,947.	54,618.	892.	437
d	MEMBERSHIP DUES	41,843.	38,220.	428.	3,195
	All other expenses	15,797.	14,469.	446.	882
5	Total functional expenses. Add lines 1 through 24e	4,867,468.	4,307,718.	400,443.	159,307
<u></u>	Joint costs. Complete this line only if the organization	, ,	, ,	,	
_	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	EUUCAUOHAI CAIIIPAIGII AHU IUHUFAISIHU SOHCHAHOH				

Form 990 (2020)

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,012,524.	1	1,743,154
	2	Savings and temporary cash investments		2	1,000,062
	3	Pledges and grants receivable, net		3	/
	4	Accounts receivable, net	227,253.	4	199,759
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	24,322.	9	56,292
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,817,812.			
	b	Less: accumulated depreciation 10b 2,208,732.	2,731,716.	10c	2,609,080
	11	Investments - publicly traded securities	2,152,998.	11	2,473,328
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	252 406	14	1 000 050
	15	Other assets. See Part IV, line 11	353,486.	15	1,883,859
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,502,299.	16	9,965,534
	17	Accounts payable and accrued expenses	215,115.	17	266,861
	18	Grants payable	F0 207	18	F16 F42
	19	Deferred revenue	58,207.	19	516,543
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		-00	
Lia	00	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties	1,536,949.	22	1,412,046
	23 24		1,388,500.	24	524,710
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	1,300,300.	24	324,710
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,198,771.	26	2,720,160
	20	Organizations that follow FASB ASC 958, check here	3/230///20	20	27.237233
es		and complete lines 27, 28, 32, and 33.			
nc nc	27	Net assets without donor restrictions	2,733,434.	27	6,597,543
3al	28	Net assets with donor restrictions	570,094.	28	647,831.
De l		Organizations that do not follow FASB ASC 958, check here	,		
Ψ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,303,528.	32	7,245,374
1	33	Total liabilities and net assets/fund balances	6,502,299.	33	9,965,534.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,86		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,30		
5	Net unrealized gains (losses) on investments	5	28	2,8	76.
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	3	7,1	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,24	5,3	74.
Pa	rt XII Financial Statements and Reporting		7		
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		<u> </u>	Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public

Inspection

EASTERSEALS CENTRAL AND Name of the organization

Employer identification number

D =			HEAST OHIO					31-43/94/1	
	rt I	Reason for Public C					ee instructions.		
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	r the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit descr	ibed in	
_		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6									
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Co		iliai part or its support ii	om a gove	minentari	unit of from the genera	ai public described in	
			•	(4)(A)(i) (Camaralata Davi	\				
8	\square	A community trust describe			•				
9		An agricultural research org							
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the colle	ege or	
		university:							
10		An organization that normal							
		activities related to its exem	pt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its suppor	t from gross investment	
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization	n after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out th	ne purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3)	. Check the box in	
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically b	by giving	
		the supported organization							
		organization. You must c			, ,				
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by h	naving	
_		control or management of					-	-	
		organization(s). You mus					mer er manage me ee		
С		Type III functionally inte			in connect	tion with s	and functionally integra	ated with	
·		its supported organization						atod with,	
d		Type III non-functionally		·				nization(a)	
u							• • • • • •	* *	
		that is not functionally into		•	•		='	iliveriess	
		requirement (see instructi	·	- ·					
е		Check this box if the orga					Type I, Type II, Type I	II	
_		functionally integrated, or							
Ť		er the number of supported o							
g		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	``	organization	(,	(described on lines 1-10	,	ng document?	support (see instructions		
	-			above (see instructions))	Yes	No		, , , , ,	
·									

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.)

Sec	tion A. Public Support						4
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1628825.	1824336.	1784127.	2086226.	6008139.	13331653.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1628825.	1824336.	1784127.	2086226.	6008139.	13331653.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2710062.
6	Public support. Subtract line 5 from line 4.						10621591.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1628825.	1824336.	1784127.	2086226.		13331653.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	62,520.	64,218.	68,316.	61,118.	56,953.	313,125.
9	Net income from unrelated business	•				•	,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	188,060.	153,927.	207,444.	200,272.	102,406.	852,109.
11	Total support. Add lines 7 through 10			,	,		14496887.
	Gross receipts from related activities,	etc. (see instruction	ins)			12 13	,637,555.
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.27 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	88.69 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization						<u> </u>
			•	•			or 990-EZ) 2020

