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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A F</u>	or the	e 2023 calendar year, or tax year beginning JUL 1,2023 and o	ل ending	<u>UN 30, 202</u>	:4
B c	heck if pplicable	C Name of organization		D Employer iden	tification number
	Addres	EASTER SEALS MIDWEST			
	Name change	Doing business as		43-0979	927
	□Initial □return □Fiṇal	11933 WESTITNE INDISTRAT. DRIVE	Room/suite	E Telephone num 314-432	
	∠return/ termin ated			G Gross receipts \$	106,742,904.
	Amend	1			
\vdash	_return □Applic			H(a) Is this a grou	
	Application pending			for subordina	
		SAME AS C ABOVE		7 ' '	es included? Yes No
<u> </u>	ax-exe	empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c)() (insert no.) $oxed{\Box}$ 4947(a)(1) o	or 527	If "No," attacl	n a list. See instructions
	Vebsit			H(c) Group exemp	
		organization: X Corporation Trust Association Other	L Year	of formation: 1971	M State of legal domicile: MO
Pa	ırt I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ AS	SSIST	INDIVIDUAL	S WITH
Governance		DEVELOPMENTAL DISABILITIES LIVING IN OUR (COMMUI	VITY.	
'n	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net	assets.
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		L	3 20
	l	Number of independent voting members of the governing body (Part VI, line 1b)			4 20
∞ ∞		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5 2135
Ę.		Total number of volunteers (estimate if necessary)			6 189
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
Ğ					7b 0.
	, D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ē	l	Contributions and grants (Part VIII, line 1h)		1,992,336	
ē	l	Program service revenue (Part VIII, line 2g)		87,412,456	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,465,978	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-79,756	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		90,791,014	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,439,151	83,495,699.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		C	0.
e Be		Total fundraising expenses (Part IX, column (D), line 25) 1,151,09	1.		
ŭ	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,222,109	. 10,951,816.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		81,661,260	
	l	Revenue less expenses. Subtract line 18 from line 12		9,129,754	
- S		Trevende 1888 expenses. Subtract into 16 from into 12	Be	ginning of Current Ye	
t Assets or d Balances	20	Total assets (Part X, line 16)		76,047,991	
SSE	21	Total liabilities (Part X, line 16)		15,938,885	
Net /		Net assets or fund balances. Subtract line 21 from line 20		60,109,106	
	rt II	Signature Block		00,100,100	14,713,707.
		-			Impossible data and halief it is
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and beller, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		Construct of officer		Data	
Sign		Signature of officer		Date	
Her	е	JEFFREY ARLEDGE, CHIEF FINANCIAL OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		LINDSEY R PRIEBE, CPA		if self-en	P01624408
Prep	arer	Firm's name RUBINBROWN LLP		Firm's EIN	43-0765316
	Only	Firm's address 7676 FORSYTH BLVD, SUITE 2100			
	-	SAINT LOUIS, MO 63105		Phone no. ((314) 290-3300
May	the IE	RS discuss this return with the preparer shown above? See instructions		11 110110 110.	X Yes No
iviay	u io ii	to allocate and rotatin with the proparer enowin above; occ methodicions			63 140

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ASSIST INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, INCLUDING
	AUTISM, HOW TO LEARN, LIVE, WORK, AND PARTICIPATE IN THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$61,668,960. including grants of \$) (Revenue \$78,478,371.)
	COMMUNITY LIVING SERVICES PROVIDE HOMES WITH ON-SITE SUPPORT WHERE
	ADULTS WITH DEVELOPMENTAL DISABILITIES, INCLUDING AUTISM, CAN LIVE
	INDEPENDENT AND PRODUCTIVE LIVES IN THE COMMUNITY. THE PROGRAM ALSO
	PROVIDES TRAINING AND SUPPORT TO PEOPLE WITH DISABILITIES TO HELP THEM
	ACQUIRE VALUABLE SKILLS. INDIVIDUALS ARE ASSISTED IN LIVING IN
	INDEPENDENT, YET SUPPORTIVE ENVIRONMENTS, LEARNING VARIOUS HOME
	MANAGEMENT SKILLS AND DEVELOPING A SOCIAL SUPPORT NETWORK.
	11 20 724
4b	(Code:) (Expenses \$11,362,734. including grants of \$) (Revenue \$12,119,394.)
	THE AUTISM SERVICES DIVISION WORKS WITH INDIVIDUALS WITH AUTISM AS WELL
	AS THEIR FAMILIES TO HELP THEM DEVELOP COMMUNICATION, SOCIAL SKILLS,
	AND BEHAVIOR MODIFICATION. AUTISM SERVICES CUSTOMIZES ITS SERVICES TO
	MEET EACH INDIVIDUAL'S AND FAMILY'S NEED FOR SUPPORT.
4c	(Code:) (Expenses \$ 6,988,939. including grants of \$) (Revenue \$ 9,518,842.)
40	(Code:) (Expenses \$
	IN THE COMMUNITY, LOCATES PAYING POSITIONS, AND PROVIDES ON-THE-JOB
	PREFERENCES, SKILLS, AND SUPPORT NEEDS.
4d	Other program services (Describe on Schedule O.)
-ru	(Expenses \$ 1,700,790. including grants of \$) (Revenue \$ 1,783,578.)
 4е	Total program service expenses 81,721,423.
46	Form 990 (2023)
	F01111 300 (2023)

Form 990 (2023) EASTER SEALS MIDWEST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did 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 C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۳		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did 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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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 XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
.5	·	19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	·	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		ا ہے ا		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2023) EASTER SEALS MIDWEST Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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 "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was 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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	agn	(0000)

