

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>Easter Seals Inc.</b>		<b>D Employer identification number</b> <b>36-2171729</b>	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>	
	<b>233 South Wacker Drive</b>	<b>2400</b>	<b>312-726-6200</b>	
City or town, state or province, country, and ZIP or foreign postal code		<b>G Gross receipts \$</b>		
<b>Chicago, IL 60606-6410</b>		<b>86,673,340.</b>		
<b>F Name and address of principal officer: James E. Williams, Jr. same as C above</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> ▶ <b>www.easterseals.com</b>				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1938</b>		<b>M State of legal domicile:</b> <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Headquarters ONLY for this return. See Schedule O.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>371</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>178</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>95,929.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-17,863.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>74,276,558.</b>	<b>73,386,071.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,799,365.</b>	<b>6,721,822.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,033,031.</b>	<b>1,021,311.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>777,249.</b>	<b>1,053,218.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>83,886,203.</b>	<b>82,182,422.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>28,668,456.</b>	<b>27,506,029.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>13,759,029.</b>	<b>13,880,801.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>18,323,012.</b>	<b>2,569,174.</b>	<b>2,602,254.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>38,215,890.</b>	<b>37,378,810.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>83,212,549.</b>	<b>81,367,894.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>673,654.</b>	<b>814,528.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>29,201,174.</b>	<b>34,184,470.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>26,944,104.</b>	<b>25,957,930.</b>
		<b>2,257,070.</b>	<b>8,226,540.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>Le Monte G. Booker, Chief Financial Officer</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>Wayne Harder</b>				<b>P00294296</b>
	Firm's name ▶ <b>McGladrey LLP</b>	Firm's EIN ▶ <b>42-0714325</b>			
	Firm's address ▶ <b>1 S. Wacker Drive, Ste 800 Chicago, IL 60606</b>		Phone no. <b>312-634-3400</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Through therapy, training, education and support services, Easter Seals creates life-changing solutions so people with disabilities or special needs, and their families, can live, learn, work and play in their communities. Learn more at easterseals.com

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 16,852,988. including grants of \$ 14,441,457.) (Revenue \$ ) Easter Seals Senior Community Service Employment Program (SCSEP) is a work-based community service program for older workers, funded by the Department of Labor (DOL). Authorized by the Older American Act, the program provides subsidized, service-based training for low-income persons 55 or older, who are unemployed with poor employment prospects. SCSEP's mission is to promote economic self-sufficiency for older individuals working to achieve this goal. Program participants train at community non-profits and government agencies, gaining skills to prepare them for employment.

See Schedule O for additional program information.

4b (Code: ) (Expenses \$ 2,448,717. including grants of \$ ) (Revenue \$ ) Easter Seals Project Action (ESPA) is a cooperative agreement funded by the Department of Transportation, Federal Transit Administration (FTA). Its mission is to promote universal access to transportation for people with disabilities of all ages under federal law and beyond by partnering with transportation providers, the disability community and others through the provision of training, technical assistance, outreach, and communication.

The total number of people reached in 2013 was 30,370 not including the special mailing to 16,000 people. This number increased by 14% from 2012.

See Schedule O for additional program information.

4c (Code: ) (Expenses \$ 735,930. including grants of \$ ) (Revenue \$ ) Easter Seals and the National Association of Area Agencies on Aging continue to administer the National Center for Senior Transportation (NCST). The NCST staff work to educate on and expand awareness of the issues related to transportation options for older adults and the need for more options to be available in communities across the country. The program is distinct in its focus on community grant-making for the purpose of finding and testing best practices in senior transportation options.

See Schedule O for additional program information.

4d Other program services (Describe in Schedule O.) (Expenses \$ 40,335,060. including grants of \$ 13,064,572.) (Revenue \$ 6,817,507.)

4e Total program service expenses 60,372,695.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with columns for Yes/No and numerical input fields.