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	siow, piease comp	nete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not	(4)	χα,==	(5),=5.12	(3) = 3.2	(2)====	
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						X
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf				- X		
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			12			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			<u> </u>			
Calendar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	C	O				
and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13,	column (f))		15	9/
16 Public support percentage from 2019					16	9
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
more than 33 1/3%, check this box an	-	-	•			
b 33 1/3% support tests - 2019. If the	•			•	•	
line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

032023 01-25-21

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
1			>
	2		
1			
	0-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Jd		
	OL.		
	9b		
	9с		
	10a		
	10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		_
			Yes	No
4	Did the governing heady members of the governing heady efficare esting in their efficial conceits, or membership of one or		162	NO
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3				
	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? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 SOUTHEAST OHIO, INC

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
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 co	omplet	e Sections A through E.				
Cook	ion A. Adiriated Not Income		(A) Drier Veer	(B) Current Year			
Secu	on A - Adjusted Net Income	_	(A) Prior 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Secti	on B - Minimum Asset Amount		(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):						
<u>a</u>	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
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	Minimum Asset Amount (add line 7 to line 6)	8					
Secti	on C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting orgar	nization (see			
	instructions)						

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount **c** Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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.)
	Gee instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

EASTERSEALS CENTRAL AND

COTTMITTE A CM OTTTO

OMB No. 1545-0047

2020

Employer identification number

21 /270/71

	SOUTHEAST ONTO, INC	31-43/34/1					
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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	501(c)(3) taxable private foundation					
Check if your organizati	on is covered by the General Rule or a Special Rule.						
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
For an organiz	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or					
	any one contributor. Complete Parts I and II. See instructions for determining a contributor'						
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 or 990-EZ), 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
()							
For an organiz	ation 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, scient						
	iterary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering						
"N/A" in colum	nn (b) instead of the contributor name and address), II, and III.						
For an organiz	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one contributor, during the					
	cions exclusively for religious, charitable, etc., purposes, but no such contributions totaled m	,					

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

EASTERSEALS CENTRAL AND
SOUTHEAST OHIO, INC

Employer identification number

31-4379471

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	Name, address, and Zir + +	\$ 803,045.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 151,321.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 648,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Trumo, addi 200, dila Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
EASTERSEALS CENTRAL AND
SOUTHEAST OHIO, INC

31-4379471

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-0,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC 31-4379471 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC

Employer identification number 31-4379471

Par	t 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 wi	riting that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor adv	visors 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				
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (for example, recreation	on or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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				
а	Total number of conservation easements		2a				
b			2b				
С	Number of conservation easements on a certified historic struc		0-				
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structu	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, release		e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ease	ment is located					
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it h	nolds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation easements during the year				
	—						
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ition easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of		tner Similar Assets.				
	Complete if the organization answered "Yes" on Form 9						
1a	If the organization elected, as permitted under FASB ASC 958,	•					
	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.						
þ	If the organization elected, as permitted under FASB ASC 958,	•					
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtl	herance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
			·				
2	If the organization received or held works of art, historical treas		al gain, provide				
	the following amounts required to be reported under FASB AS	_					
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X		> \$				

032051 12-01-20

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

Schedule D (Form 990) 2020

	t III Organizations Maintaining C	ollections of Ar		asures, or	Other S		(continued)
3	Using the organization's acquisition, accession						(continuca)
	collection items (check all that apply):						
а	a Public exhibition d Loan or exchange program						
b	Scholarly research	е					
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization	's exempt	t purpose in Part	XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar as	sets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizatio	n answered "Y	es" on Fo	orm 990, Part IV, I	ine 9, or
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other asset	ts not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII						
		•	· ·				Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance					1f	
	Did the organization include an amount on Fo					?	Yes No
	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV	/, line 10.		
		(a) Current year	(b) Prior year	(c) Two years) Three years back	(e) Four years back
	Beginning of year balance	468,882.	450,266.	463,	634.	500,331.	464,214.
b	Contributions						
	Net investment earnings, gains, and losses	127,189.	21,133.	22,	490.	45,995.	38,791.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	2,976.	2,517.	35,	858.	82,692.	2,674.
	Administrative expenses	502.005	460.000	450	0.6.6	162 624	500 221
	End of year balance	593,095.	468,882.	,	266.	463,634.	500,331.
2	Provide the estimated percentage of the curr	ent year end balance)) held as:			
	Board designated or quasi-endowment		<u>_</u> %				
	Permanent endowment ► 75.0908 Term endowment ► 24.9092	%					
С							
2-	The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posse		tion that are hald ar	ad administars	d for the c	ovacnization	
Sa		ssion of the organiza	ition that are neid ar	ia administered	a for the c	organization	Yes No
	by: (i) Unrelated organizations						3a(i) X
	(11) 5 1 1 1 1 1 1						3a(ii) X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir					3b
4	Describe in Part XIII the intended uses of the						
	t VI Land, Buildings, and Equipm						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	see Form 990, F	Part X, line	e 10.	
	Description of property	(a) Cost or o		or other		umulated	(d) Book value
		basis (investr	nent) basis	(other)		eciation	. ,
1a	Land			8,288.			618,288.
	Buildings			8,576.			1,808,472.
C C	Leasehold improvements			5,594.		50,573.	65,021.
	Equipment			1,245.		75,082.	36,163.
	Other		25	4,109.	17	72,973.	81,136.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	<u></u>		2,609,080.
						Schedule	D (Form 990) 2020