332004 12-21-23

Form 990 (2023) EASTER SEALS MIDWEST

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

2 2 135 1						Yes	No
the off or the calendary year ending with or within the year covered by this return 2 a 2 35 b X 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 5 bill the organization have unrelated business gross income of \$1,000 or more during the year? 5 bill the organization have unrelated business gross income of \$1,000 or more during the year? 5 bill the organization filed a Form 990 T for this year? if 'No' to line 30, provide an experiment on schedule 0 30 bill the organization from 190 to the year of the organization have an interest in, or a significant or the authority over, a financial account; a foreign country business account, or other financial account; a foreign country business account, and the provide of the provided and th	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements				100	110
b If all least one is reported on line 2a, did the organization file all required federal employment fax returns? 2b If Yes, 1 has it filed a Form 990-T for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c If Yes, 1 has it filed a Form 990-T for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c If Yes, 1 has it filed a Form 990-T for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c If Yes, 1 has it filed a Form 990-T for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c If Yes, 1 has the construction of the foreign country Schedule 1 has the scount, section of financial accounts (FBAR). 5c If Yes, 1 of the financial accounts (FBAR). 5c If Yes, 1 of the 5a of 5b, did the organization that was or is a party to a prohibited tax shelter transaction 2 has been organization any party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 of the organization has the was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 of the organization has the was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 of the organization has the was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 of the organization has the was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, 1 of the organization include with every solicitation and axpress statement that such contributions or gifts were not tax deductible? 6c If Yes, 1 of the organization include with every solicitation and axpress statement that such contributions or gifts were not tax deductible? 6c If Yes, 2 of the organization include with every solicitation and party for goods and services provided to the payor? 7c If If Yes, 2 of the organization include with every solicitation and party for goods and services provided to the payo			2a	2135			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 11 Was, 1 fast field a form 800 prior for this year? If 11 Wr to line 3b, provide an explanation on Schedule 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firmancial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Id 1 Was to line for a 6x 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Id 1 Was to line for a 6x 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Id 1 Was to line for a 6x 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5c Id 1 Was to line for a 6x 5b, did the organization shelt wavery solicitation an express statement that such contributions orgitis were not tax deductibles of antibatello contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d Id the organization shelt way receive deductible contributions under section 170(c). 8d Id If Was, I did the organization necess of Stransgerity as a contribution and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Id If Was, I did the organization necess a partial part is a contribution of part the goods or services provided? 7c Did the organization receive any printing degree of tangible personal property for which it was required to file Form 8282? 7d Did the organization receive any printing, directly or indirectly	b				2b		Х
b If Yes, 'Insist if field a Form 980T for this year? If 'No' for line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in the comparison of the organization file form 8886 17 So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Does the organization and organization file Form 8886 17 So Does the organization in moltide with every solicitation an express statement that such contributions or gifts were not tax deductible? So If Yes, 'Indie the organization in moltide with every solicitation an express statement that such contributions or gifts were not tax deductible? Or ganizations that may receive deductible contributions under section 170(c). But the organization receive apprient in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? To Yangharization sell, exchange, or therewise dispose of tample personal property for which it was required to file Form 8882? Ified during the year Evidence Form 8882? If If Yes, 'Indicate the number of Forms 8882 filed during the year Evidence Form 8882? If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Id the organization received an contribution of cause dispose of tample personal property for which it was required to file Form 8882 filed during the year If Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Id Was organization received and contribution of care, boots, any planes, or other							
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes," either the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization than the organization and the organization in the organization in the organization than the organization than the organization than the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If Yes, "Indicate the number of Forms 8822 filed during the year 10 Did the organization receive an outhier of organization file and payment of the organization received an outhier of organization received an outhier of organization received an outhibution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations make any taxabilized intellectual property, did the organization file a Form 1098-C? 9 Sponsoring							
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prolibeted tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prolibeted in twas or is a party to a prolibeted in shelter transaction? 5b DX X c if Yes' to line Sa or Sb, did the organization file Form 8886 1? 6a Does the organization annual gross receipted that was or is a party to a prolibeted in shelter transaction? 5b DX X b) if Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c Did the organization network apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor? 7c Did the organization netwer apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor? 7c Did the organization netwer apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor? 7c Did the organization netwer apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor? 7d Did the organization netwer apyment in excess of \$7s make party is a contribution of under the number of Forms 8282 field during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d X 7d If If the organization received a contribution of early benefit personal property for which it was required to the payor apyment of the payor personal property of the organization file a Form 1088-07 7d Type of the organization received a contribution of early benefit personal property for personal personal property of the payor pe							
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Form **990** (2023) 332005 12-21-23

EASTER SEALS MIDWEST Form 990 (2023) 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 20 **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. 20 **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 more members of the governing body? Х 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: Х a The governing body? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on 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 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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? 16b

Section C. Disclosure

17	List	t the	states	with which	а сору	of t	this	Form	990) is	required to be filed]	NONE	
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11933 WESTLINE INDUSTRIAL DRIVE, SAINT LOUIS

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

Another's website | X | Upon request __ Other (explain on Schedule O) Own website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JEFFREY ARLEDGE - 314-394-7100