**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 in 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
<b>1a</b>	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 in Schedule O.		
			19
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		19
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>10b</b>	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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **See Schedule O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Le Monte G. Booker, Chief Financial Officer - (312)726-6200**  
**233 South Wacker Drive, Ste 2400, Chicago, IL 60606-6410**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Richard W. Davidson Chairman	3.00 1.00	X		X				0.	0.	0.
(2) Sandra L. Bouwman 1st Vice Chairman	3.00	X		X				0.	0.	0.
(3) Joseph G. Kern 2nd Vice Chairman	3.00	X		X				0.	0.	0.
(4) Ralph F. Boyd, Jr. Treasurer	3.00 1.00	X		X				0.	0.	0.
(5) Eileen Howard Boone Secretary	3.00	X		X				0.	0.	0.
(6) Michael J. Boettcher Board Member	3.00	X						0.	0.	0.
(7) Hon. Josefina G. Carbonell Board Member	3.00	X						0.	0.	0.
(8) Rory A. Cooper, Ph.D Board Member	3.00	X						0.	0.	0.
(9) Kim D. Dalgliesh, Esq. Board Member	3.00	X						0.	0.	0.
(10) Kathleen C. Daley Board Member	3.00	X						0.	0.	0.
(11) Brian G. Dowling Board Member	3.00	X						0.	0.	0.
(12) Ben Gamache Board Member	3.00	X						0.	0.	0.
(13) Nancy Goguen Board Member	3.00	X						0.	0.	0.
(14) Meg Ham Board Member	3.00	X						0.	0.	0.
(15) Mary R. Platt, CTP Board Member	3.00	X						0.	0.	0.
(16) John Maguire Board Member	3.00	X						0.	0.	0.
(17) Franklin A. Poff, Jr. Board Member	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Sandra J. Towey, CPA, CMA, CFM Board Member	3.00	X					0.	0.	0.	
(19) Richard F. Vincent Board Member	3.00	X					0.	0.	0.	
(20) Edward L. Wenzel Board Member	3.00	X					0.	0.	0.	
(21) James E. Williams, Jr. President & Chief Executive Officer	32.00 18.00			X			660,143.	355,462.	-178,485.	
(22) Le Monte G. Booker Chief Financial Officer	50.00			X			260,350.	0.	20,698.	
(23) Randall Rutta Chief Strategy Officer	50.00			X			330,556.	0.	15,919.	
(24) Stephen Bergman Chief Information Officer	50.00			X			246,495.	0.	20,578.	
(25) Maureen Haller Sr Vice President, Development	40.00 10.00				X		155,821.	45,300.	12,226.	
(26) Jeanne Sowa Sr Vice President, Mkt & Corp.	50.00				X		229,923.	0.	15,069.	
<b>1b Sub-total</b>							<b>1,883,288.</b>	<b>400,762.</b>	<b>-93,995.</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>1,445,543.</b>	<b>0.</b>	<b>87,580.</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>3,328,831.</b>	<b>400,762.</b>	<b>-6,415.</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **36**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid, 11200 Waples Mill Road, Suite 150, Fairfax, VA 22030 RR Donnelley	Professional Fundraiser/Printer	5,876,683.
P.O. Box 93514, Chicago, IL 60673 Infocision Management Group	Printer	4,988,643.
325 Springside Dr., Akron, OH 44333 Premier Print, 10 South Riverside Plaza	Professional Fundraiser	1,501,093.
Ste 1810, Chicago, IL 60606 Merkle Response Services	Printer	1,058,905.
100 Jamison Court, Hagerstown, MD 21740	Process Direct Mail	1,036,111.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **39**