Schedule D (Form 990) 2020 DOCTILEADT OF	iio, inc	31	TOTOTT Page O
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(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) Tetal (Col. (h) must aqual Form 000, Part V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Port IV line	11a San Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(2) 20011 141141	(c) memora di padamento della	or your marries raide
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1) CASH VALUE OF LIFE INSURAN	CE POLICIES		266,909.
(2) BENEFICIAL INTEREST IN ASS		OTHERS	55,597.
(3) MISCELLANEOUS			46,975.
(4) COLUMBUS FOUNDATION ES TRA	NSFORMATIONA	L ENDOWMENT	1,498,595.
(5) CONSTRUCTION IN PROGRESS			15,783.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	>	1,883,859.
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" of	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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Calumn /h) must acust Form 000 Part V and (D) line	05.)		

Schedule D (Form 990) 2020

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	Reconciliat	ion of Revenue per	r Audited Finan	cial Statements	With Revenue
Schedule D	(Form 990) 2020	SOUTHEAS	T OHIO, IN	С	
		EASTERSE	ALS CENTRA	L AND	

rai	Complete if the experimental personnel West on Four 000 Part IV line 100	VVILII	nevenue per ner	uiii.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			1	8,952,878.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0,332,070:
		2a	282,876.		
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2b	1,000.		
		2c	1,000.		
q	Recoveries of prior year grants Other (Describe in Part XIII.)	2d	179,664.		
d				2e	463,540.
3				3	8,489,338.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,103,0001
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	8,489,338.
	t XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per R		n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,011,032.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,000.
3	Subtract line 2e from line 1			3	1,000. 5,010,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-142,564.		
С	Add lines 4a and 4b			4c	-142,564.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	4,867,468.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal infor	mation.		
ת את	OM VI IINE OD OMIED ADTHOMENMO.				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
D III (CLASSIFICATION OF WORKERS COMP REFUND				142,564.
750	LIASSIFICATION OF WORKERS COMP REFUND				142,304.
MΟΙ	RTGAGE INTEREST RATE SWAP GAIN				37,100.
.101	KIONOD INIDADJI KAID DWAI CAIN				37,100.
ron	TAL TO SCHEDULE D, PART XI, LINE 2D				179,664.
	10 20112-012 27				
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
REC	CLASSIFICATION OF WORKERS COMP REFUND				-142,564.
					<u> </u>
					

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form	990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization	EASTERS:	EALS CENTRAI	AND						ntification number
		ST OHIO, INC						1-4379	
		Complete if the organi	zation answe	red "Y	es" or	n Form 990, Part IV, I	line 17. F	Form 990-EZ	filers are not
	omplete this part								
1 Indicate whether the									
a Mail solicitation		e				overnment grants			
<u> </u>	email solicitations					nment grants			
		g	Special	tundra	ising	events			
d In-person solid 2 a Did the organization		r oral agreement with a	ny individual	(includ	ina of	ficere directore true	tees or	1	
		art VII) or entity in conn					iccs, or	Yes	□ No
		iduals or entities (fundr					he fundr	aiser is to be	
compensated at lea									
									Π
(i) Name and address	of individual			(iii) fundr	Did aiser	(iv) Gross receipts	(v) An	nount paid etained by)	(vi) Amount paid
or entity (fundr		(ii) Activity	/	have con	ustody trol of	from activity	fur	ndraiser	to (or retained by) organization
				contribu	itions?		listed	l in col. (i)	
				Yes	No				
Total							<u> </u>		<u> </u>
List all states in whice or licensing.	h the organizatio	n is registered or licens	ed to solicit o	contribi	utions	or has been notified	l it is exe	mpt from re	gistration
or neerising.									
<u> </u>									