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more rson is		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) WENDY SULLIVAN	40.00	1						400 550	_	25 002
CHIEF EXECUTIVE OFFICER	40.00			Х				400,770.	0.	35,993.
(2) THEODORE CHAPMAN	40.00	-						000 650	•	00 661
CHIEF PROGRAM OFFICER	40.00				Х			229,659.	0.	29,661.
(3) JEAN MARSHALL	40.00	-						005 006	•	24 002
CHIEF STRATEGY OFFICER	40.00				Х			225,286.	0.	31,823.
(4) JEFFREY ARLEDGE	40.00	-						004 774	_	06 047
CHIEF FINANCIAL OFFICER	40.00			Х				224,774.	0.	26,247.
(5) THOMAS BARRY	40.00	-			.,			205 202		24 151
CHIEF DEVELOPMENT OFFICER	40.00				Х			205,983.	0.	34,151.
(6) LAUREL TAYLOR	40.00	-			37			007 170	_	7 000
CHIEF HUMAN RESOURCES OFFICER	40.00				Х			227,179.	0.	7,083.
(7) TIMOTHY MEEHLING	40.00	1				7.7		174 045	_	22 260
VP INFORMATION TECHNOLOGY (8) AMANDA BARTOSCH	40.00					X		174,045.	0.	22,269.
, , ,	40.00	1				x		146 266	0	27 510
ADMINISTRATION & FINANCE VP (9) SHAWN ALLER	40.00					<u> </u>		146,266.	0.	27,510.
IT DIRECTOR	40.00	1				x		151,792.	0.	10 022
(10) GREGORY KRAMER	40.00					^		131,794.	0.	10,833.
GOVERNMENT RELATIONS VP	40.00	1				x		134,199.	0.	12,881.
(11) LINDSEY HENDERSON	40.00					┢		134,133.	0.	12,001.
VP HUMAN RESOURCES	40.00	1				x		135,992.	0.	6,996.
(12) GREG MEIER	3.00					1		133,332.	0.	0,550.
BOARD CHAIR	3.00	х		х				0.	0.	0.
(13) JACQUELINE BARDGETT	2.00	23						•	•	
VICE CHAIR	2,00	х		х				0.	0.	0.
(14) JENNY CROWE	2.00							•		
SECRETARY		Х		х				0.	0.	0.
(15) CHRISTINA GREEN	2.00								•	
TREASURER		Х		х				0.	0.	0.
(16) SHARON ABEL	2.00			<u> </u>						
DIRECTOR		Х						0.	0.	0.
(17) NATHAN BLACK	1.00								-	
DIRECTOR		Х						0.	0.	0.
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(A) Name and title	(B) Average hours per week	box	not cl	Pos heck ss pe	rson i	than of structures	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	com fr orga	other pensa om th anizat d relat unizati	ation le tion ted
(18) STEPHANIE BUSH DIRECTOR	1.00	Х						0.	0.			0.
(19) JEFF FISCHER	1.00	Λ						0.	•			<u> </u>
DIRECTOR		Х						0.	0.			0.
(20) WILL FRIED	1.00	.,							0			0
DIRECTOR (21) THERESA GUEST	1.00	Х						0.	0.			0.
DIRECTOR	1.00	Х						0.	0.			0.
(22) COREY HAMILTON DIRECTOR	2.00	х						0.	0.			0.
(23) BRIAN KINMAN	1.00											
DIRECTOR	1 00	Х						0.	0.			0.
(24) KATHY KOPACH DIRECTOR (THRU 10/2023)	1.00	х						0.	0.			0.
(25) TRINA OWENS-ROGERS	2.00	21						•	•			
DIRECTOR		Х						0.	0.			0.
(26) LYDIA PADILLA	1.00								•			•
DIRECTOR		Х						0. 2,255,945.	0.	2/1	5 /	$\frac{0.}{47.}$
1b Subtotal c Total from continuation sheets to Part VII								0.	0.	23.	<i>,</i> =	0.
d Total (add lines 1b and 1c)								2,255,945.	0.	24!	5,4	47.
2 Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable			20
											Yes	No
3 Did the organization list any former officer,												37
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su										3		X
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ıch į	oers	on .				5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnoncotod ind	lono	ndor	at 00	ontro	acto	n th	not received more than \$	100 000 of company	tion fro		
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	-	-							· · · · · · · · · · · · · · · · · · ·	ilion irc)	
(A)		- Can - C		· <u>g ··</u>				(B)		(C	;)	
Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices (Comper	nsatio	n
							\dashv					
							\dashv					
2 Total number of independent contractors (in	acluding but a	ot lin	nitor	1 to	thor	منا م	ted	ahove) who received me	ore than			
\$100,000 of compensation from the organiz	•	טנ ווו	mec	. 10	(_	ıeu	above, who received mo	J.C. IIIaii			
SEE PART VII, SECTION		IN	UΑ	ΤI	ON	S	ΗE	ETS		Form	990 ((2023)

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Form 990 EASTER SI	EALS MID	WE	ST	1					43-097	9927
	ıstees, Key En	t Compensated Employees (continued)								
(A)	(D)	(E)	(F)							
Name and title	Reportable	Reportable	Estimated							
	compensation	compensation	amount of							
	per	Ì				app	<u> </u>	from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	99			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		ee/	n ben				organizations
	below	Individual trustee or director	Institutional trustee	_	oldm	Highest compensated employee	je.			organizations
	line)	Indivi	Instit	Officer	Key employee	High	Former			
(27) KEITH PETTI	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SCOTT RIRIE	1.00									
DIRECTOR		Х						0.	0.	0.
(29) CHRISTINE SCHLOMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(30) ED SPALTY	2.00									
DIRECTOR		Х						0.	0.	0.
(31) LUKE THOMPSON	1.00	l								
DIRECTOR (32) LYNN WALLIS	1 00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR			_					0.	0.	0.
		ļ								
			_			_				
			\vdash							
					L	L				
		ļ								
			_							
Total to Doub VII. Continue A. Bins de										
Total to Part VII, Section A, line 1c								l		