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G	6 (Form 990 or 990-EZ) 2020 SOUTHEA	AST OHIO, INC		31-	43/94/1	Page
Part II	Fundraising Events. Complete if the	ne organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,0	000
	of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$	35,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total ev	onto
			BOITEBON &		(u) Total ev	CIIIS

		of fundraising event contributions and gro	233 111001110 0111 01111 0300		venta with gross receipt	s greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BOURBON &		(add col. (a) through
			TURKEY TROT	BARBECUE	14	col. (c)
			(event type)	(event type)	(total number)	COI. (C))
Revenue						
e e	1	Gross receipts	65,772.	48,149.	48,200.	162,121.
æ			,	·	•	
	2	Less: Contributions				
	_	2000. COMMISCHORE				
	3	Gross income (line 1 minus line 2)	65,772.	48,149.	48,200.	162,121.
	Ť				== 7 = 5 - 7	
	4	Cash prizes				
	Ť	Cuon prizes				
	5	Noncash prizes				
S		Tronousin prizos				
nse	6	Rent/facility costs		6,955.	5,780.	12,735.
xpe	١	Tions acoust		0,5551	37,201	227.550
Direct Expenses	7	Food and beverages		3,110.	35.	3,145.
irec	′	Food and beverages		3,110.	33.	3,143.
	_	Entertainment				
	8		55,105.	1,563.	11,694.	68,362.
	10	Other direct expenses	<u> </u>			84,242.
	11				······	77,879.
Pa	ırt I	Gaming. Complete if the organization a		990 Part IV line 19 or r	reported more than	11,015
		\$15,000 on Form 990-EZ, line 6a.	answered res entrem	1000, 1 di 11, illic 10, 01 1	oported more than	
		¥ ,		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						() ()
Re	4	Gross revenue				
	Ė	G1000 10 VOI 100				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
EX		Tronsach prizes				
ect	4	Rent/facility costs				
Ę	7	The his recently exects				
	5	Other direct expenses				
	_	Outer direct expenses				
			Vec %	Vac %	Ves %	
	6	Volunteer labor	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
			No No	No No	□ No □	
	6 7	Volunteer labor Direct expense summary. Add lines 2 through	No No		□ No □	
	7	Direct expense summary. Add lines 2 through	No No 15 in column (d)	No No	No ▶	
	7		No No 15 in column (d)	No No	No ▶	
9	7	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 1 5 in column (d) from line 1, column (d)	No	No P	
	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 1 5 in column (d) from line 1, column (d) acts gaming activities:	No No	No	Ves No.
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming acceptance.	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these	No States?	No	Yes No
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these	No States?	No	Yes No
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming acceptance.	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these	No States?	No	Yes No
a b	7 8 Ent Is t	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action," explain:	No 1 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	No States?	No ►	
10a	7 8 Entra Is t	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming ac No," explain: ere any of the organization's gaming licenses re-	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	states?	No ►	
10a	7 8 Entra Is t	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action," explain:	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	states?	No ►	

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

EASTERSEALS CENTRAL AND

Sch	edule G (Form 990 or 990-EZ) 2020 SOUTHEAST OHIO, INC	31-43	19411	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
	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?	Γ	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
			13a	04
	The organization's facility			<u>%</u>
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
		4		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
-	of gaming revenue retained by the third party \$\bigs\sum_{\text{squared}}\$			
_	e If "Yes," enter name and address of the third party:			
	in Tes, enternance and address of the tillid party.	•		
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	——————————————————————————————————————			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, , , ,	,
	, ,			
4				

EASTERSEALS CENTRAL AND

Schedule G (Form 990 or 990-EZ) SOUTHEAST (OHIO, INC	31-4379471 Page 4
Schedule G (Form 990 or 990-EZ) SOUTHEAST (Part IV Supplemental Information (continued)		
		A W
_		
·		
)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

EASTERSEALS CENTRAL AND SOUTHEAST OHIO,

Employer identification number 31-4379471

Pa	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of determi	ning	
		applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution a	mount	s
1	Art - Works of art			, , , , , , , , , , , , , , , , , , ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	1	54,335.	APPRAISAL		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock				· ·		
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies)				
21 22	Taxidermy						
23	Historical artifacts						
24	Scientific specimens Archeological artifacts						
25	Other (
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82						
			_			Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?	?			30a		X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	policy that re	quires the review of	of any nonstandard contribut	ions? 31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?				32a		X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

<u>Schedule M</u>	(Form 990) 2020	SOUTHEAST	OHIO, INC			31-4379471	Page 2
Part II	(Form 990) 2020 Supplemental is reporting in Part	Information. P	rovide the information umber of contribution	required by Part I, lins, the number of items	es 30b, 32b, and 33 s received, or a comb	, and whether the organiza bination of both. Also comp	tion olete
	tnis part for any ac	iaitional informatior	l.				
							- 1
					1/2	7	
				0-			
			5				
		~ V	/				
	2						
32142 11-23-20	1					Schedule M (Form	990) 202(

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC

Employer identification number 31-4379471

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILIES TO LIVE, LEARN, WORK, AND PLAY IN THEIR COMMUNITIES. ENVISION ALL PEOPLE HAVING CHOICES AND OPPORTUNITIES TO REACH THEIR POTENTIAL.

PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990

SCHOOL AFTER OTHER PROGRAM SERVICES INCLUDING OMBUDSMAN SERVICES SUMMER YOUTH CAMP, READING PROGRAM, CHANCE TO DANCE, DISCOVERY PUBLIC HEALTH & EDUCATION, TRANSPORTATION AIDES, GOVERNOR'S IMAGINATION LIBRARY FOR A TOTAL OF 13,660 PEOPLE SERVED.

INCLUDING GRANTS OF

OHIO GOVERNOR'S IMAGINATION LIBRARY THROUGH A PARTNERSHIP WITH THE OHIO GOVERNOR'S OFFICE AND THE DOLLY PARTON IMAGINATION LIBRARY, WITH EASTERSEALS SPONSORS NINE COUNTIES THROUGHOUT OHIO. DONOR SUPPORT IN THOSE NINE COUNTIES, REGISTERED CHILDREN RECEIVE A FREE AGE APPROPRIATE BOOK DELIVERED TO THEIR HOME EACH MONTH UNTIL THEIR FIFTH BIRTHDAY. EASTERSEALS SPONSORED 10,735 CHILDREN DURING FY21. BY GETTING BOOKS INTO MORE HOMES, CHILDREN ARE EXPOSED TO LITERACY AT A YOUNG AGE WHICH LEADS TO A LIFETIME OF BENEFITS. READING IS WIDELY RECOGNIZED AS THE SINGLE MOST IMPORTANT ACTIVITY LEADING TO EARLY LITERACY AND SUCCESS. AS PART OF THIS PROGRAM, PARENTS ARE ALSO ENCOURAGED TO COMPLETE THE AGES AND STAGES QUESTIONNAIRE TWO TIMES A YEAR. THE ASQ IS A SCREENING TOOL TO HELP PARENTS MEASURE MILESTONES AND DETERMINE IF THEIR CHILDREN ARE ON THE RIGHT TRACK DEVELOPMENTALLY.

EXPENSES \$ 93,738. INCLUDING GRANTS OF \$ 0. REVENUE 0.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

EXPENSES \$ 1,143,262.

REVENUE \$ 69,216.

Name of the organization EASTERSEALS CENTRAL AND **Employer identification number** 31-4379471 SOUTHEAST OHIO, INC FORM 990, PART VI, SECTION B, LINE 11B: THE CFO PROVIDES REQUIRED INFORMATION TO THE TAX PREPARER. ONCE FORM 990 IS COMPLETE, A DRAFT IS REVIEWED WITH SENIOR MEMBERS OF THE EXECUTIVE TEAM. ONCE FINALIZED, THE RETURN WILL BE PROVIDED TO THE BOARD FOR REVIEW AND THEN FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR. EMPLOYEES ARE RESPONSIBLE FOR REPORTING ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: INITIAL CEO COMPENSATION AND CHANGES THERETO ARE DECIDED BY THE BOARD. A COMPENSATION AND BENEFITS SURVEY IS DONE BY THE NATIONAL OFFICE. OTHER INCREASES WITHIN THE ORGANIZATION ARE STANDARD AND SET COMPANY WIDE BY THE CEO. FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 IS AVAILABLE ON OUR WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSIDE SERVICES: PROGRAM SERVICE EXPENSES 469,676. MANAGEMENT AND GENERAL EXPENSES 66,370. FUNDRAISING EXPENSES 16,864. TOTAL EXPENSES 552,910. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 552,910.