43-0979927

Form 990 (2023) EASTER
Part VIII Statement of Revenue

			Check if Schedule O con	ntains a	a response o	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
SΩ	1	а	Federated campaigns		1a	126,497.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b	, -				
2 5			Fundraising events		1c	920,562.				
ffs,			.		1d	,				
ig je			Government grants (contribu	tional	1e	72,046.				
Sir						72,040.				
e Hi		T	All other contributions, gifts, gra		1 1	060 563				
들됨			similar amounts not included ab		1f	968,563.				
out		_	Noncash contributions included in lines	s 1a-1f	1g \$	724,737.	2 007 660			
Og		h	Total. Add lines 1a-1f				2,087,668.			
						Business Code	-0.4-0.0-4	5045054		
Se	2		COMMUNITY LIVING			624100	78,478,371.	78478371.		
ē <u>X</u>		~	AUTISM SERVICES			624100	12,119,394.	12119394.		
S		С	EMPLOYMENT SERVICES			624100	9,518,842.	9,518,842.		
ar eve		d	HOME VISITING PROGRAM			624100	1,783,578.	1,783,578.		
Program Service Revenue		е								
Ā		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f				101900185.			
	3		Investment income (including	g divide	ends, intere	st, and				
			other similar amounts)				1,565,354.			1565354.
	4		Income from investment of ta							
	5		Royalties							
			,		(i) Real	(ii) Personal				
	6	а	Gross rents 6	a 📉						
			Less: rental expenses 6							
			Rental income or (loss) 6							
			Net rental income or (loss)							
			Gross amount from sales of	(i) :	Securities	(ii) Other				
	′	а		<u> </u>	944,080.	47,414.				
		.	assets other than inventory	<u>a </u>	311,000.	17,111.				
0		D	Less: cost or other basis	.	965,000.	0.				
ğ			and sales expenses		<u> </u>	47,414.				
ther Revenue			Gain or (loss)7		-20,920.	· · · · · ·	26 404			26 404
Ř			Net gain or (loss)				26,494.			26,494.
ţ.	8	а	Gross income from fundraising e							
0			including \$ 920							
			contributions reported on line	,	I .					
			Part IV, line 18			122,675.				
			Less: direct expenses			254,160.				
			Net income or (loss) from fun		-		-131,485.			-131,485.
	9	а	Gross income from gaming a		I					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gar	ming a	ctivities					
	10	а	Gross sales of inventory, less	s returr	ns					
			and allowances		10a					
		b	Less: cost of goods sold		I .					
			Net income or (loss) from sal							
						Business Code				
Snc	11	а								
ne The		b								
Miscellaneous Revenue		c								
Sc			All other revenue			611710	75,528.			75,528.
Σ			Total. Add lines 11a-11d				75,528.			,
	12		Total revenue. See instructions				105523744.	101900185.	0.	1535891.

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Form **990** (2023)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,436,972. 1,739,185. 52,174. 250,039. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 69,562,838. 63,397,998. 5,562,646. 602,194. Other salaries and wages 7 Pension plan accruals and contributions (include 269,946. 269,946. section 401(k) and 403(b) employer contributions) 6,516,844. 5,851,593. 632,188. 33,063. Other employee benefits 9 5,406,886. 4,865,200. 481,780. 59,906. 10 Payroll taxes Fees for services (nonemployees): Management 143,833. 143,833. Legal 50,200. 50,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 148,768. 148,768. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 121,622. 4,847. 89,425. 27,350. Advertising and promotion 12 886,281. 726,142. 138,301. 21,838. Office expenses 13 969,044. 173,602. 793,046. 2,396. Information technology 14 15 Royalties 13,846. 1,627,295. 1,509,820. 103,629. 16 Occupancy 245,606. 68,764. 156,817. 20,025. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 20,034. 270,907. 322,618. 31,677. Conferences, conventions, and meetings 19 178,582. 103,595. 53,882. 21,105. 20 Payments to affiliates 21 22,689. 1,018,268. 771,849. 223,730. Depreciation, depletion, and amortization 22 310,055. 227,768. 71,544. 10,743. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,895,071. 1,836,267. 52,992. 5,812. AUTO EXPENSES **OUTSIDE SERVICES** 1,241,617. 472,707. 759,948. 8,962. 984,647. 970,695. 13,952. CLIENT ASSISTANCE 314,449. 33,092. 278,975. 2,382. d EMPLOYEE COSTS 493,860. 365,330. 111,466. 17,064. e All other expenses 94,447,515. 81,721,423. 11,575,001. 1,151,091. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,604,813.	1	15,703,849.
	2	Savings and temporary cash investments	10,309,344.	2	16,082,937.
	3	Pledges and grants receivable, net	328,902.	3	426,742.
	4	Accounts receivable, net	10,417,138.	4	11,620,572.
	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	154,700.	9	519,968.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,130,207	•		
	b	Less: accumulated depreciation 10b 3,180,730	6,843,484.		8,949,477. 33,804,610.
	11	Investments - publicly traded securities	29,930,715.	11	33,804,610.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	10 450 005	14	F 0F0 026
	15	Other assets. See Part IV, line 11	10,458,895.	15	7,879,236.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	76,047,991.	16	94,987,391.
	17	Accounts payable and accrued expenses	6,732,138.	17	7,811,155.
	18	Grants payable	0.	18	899,740.
	19	Deferred revenue	0.	19	033,740.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bilit		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23		2 072 421	23	3,524,528.
	24			24	3,324,320.
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	5,234,326.	25	8,038,181.
	26	Total liabilities. Add lines 17 through 25	15,938,885.	26	20,273,604.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	55,069,607.	27	69,417,353.
Bala	28	Net assets with donor restrictions	5,039,499.	28	5,296,434.
- Pu		Organizations that do not follow FASB ASC 958, check here			
Fu		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	60,109,106.	32	74,713,787.
	33	Total liabilities and net assets/fund balances	76,047,991.	33	94,987,391.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	105			
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	, 44	7,5	<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	11	,07	6,2	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60	,10	9,1	06.
5	Net unrealized gains (losses) on investments	5	3	, 52	8,4	52.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	74	,71	3,7	<u>87.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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 on Schedule	Ο.				
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 Sche	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EASTER SEALS MIDWEST