Name of the organization EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC	Employer identification number 31-4379471
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION C	OST
MORTGAGE INTEREST RATE SWAP GAIN	37,100.
TOTAL TO FORM 990, PART XI, LINE 9	37,100.
FORM 990, PART XII, LINE 2C:	
THERE HAVE BEEN NO CHANGES IN OVERSITE.	
	*

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name EASTERSEALS CENTRAL AND	Employer Identification Number
SOUTHEAST OHIO, INC	31-4379471
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - LEASE SPACE FOR	BIRTH 7,854.
FEDERAL PRE-2018 NET OPERATING LOSS	9,876.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\ SEP\ 1$, 2020, and ending $\ AUG\ 31$, 20 21

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax

EASTERSEALS CENTRAL AND

Taxpayer identification number

SOUTHEAST OHIO, INC	31-4379471
Name and title of officer or person subject to tax PANDORA SHAW-DUPRAS CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with to blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered the enter -0- on the applicable line below. Do not complete more than one line in Part I.	this form was ed -0- on the
ta Form 990 check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9)	
Ba Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
ta Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here X b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Jnder penalties of perjury, I declare that $[X]$ I am an officer of the above organization or $[\ \]$ I am a person subj	•
name of organization), (EIN), of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and b	and that I have examined a copy
consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return or receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its de Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this are a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of tax confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fund PIN: check one box only	n for any delay in signated Financial et ax preparation ecount. To revoke to the payment kes to receive ersonal s withdrawal.
X authorize CLARK, SCHAEFER, HACKETT & CO.	to enter my PIN 43215
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a castate agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature electronically filed return. If I have indicated within this return that a copy of the return is being filed with a regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure cor	state agency(ies)
Signature of officer or person subject to tax	Date >
Part III Certification and Authentication	Date
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 31308088522	
Do not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicate hat I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information RS e-file Providers for Business Returns.	
RO's signature ► CLARK, SCHAEFER, HACKETT & CO. Date ► 06/	28/22
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	80
HA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2020)

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or EASTERSEALS CENTRAL AND print 31-4379471 SOUTHEAST OHIO, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3830 TRUEMAN COURT return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 43026 HILLIARD, OH Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application **Application** Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 5227 10 Form 990-PF 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 THE ORGANIZATION The books are in the care of ▶ 3830 TRUEMAN COURT - HILLIARD, OH 43026 Telephone No. ► 614-228-5523 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. JULY 15, 2022 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_$, and ending $_$ \mathtt{AUG} $\,\,31$, $\,\,2021$ ► X tax year beginning SEP 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

0.

any nonrefundable credits. See instructions.

3b

EXTENDED TO JULY 15, 2022 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning SEP~1, 2020~ and ending AUG~31, 2021~► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC 31-4379471 Print **B** Exempt under section EGroup exemption numb (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) 3830 TRUEMAN COURT 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [HILLIARD, OH 43026 529S Check box if 9,965,534. C Book value of all assets at end of year . an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ THE ORGANIZATION Telephone number ► 614-228-5523 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 2 3 Add lines 1 and 2 3 0. 4 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 0. 6 Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9 10 1,000. Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on ___ Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies Form 990-T (2020) For Paperwork Reduction Act Notice, see instructions. LHA

	July Tox and Downants						F	age 2
Part	•							
1a	Foreign tax credit (corporations attach Form 11	I18; trusts attach Form 11	16)	1a				
b				1b				
С	General business credit. Attach Form 3800 (see							4
d	Credit for prior year minimum tax (attach Form							
е	Total credits. Add lines 1a through 1d					1e	4	
2						2		0.
3	Other taxes. Check if from: Form 42		Form 86	97	Form 8866			
	•					3		
4	Total tax. Add lines 2 and 3 (see instructions).		,	•	under			0
_						4		0.
5	2020 net 965 tax liability paid from Form 965-A			1		5		<u> </u>
6a	Payments: A 2019 overpayment credited to 20			6a		A l		
b	2020 estimated tax payments. Check if section			6b		+)	
С				6c			'	
d	Foreign organizations: Tax paid or withheld at s			6d				
e	Backup withholding (see instructions)			6e				
f	Credit for small employer health insurance prer			6f		4		
g	Other credits, adjustments, and payments: Form 4136			0.				
7		Other						
7 8	Total payments. Add lines 6a through 6g Estimated tax penalty (see instructions). Check					8		
9	Tax due. If line 7 is smaller than the total of line				_	9		
10	Overpayment. If line 7 is larger than the total of			1		10		
11	Enter the amount of line 10 you want: Credited			1	Refunded >			
Part				1 (see instr				
1	At any time during the 2020 calendar year, did			•		v	Yes	No
	over a financial account (bank, securities, or otl			•		•		
	FinCEN Form 114, Report of Foreign Bank and							
	here							Х
2	During the tax year, did the organization receive	e a distribution from, or w	as it the granto	r of, or trans	feror to, a			
	foreign trust?							Х
	If "Yes," see instructions for other forms the organization							
3	Enter the amount of tax-exempt interest receive	ed or accrued during the t	ax year		> \$			
4a	Did the organization change its method of acco	ounting? (see instructions))					X
b	If 4a is "Yes," has the organization described the	ne change on Form 990, 9	990-EZ, 990-PF,	or Form 112	28? If "No,"			
	explain in Part V							
Part								
Provide	the explanation required by Part IV, line 4b. Als	so, provide any other addit	tional informatio	on. See instr	uctions.			
	I linday populities of positive I dealers that I have exercised to	this valuum in alterdina a saasaan antiin			as bask of marriage	dadea and hali	of it in torre	
Sign	Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than					riedge and beli	er, it is true,	
Here		1	CEO				scuss this return v	vith
	Signature of officer	Date	CEO Title			the preparer si instructions)?	nown below (see	¬ Na
					0		X Yes	No
	Print/Type preparer's name	Preparer's signature	Dat	е	Check	if PTIN		
Paid	JANE E. PFEIFER		0.6	/20/22	self- employe	I	0014949	
Prepa	OT ADIZ COUATI	EED RYCKEWW	& CO.	/28/22	Eirmin FIN		-080005	3
Use (/IIIV	N WAY, SUITE			Firm's EIN	31	000003	<u> </u>
	Firm's address COLUMBUS,		-00		Phone no	614-8	35-2208	
	This address P Collotted by	<u> </u>			i nono no.		orm 990-T	(2020)
							J •	(_J_U)