Employer identification number 43-0979927

_			DIC DUMED M.					3 0313321	
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative		•		//h//1//Δ//ii	ii)		
4	H	A medical research organization					•	the hospital's name	
4			ation operated in cor	njunction with a nospital	described	iii secilo	ii iro(b)(i)(A)(iii). Litter	the nospital s hame,	
_		city, and state:						1.	
5		An organization operated for		llege or university owned	or operat	ed by a go	overnmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	HI.)				
9	H	An agricultural research org				ed in coni	inction with a land-grant	college	
9		•				-	-	-	
		or university or a non-land-g	grant college or agric	ulture (see iristructions).	Enter the i	name, city	, and state of the college	OI	
		university:							
10		An organization that norma	•				· ·	*	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	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	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or	
		more publicly supported or	· ·	•	•		•		
		lines 12a through 12d that	~						
_		Type I. A supporting orga				•	, ,	aivina	
а	·		· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority c	of the airec	ctors or trustees of the st	ipporting	
	_	organization. You must o							
b) [_	Type II. A supporting org.	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV. Se	ctions A.	D. and E.		
c	. [Type III non-functionally		•				zation(s)	
Ī		that is not functionally int	•					* *	
		•	-		•			7011033	
		requirement (see instructi	·	-					
e	•						Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.			
f		er the number of supported o							
		vide the following information			I (1) I II		Г		
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
_									
Tota	al								

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1719351.	24551547.	12196130.	1992336.	2087668.	42547032.
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	1719351.	24551547.	12196130.	1992336.	2087668.	42547032.
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)						
	Public support. Subtract line 5 from line 4.						42547032.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1719351.	24551547.	12196130.	1992336.	2087668.	42547032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	165,054.	260,798.	636,836.	1106007.	1565354.	3734049.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	56,089.	59,024.	109,941.	29,228.	75,528.	329,810.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						46610891.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 398	,029,884.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					г г	
	Public support percentage for 2023 (I					14	91.28 %
	Public support percentage from 2022					15	94.26 %
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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 the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

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Pai	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,			
		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			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
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. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
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 on 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			
	and the state of the significant	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			
	The second details in	la		
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.	Bb		

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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		
Sect	ion 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-functional	Illy integrated	Type III supporting orga	nization (see
	instructions)	, ,	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	`

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

EASTER SEALS MIDWEST 43-0979927 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

EASTER SEALS MIDWEST

43-0979927

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		\$ 353,118.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>183,913.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 126,497.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

EASTER SEALS MIDWEST

43-0979927

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
7		\$\$9,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$2,392.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$ <u>47,046.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

EASTER SEALS MIDWEST

43-0979927

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	759 SHARES MICROSOFT	-	
1		-	
		\$\$351,918.	_06/30/24_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	457 SHARES MICROSOFT, HOLIDAY SUPPLIES	-	
2		\$ 161,573.	_11/27/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	HOLIDAY SUPPLIES	-	
8		-	
		\$ 52,392.	04/04/24
(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
		-	
		- \$	
323/53 12-26	3.22		Schedule B (Form 990) (2023)

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Name of organization **Employer identification number** EASTER SEALS MIDWEST 43-0979927 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 Inspection

Name of the organization

EASTER SEALS MIDWEST

Employer identification number 43-0979927

Par	t I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose	conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	n answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or ed	ducation) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_			4.
b			I I
C	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included on line 2c acquired after		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the	e organization during the tax
	year	la a stand	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing cons	
U	Stan and volunteer hours devoted to monitoring, inspecting, handling	or violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations and enforcing conserva	tion easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, harding of vi	olations, and emoroling conserva	non casements daring the year
8	Does each conservation easement reported on line 2d above satisfy t	he requirements of section 170(h	n)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	_	
Par	t III Organizations Maintaining Collections of Art, H	istorical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public exhib	ition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and I	balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$ <u></u>
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB ASC 958 $\ensuremath{\mathrm{R}}$		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2023

a In the conjunctations acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a Public exhibition b Scholarly research c Preservation for future generations d Control of the organization collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Excess wand Custodial Arrangements or people and an amount on Form 990, Part X, line 21, for escribing the organization and explain how they further the organization in an exempt purpose in Part XIII. Part IV Excess wand Custodial Arrangements or reported an amount on Form 990, Part X, line 21. a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Bidding the year e Istendant to during the year e Istendant to during the year b If "Yes," explain the arrangement in Part XIII Check here if the explaination and the provided in Part XIII. Death of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If "Yes," explain the arrangement in Part XIII. Colument the provided in Part XIII. Death of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If "Yes," explain the arrangement in Part XIII. Colument the provided in Part XIII. Death of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If "Yes," explain the arrangement in Part XIII. Death of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If "Yes," explain the arrangement in Part XIII. Death of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No		t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or (Other	Similar	Assets	(continu	ued)
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that m	nake sigi	nificant u	se of its		
b Scholarly research e		collection items (check all that apply).								
C	а	Public exhibition	d	Loan or exch	nange program	1				
Provide a description of the organization's collections and explain how they further the organization's eventy purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or service do amount on Form 990, Part X, line 21. Table to explain the arrangement in Part XIII and complete the following table: Table to explain the arrangement in Part XIII and complete the following table: Amount 1c	b	Scholarly research	е	Other						
Description to be soft or asies funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations								
To be sold for naise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV Ine 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Comparison Form 990, Part X Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 21, for escrow or custodial account liability? Form 990, Part X, line 190, Part X, line 990, Part X, line 990, Part X, line 990, Part	4	Provide a description of the organization's co	llections and explain	how they further the	e organization	's exemp	ot purpos	e in Part	XIII.	
Serrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other	similar a	ssets			
Teleproted an amount on Form 990, Part X, line 21. Teleprote		to be sold to raise funds rather than to be ma	intained as part of the	e organization's col	lection?				Yes	☐ No
reported an amount on Form 990, Part X, line 21. a Sthe organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? No	Pai	t IV Escrow and Custodial Arrang	gements Complete	e if the organization	answered "Ye	s" on Fo	orm 990,	Part IV, li	ne 9, or	
Tyes, * explain the arrangement in Part XIII and complete the following table:										
b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete C	1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contributions	s or other asse	ts not in	cluded			
b If Y'es,* explain the arrangement in Part XIII and complete the following table: Complete Fire Fi		on Form 990, Part X?						\square	Yes	X No
Company Comp	b									
Additions during the year Elistifications during the year Elistifications during the year Elistifications during the year Elistification activity Elistification (activity Elistification (activity Elistification									Amount	
d Additions during the year 10 1 1	С	Beginning balance					1c			
Example Distributions during the year File Int	d						1d			
Tending balance Tending ba	е						1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No No If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. The Part Y Endowment Funds Complete if the organization answered Yes* on Form 990, Part IV, line 10. Yes X No No No No No No No	f						1f			
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a						ı?		Yes	X No
Table Beginning of year balance Cab Carrent year Cab Prior year Cab Cab Prior year Cab Cab Prior year Cab C	b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	orovided in Par	t XIII				
Table Beginning of year balance Cab Carrent year Cab Prior year Cab Cab Prior year Cab Cab Prior year Cab C	Pai	t V Endowment Funds Complete if	the organization ansv	wered "Yes" on Forr	m 990, Part IV,	line 10.				
b Contributions		·					d) Three y	ears back	(e) Four	years back
Describe in Part XIII the intended uses of the organization shadowers of property Complete if the organization answered Yes' on line 3a(ij), are the related organization answered Yes' on line 3a(ij), are the related organization answered Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Calescent of the organization answered Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered Yes' on there hasis (investment) Sa78, 000. Sa78,	1a	Beginning of year balance	24,314,684.	21,765,085.	25,382,	764.	7,2	18,712.	6,	922,576.
C Net investment earnings, gains, and losses 3,115,409, 2,545,889, -3,635,589, 3,234,202, 278,862,	_		2,780.	3,710.	17,	910.	14,92	29,850.		17,274.
d Grants or scholarships	c			2,545,889.	-3,635,	589.				278,862.
Post Complete for facilities	d		, ,					•		
## Administrative expenses Faddinistrative expenses 27,432,873 24,314,684 21,765,085 25,382,764 7,218,712										
f Administrative expenses g End of year balance 27,432,873 24,314,684 21,765,085 25,382,764 7,218,712 7,2	_									
Second of year balance 27,432,873 24,314,684 21,765,085 25,382,764 7,218,712	f									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 82.2600 % b Permanent endowment 14.7700 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In a sa(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) 4 Buildings 5,703,399, 702,413, 5,000,986, c Leasehold improvements 1,287,471, 378,532, 908,939, d Equipment 2,981,008, 1,902,333, 1,078,675, e Other Other			27,432,873.	24,314,684.	21,765,	085.	25,38	32,764.	7 . :	218,712.
Board designated or quasi-endowment						I	· · ·		, , , , , , , , , , , , , , , , , , ,	
b Permanent endowment 14 · 770 0 %					, mora ao.					
c Term endowment 2.9700 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	·									
Ves No Ves	32		•	ion that are held an	d administered	d for the				
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations.	Ou		ssion of the organizat	ion that are neid an	a administeree	1101 1110			٦	Yes No
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b State 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 878,000. 878,000. 878,000. b Buildings 5,703,399. 702,413. 5,000,986. c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 878,000 878,000 878,000 5,703,399 702,413 5,000,986 C Leasehold improvements 1,287,471 378,532 908,939 d Equipment 2,981,008 1,902,333 1,078,675 e Other		*** =								
Part VI Land, Buildings, and Equipment	h									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation									OD	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 878,000. 878,000. b Buildings 5,703,399. 702,413. 5,000,986. c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.				ment fanas.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 878,000. 878,000. b Buildings 5,703,399. 702,413. 5,000,986. c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.				Part IV. line 11a. Se	ee Form 990. F	Part X. lir	ne 10.			
ta Land basis (investment) basis (other) depreciation b Buildings 5,703,399. 702,413. 5,000,986. c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.		-	1		i			d	(d) Book	value
1a Land 878,000. 878,000. b Buildings 5,703,399. 702,413. 5,000,986. c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.		Description of property	1 ' '	• •				٠	(a) Dook	value
b Buildings 5,703,399. 702,413. 5,000,986. c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.	10	Land	,	,	. ,				878	.000.
c Leasehold improvements 1,287,471. 378,532. 908,939. d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.			I			7	02 41	3.		
d Equipment 2,981,008. 1,902,333. 1,078,675. e Other 1,280,329. 197,452. 1,082,877.										
e Other 1,280,329. 197,452. 1,082,877.	_									
0.040.455										
				•			-			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 EASTER SEA	LS MIDWEST	43	3-0979927 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes	_		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	-		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)		1	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	-		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a	a) Description		(b) Book value
(1) SECURITY DEPOSITS			118,461.
	RATING		6,671,541.
	ANCING		1,089,234.
(4)			, ,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, o	col. (B))		7,879,236.
Complete if the organization answered "Yes	s" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	, ,	,	(b) Book value
(1) Federal income taxes			1
(2) OPERATING LEASE LIABILITY	7		6,930,009.
(3) FINANCING LEASE LIABILITY			1,108,172.
(4)	=		
(5)			
(7)			
(8)			

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 ...