B Employer identification number

31-4379471

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHEAST

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

EASTERSEALS CENTRAL AND

OHIO, INC

Open to Public Inspection for 501(c)(3) Organizations Only

<u>c</u> _ ს	Inrelated business activity code (see instructions) > 53112	D Seque	_{nce:} 1	. of 1		
	escribe the unrelated trade or business ►LEASE SPACE		BIRTHDAY P	ARTIES		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Exper	nses	(C) Net
1 a	Gross receipts or sales					1
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2			7	
3	Gross profit. Subtract line 2 from line 1c	3			·	
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	0	0.		
Par	t II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			deductions) De	eductions	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts				1 1	
5	Interest (attach statement) (see instructions)					
6	Taxes and licenses				1 _ 1	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)					
15	Total deductions. Add lines 1 through 14					0.
16	Unrelated business income before net operating loss deduction. So					
	column (C)				16	0.
17	Deduction for net operating loss (see instructions)					0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	
LHA	For Paperwork Reduction Act Notice, see instructions.				Schedul	e A (Form 990-T) 2020

023741 12-23-20

	ule A (Form 990-T) 2020				Page 2
Part Part		hod of inventory valuat		1 1	
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			_	
9	Do the rules of section 263A (with respect to property p			organization?	Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see inst	ructions)	
	A	,	•		
	В				
	c \square)
	D				
		A	В	С	D
2	Rent received or accrued				
	From personal property (if the percentage of				
а	,				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	4			
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					^
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					_
_ 5	Total deductions. Add line 4 columns A through D. En		line 6, column (B))	0.
Part		ee instructions)			
1	Description of debt-financed property (street address, or				
	A BUILDING	3830 TI	RUEMAN COUR	T, HILLIARD	<u>, OH 43026</u>
	В	<u></u>			
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property	0.			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement)	0.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement) STMT	31 ,093,978.			
5	Average adjusted basis of or allocable to debt-	, ,			
	financed property (attach statement) STMT 2	1,512,291.			
6	Divide line 4 by line 5	72.34%	9/	6 %	%
		0.	70	0 70	70
7	Gross income reportable. Multiply line 2 by line 6		+ 1 lino 7 column (A)		0.
8	Total gross income (add line 7, columns A through D)	. ⊏nter nere and on Pai	ı, iine /, column (A)		<u> </u>
•	Allocable deducations Multiply line Co by line C	0.			
9	Allocable deductions. Multiply line 3c by line 6		Lon Dort Line 7 - 1		0.
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	IU		P	U •