Schedule D (Form 990) 2023

8,038,181.

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Par	T XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		Π.	100 206 256
1	· · · · · · · · · · · · · · · · · · ·			1	109,306,356.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	2 520 452		
а	Net unrealized gains (losses) on investments		3,528,452.		
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			0-	3,528,452.
e	Add lines 2a through 2d			2e	105,777,904.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	103,777,704.
4	Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1.	40			
a b	Other (Describe in Part XIII.)		-254,160.	-	
C	A 1117 A 1149				-254 160.
_				5	-254,160. $105,523,744.$
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Stat	ements Witl	n Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•		
1	Total expenses and losses per audited financial statements			1	94,701,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	, , , , , , , , , , , , , , , , , , , ,
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 1			
d	Other (Describe in Part XIII.)		254,160.		
е	Add lines 2a through 2d			2e	254,160.
3	Subtract line 2e from line 1			3	94,447,515.
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			_
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	94,447,515.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
DNE	RT V, LINE 4:				
PAL	XI V, DINE 4:				
тнг	ORGANIZATION'S ENDOWMENT CONSISTS OF F	TVE TNDT	VIDIIAI, FIIND	SE	STABLISHED
	ORGINITION D ENDOMEDIA CONDIDID OF T	IVE INDI	VIDOIID IOND		DIMDDIDM
FOF	R A VARIETY OF PURPOSES. ITS ENDOWMENT I	NCLUDE B	OTH DONOR-R	EST	RICTED
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0111 201(011 11		1110122
ENI	DOWMENT FUNDS AND FUND DESIGNATED BY THE	BOARD O	F DIRECTORS	то	FUNCTION
AS	ENDOWMENTS.				
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
SPE	ECIAL EVENT EXPENSES				-254,160.
D	OM WIT TIME OR OWNER 15				
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
מחה	CTAI ENEND EVDENCEC				25/ 160
OPE	CIAL EVENT EXPENSES				454,10U.

Schedule D (Form 990) 2023	EASTER SEALS	MIDWEST	43-0979927	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation /acation:			
- are tain Supplemental infoli	(continuea)			
			<u> </u>	

SCHEDULE G (Form 990)

Department of the Treasury

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 43-0979927 EASTER SEALS MIDWEST Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or furidialsing event contributions and gro			<u> </u>	s greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FESTIVAL	TEE IT UP AT		(add col. (a) through
			GALA	TOPGOLF	2	' ' ' '
			(event type)	(event type)	(total number)	col. (c))
Revenue						
ver	۱,	Gross receipts	884,602.	78,666.	79,969.	1,043,237.
Re	'	Gross receipts	004,002.	70,000.	15,505.	1,045,2574
	_		014 052	10 116	E0 004	020 562
	2	Less: Contributions	814,052.	48,416.	58,094.	920,562.
				20.050	04 055	400 685
	3	Gross income (line 1 minus line 2)	70,550.	30,250.	21,875.	122,675.
	4	Cash prizes				
	5	Noncash prizes		95.		95.
es						
SUS	6	Rent/facility costs		800.	4,407.	5,207.
Direct Expenses	-				•	,
H H H	7	Food and beverages	79,139.	9,662.	18,634.	107,435.
<u>i</u>	′	1 ood and beverages	7571350	3,0021	10,031.	107,1331
		Entertainment	2,049.	6 273	800.	0 122
	8	Entertainment		6,273. 21,521.	20,716.	9,122. 132,301.
	9	Other direct expenses		21,321.	20,710.	
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				254,160.
D -	11	-131,485.				
Pa	ırt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T			Γ
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo		col. (a) through col. (c))
ě						
ш	1	Gross revenue				
S	2	Cash prizes				
Se						
Direct Expenses	3	Noncash prizes				
Ä						
eC.	4	Rent/facility costs				
ä	-					
	5	Other direct expenses				
	Ť	Other direct expenses	Yes %	Yes %	Yes %	
	ء ا	Volunteer labor	No No	No No	No No	
	"	Volunteer labor	INO		NO	
	_	B:	5: ()			
	'	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu	_			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
10a	We	re any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
		-				

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 EASTER SEALS MIDWEST	43-0979927 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
THE LINE THE HAITE AND ADDIESS OF THE PERSON WHO PREPARES THE ORGANIZATION'S GAINING/SPECIAL EVENTS DOOKS AND TO	corus.
News	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and th	e amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
- Addices	
16 Gaming manager information:	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	d (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a (v), and r art iii, iii ics 5, 55, 165,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	i (Form 990)	EASTER SEALS	MIDWEST	43-0979927	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		•			
-					
_					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

EASTER SEALS MIDWEST

Employer identification number 43-0979927

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			₹.
	Receive a severance payment or change-of-control payment?	_4a_ 4b		X
	b Participate in or receive payment from a supplemental nonqualified retirement plan?			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
a	The organization?	5a		Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WENDY SULLIVAN	(i)	333,218.	67,552.	0.	22,500.	13,493.	436,763.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THEODORE CHAPMAN	(i)	229,659.	0.	0.	22,500.	7,161.	259,320.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEAN MARSHALL	(i)	225,286.	0.	0.	13,947.	17,876.	257,109.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY ARLEDGE	(i)	224,774.	0.	0.	4,713.	21,534.	251,021.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS BARRY	(i)	205,983.	0.	0.	20,866.	13,285.	240,134.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAUREL TAYLOR	(i)	227,179.	0.	0.	0.	7,083.	234,262.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIMOTHY MEEHLING	(i)	174,045.	0.	0.	16,274.	5,995.	196,314.	0.
VP INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMANDA BARTOSCH	(i)	146,266.	0.	0.	12,114.	15,396.	173,776.	0.
ADMINISTRATION & FINANCE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHAWN ALLER	(i)	151,792.	0.	0.	0.	10,833.	162,625.	0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS. IN ADDITION, THE CEO REVIEWS AND
APPROVES THE COMPENSATION OF THE OTHER OFFICERS OF THE ORGANIZATION.

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.

Employer identification number

	EASTER SEALS	MIDWE	ST				43-09	799:	27	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported contribution Form 990, Part VIII, lin	on		(d) nod of deter contributio			3
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		12,88	88.R	ETAIL	PRICE			
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	6	545,43	31.M	IARKET	QUOTE			
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	Х	2	1,41	10.R	ETAIL	PRICE			
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (SPECIAL EVENTS)	X	122		13.R	ETAIL	PRICE			
26	Other (GIFT CARDS)	X	81	13,99	95.R	ETAIL	PRICE			
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions						
	for which the organization completed Form 82	33, Part V, D	onee Acknowledg	ement 29)					
							_	Y	es	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 t	hrough	28, that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be	used fo	r				
	exempt purposes for the entire holding period?	·					<u>3</u>	0a	_	X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard con	ntributio	ns?	<u> 3</u>	1 :	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell none	cash					
	contributions?						3	2a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is	s check	ed,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EASTER SEALS MIDWEST

Employer identification number 43-0979927

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE HOME VISITING PROGRAM WORKS WITH FAMILIES WHO HAVE CHILDREN WITH AND WITHOUT DISABILITIES 3 YEARS OF AGE AND UNDER, TO HELP LINK THEM TO ADDITIONAL RESOURCES IN THE COMMUNITY, TO HELP BUILD THEIR KNOWLEDGE AND SKILL BASE IN REGARDS TO PARENTING, AND TO MODEL APPROPRIATE TRAINED PARENT EDUCATORS VISIT THE HOMES OF ELIGIBLE PARENTING SKILLS. FAMILIES AND OFFER A VARIETY OF SERVICES, WHICH INCLUDE BUT ARE NOT LIMITED TO: GROUP TRAINING SESSIONS TARGETED AT VARIOUS TOPICS DEALING WITH CHILD DEVELOPMENT, CREATING HEALTHY FAMILIES, AND NETWORKING OPPORTUNITIES FOR THE FAMILIES; AND RESOURCES FOR CHILDREN IN THE HOME INCLUDING BOOKS, DEVELOPMENTALLY APPROPRIATE TOYS FOR THEIR CHILD, INCENTIVES WHICH MAY INCLUDE CERTIFICATES THAT THEY MAY USE TO PURCHASE ITEMS FOR THEIR CHILDREN SUCH AS TOYS, BOOKS, SAFETY ITEMS, SAFE CRIBS. ETC. EXPENSES \$ 1,700,790. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,783,578. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE BOARD PRIOR TO FILING. THE AUDIT COMMITTEE IS EMPOWERED BY THE BOARD OF DIRECTORS TO HAVE THE 990 FILED AND HAVE IT EXECUTED BY THE CFO.

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

THE BOARD OF DIRECTORS AND AUDIT COMMITTEE DISCUSS POTENTIAL CONFLICTS

REGULARLY AT AND BETWEEN BOARD MEETINGS AND RELIES ON THE CEO TO BRING TO

ITS ATTENTION ANY MATERIAL TRANSACTION OR RELATIONSHIPS THAT MIGHT BE

CONSIDERED A CONFLICT OF INTEREST WITH RESPECT TO ANY OF THE BOARD MEMBERS.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** 43-0979927 EASTER SEALS MIDWEST FOR ANY BOARD VOTES WHERE A POTENTIAL CONFLICT OR THE APPEARANCE OF A CONFLICT MIGHT EXIST, THE BOARD MEMBER WITH THE POTENTIAL CONFLICT IS REQUIRED TO EXCUSE HIMSELF OR HERSELF FROM THE MEETING DURING THE DISCUSSION OF THE MATTER AS WELL AS THE VOTE ITSELF. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE BOARD OBTAINS MARKET DATA FROM LOCKTON AND FROM GUIDESTAR WHEN DETERMINING REASONABLE COMPENSATION. ALSO, THE CHIEF HR OFFICER GIVES THE EXECUTIVE COMMITTEE INFORMATION REGARDING HOW MUCH IS BUDGETED. IN ADDITION, THE CEO REVIEWS AND APPROVES THE COMPENSATION OF THE OTHER OFFICERS OF THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST, BUT ARE NOT REGULARLY PUBLISHED BY THE ORGANIZATION FOR PUBLIC ACCESS. PART XII, LINE 2C NO CHANGE FROM PRIOR YEAR.

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** EASTER SEALS MIDWEST 43-0979927 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 11933 WESTLINE INDUSTRIAL DRIVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT LOUIS, MO 63146 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JEFFREY ARLEDGE 11933 WESTLINE INDUSTRIAL DRIVE - SAINT LOUIS, MO 63146 Telephone No. 314-394-7100 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 . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or JUL 1 ___, 20 <u>23</u>__, and ending _____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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