	ule A (Form 990-T) 2020		and Da		. 0	II O				Page 3
Part	VI Interest, Annu	lities, Re	oyaities, and Re	ents fron	n Control		<u> </u>			
						т —		lled Organizatior	าร	
	1. Name of controlle	d	2. Employer			al of specified	5. Part of colu		6. Deductions directly	
	organization		identification	1	ne (loss)	payn	nents made	that is included controlling organic		connected with
			number	(see ins	tructions)			tion's gross in		income in column 5
<u>(1)</u>										
(2)										
(3)										
(4)										
			No	· ·	Controlled Or		ons			
7	. Taxable Income		Net unrelated	1	tal of specif			of column 9	11	. Deductions directly
			ncome (loss)	pay	yments mad	е		luded in the organization's		connected with
		(see	e instructions)					income	ın	come in column 10
<u>(1)</u>										
(2)										
(3)										
<u>(4)</u>										
								nns 5 and 10.		d columns 6 and 11.
								and on Part I, column (A)		er here and on Part I, line 8, column (B)
							11100,0			, , ,
Totals						<u></u>		0.		0.
Part			of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou		3. Deduction		-asides	
					incon	IE	directly conn (attach state)	,	tateme	(add cols 3 and 4)
							(2003)			
(1)						-				
(2)						_				
(3)										
(4)					Add amou	ınte in				Add amounts in
					column 2.					column 5. Enter
					here and or	,				here and on Part I,
					line 9, colu	` '				line 9, column (B)
Totals Part	VIII Evalaitad F	vomat A	otivity Income	Othor T	han Advis	0.	Income	,	`	0.
			Activity Income,	Juner I	nan Auve	r usinç	y income (see instructions) 	
1	Description of exploite	•		Total	.	- David I	line 10 li	- (4)		
2	Gross unrelated busin								2	
3	Expenses directly con									
	line 10, column (B)								3	
4	Net income (loss) from					•				
_									4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen								_	
	4. Enter here and on F	art II, line	12						7	

Part	IX	Ad	dvertising Income					
1	Nan	ne(s)	of periodical(s). Check box if reportin	ig two or m	ore periodicals on a	consolidated basis		
	Α							
	в							
	c [
	D [
Enter a	mour	- nts fo	or each periodical listed above in the	correspond	ding column.			
			•	Ĺ	Α	В	С	D
2	Gro	ss ac	vertising income	Г				
	Add	colu	mns A through D. Enter here and on	Part I, line	11, column (A)		>	0.
а				_				
3	Dire	ct ac	vertising costs by periodical	Г				
а	Add	colu	mns A through D. Enter here and on	Part I, line	11, column (B)			0.
				_				
4	Adv	ertisi	ng gain (loss). Subtract line 3 from lir	ne [
	2. F	or an	y column in line 4 showing a gain,					
	com	plete	e lines 5 through 8. For any column ir	۱				
	line	4 sh	owing a loss or zero, do not complete	e				
	lines	5 th	rough 7, and enter zero on line 8	L				
5	Rea	dersl	nip costs					
6	Circ	ulatio	on income					
7	Exc	ess r	eadership costs. If line 6 is less than					
	line	5, su	btract line 6 from line 5. If line 5 is les	ss)	
	thar	line	6, enter zero				<u> </u>	
8	Exc	ess r	eadership costs allowed as a					
			n. For each column showing a gain o	I				
			ter the lesser of line 4 or line 7					
а			8, columns A through D. Enter the gr			otal or zero here and	d on	•
D	Parl	II, lir	ne 13					0.
Part	Λ	C	ompensation of Officers, Dir	ectors,	and Trustees	see instructions)		
							3. Percentage	4. Compensation
			1. Name		2. Title		of time devoted	attributable to
(4)							to business	unrelated business
(1) (2)							%	
(2)				•			% %	
(3)							%	
(4)							70	
Total	Ente	r har	e and on Part II, line 1					0.
Part		Sı	upplemental Information (se	o inetructio	anel			
	-		appromontal information (Se	e iristructio	0115)			
	<							
		K						
_		_						

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INC AVERAGE ACQUISITION DEBT	COME	STATEMENT 1
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
BUILDING	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		1,117,927. 1,113,721. 1,109,337. 1,104,953. 1,100,569. 1,096,185. 1,091,800. 1,087,416. 1,083,032. 1,078,648. 1,074,264. 1,069,879.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		13,127,731. 12
AVERAGE AQUISITION DEBT		1,093,978.
TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4		
FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INC AVERAGE ADJUSTED BASIS	COME	STATEMENT 2
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	•
BUILDING	1	- AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		1,554,126. 1,470,456.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,512,291.
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

FORM 990-T (A)	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT	- SUBTOTAL -	1	1,093,978.	1,093,978.
BUILDING	- SUBTOTAL -	1	1,093,978.	1,093,978.
TOTAL OF FORM 990	-T, SCHEDULE A, PART V,	LINE 4		2,187,956.
FORM 990-T (A)	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
ADJUSTED BASIS OF			1,512,291.	1 510 001
BUILDING	- SUBTOTAL - - SUBTOTAL -		1,512,291.	1,512,291. 1,512,291.
TOTAL OF FORM 990	-T, SCHEDULE A, PART V,	LINE 5		3,024,582.