See Part VII, Section A Continuation sheets



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Maureen Kavalat Sr Vice President, Programs	50.00				X			178,307.	0.	18,127.
(28) Jennifer Bielat Sr Vice President, Integrated Mkt	50.00				X			177,125.	0.	5,715.
(29) Patricia Jones Exec. Vice President, Aff. Services	50.00					X		246,266.	0.	20,510.
(30) Mary Leary Sr Director, Transportation Group	50.00					X		171,205.	0.	11,293.
(31) Dorothy Moser Vice President, Human Resources	50.00					X		165,796.	0.	20,164.
(32) Katherine Beh Neas Sr Vice President, Govt Relations	50.00					X		191,603.	0.	19,438.
(33) Jennifer Bartlett Vice President, Executive Office	50.00					X		155,880.	0.	10,424.
(34) Donald Jackson Former Chief Operating Officer	0.00						X	159,361.	0.	-18,091.
Total to Part VII, Section A, line 1c .....								1,445,543.		87,580.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b> 45,149.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 169,367.					
	<b>d</b> Related organizations	<b>1d</b> 4,087,348.					
	<b>e</b> Government grants (contributions)	<b>1e</b> 21,162,578.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 47,921,629.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		73,386,071.				
	<b>Program Service Revenue</b>	<b>2 a</b> Affiliate Membership	<b>Business Code</b> 541900	3,185,792.	3,185,792.		
<b>b</b> Government Contract Revenue		541900	2,474,083.	2,474,083.			
<b>c</b> Affiliate Sales & Services		541900	1,051,189.	1,051,189.			
<b>d</b> Affiliate Misc Revenue		541900	10,758.	10,758.			
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			6,721,822.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		373,910.			373,910.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	4,880,886.				
		(ii) Other	205,857.				
		<b>b</b> Less: cost or other basis and sales expenses	4,233,010.	206,332.			
		<b>c</b> Gain or (loss)	647,876.	-475.			
	<b>d</b> Net gain or (loss)		647,401.			647,401.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 169,367. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	36,400.				
		<b>b</b> Less: direct expenses	51,576.				
<b>c</b> Net income or (loss) from fundraising events			-15,176.			-15,176.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> Donor List Rental		900099	972,709.		95,929.	876,780.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue	900099	95,685.	95,685.			
	<b>e Total.</b> Add lines 11a-11d		1,068,394.				
<b>12 Total revenue.</b> See instructions.		82,182,422.	6,817,507.	95,929.	1,882,915.		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	27,451,410.	27,451,410.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	44,619.	44,619.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	10,000.	10,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,417,607.	1,489,473.	434,736.	493,398.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,933,233.	6,604,020.	1,057,339.	1,271,874.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	969,618.	691,367.	127,457.	150,794.
9 Other employee benefits	732,036.	521,964.	96,227.	113,845.
10 Payroll taxes	828,307.	590,608.	108,881.	128,818.
11 Fees for services (non-employees):				
a Management				
b Legal	129,230.	113,653.	4,816.	10,761.
c Accounting	77,950.	68,554.	2,905.	6,491.
d Lobbying	18,285.	16,081.	681.	1,523.
e Professional fundraising services. See Part IV, line 17	2,602,254.			2,602,254.
f Investment management fees	28,155.	6,425.	21,730.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,868,986.	5,174,084.	204,601.	490,301.
12 Advertising and promotion	1,492,472.	1,372,778.	13,383.	106,311.
13 Office expenses	498,984.	426,158.	37,352.	35,474.
14 Information technology	1,052,767.	926,640.	41,494.	84,633.
15 Royalties				
16 Occupancy	1,527,638.	1,143,664.	210,786.	173,188.
17 Travel	874,871.	740,590.	49,079.	85,202.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	910,833.	790,219.	40,454.	80,160.
20 Interest	177,094.	79,819.	59,564.	37,711.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,801.	224,282.	26,158.	25,361.
23 Insurance	73,295.	54,873.	10,113.	8,309.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Print Mail Production</b>	24,002,494.	11,664,669.		12,337,825.
b				
c				
d				
e All other expenses	369,955.	166,745.	124,431.	78,779.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	81,367,894.	60,372,695.	2,672,187.	18,323,012.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	25,948,000.	12,601,100.	0.	13,346,900.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	715,105.	1	1,706,289.	
	<b>2</b> Savings and temporary cash investments .....		2		
	<b>3</b> Pledges and grants receivable, net .....	3,256,605.	3	5,477,572.	
	<b>4</b> Accounts receivable, net .....	3,470,942.	4	3,511,498.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	338,753.	9	188,864.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,528,420.			
	<b>b</b> Less: accumulated depreciation .....	10b 896,019.	10c 638,460.	632,401.	
	<b>11</b> Investments - publicly traded securities .....	17,961,297.	11	19,897,641.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....	200,000.	14	200,000.	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,620,012.	15	2,570,205.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	29,201,174.	16	34,184,470.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,191,759.	17	11,538,166.	
	<b>18</b> Grants payable .....	3,910,430.	18	3,835,992.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,025,000.	23	3,450,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,816,915.	25	7,133,772.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,944,104.	26	25,957,930.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-5,283,207.	27	-1,749,104.	
	<b>28</b> Temporarily restricted net assets .....	5,742,652.	28	8,196,133.	
	<b>29</b> Permanently restricted net assets .....	1,797,625.	29	1,779,511.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	2,257,070.	33	8,226,540.		
<b>34</b> Total liabilities and net assets/fund balances .....	29,201,174.	34	34,184,470.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	82,182,422.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,367,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	814,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,257,070.
5	Net unrealized gains (losses) on investments	5	1,982,511.
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 in Schedule O)	9	3,172,431.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,226,540.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: **Easter Seals Inc.** Employer identification number: **36-2171729**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	26,295,100.	85,918,200.	78,924,500.	74,276,558.	73,386,071.	338,800,429.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3,105,200.	7,590,100.	6,463,800.	7,799,365.	6,721,822.	31,680,287.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	29,400,300.	93,508,300.	85,388,300.	82,075,923.	80,107,893.	370,480,716.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						370,480,716.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	29,400,300.	93,508,300.	85,388,300.	82,075,923.	80,107,893.	370,480,716.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	125,200.	276,600.	371,400.	604,612.	373,910.	1,751,722.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	125,200.	276,600.	371,400.	604,612.	373,910.	1,751,722.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			1,437,200.	718,610.	972,465.	3,128,275.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	29,525,500.	93,784,900.	87,196,900.	83,399,145.	81,454,268.	375,360,713.

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.70 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	98.98 %

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.47 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	.47 %

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**Schedule A, Part III, Line 12**

**Explanation:** Included in line 12: 1)list rental payments from other not-for-profits totaling \$876,780 and 2)payment for training services or publications \$95,685. Combined the total equals \$972,465.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<b>Name of organization</b>  Easter Seals Inc.	<b>Employer identification number</b>  36-2171729
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 17,215,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 3,734,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 4,087,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

<b>Name of organization</b>  <b>Easter Seals Inc.</b>	<b>Employer identification number</b>  <b>36-2171729</b>
---	--

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		22,312.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		359,318.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		381,630.													
<b>d</b> Other exempt purpose expenditures .....		80,986,264.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		81,367,894.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	233,600.	314,700.	294,170.	381,630.	1,224,100.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	7,100.	28,600.	24,030.	22,312.	82,042.

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	681,400.	537,400.	524,900.	485,800.	24,300.
b Contributions		142,900.	13,900.	39,100.	461,500.
c Net investment earnings, gains, and losses	-85,200.	2,100.	-600.	1,800.	700.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	900.	-1,000.	800.	1,800.	700.
g End of year balance	595,300.	681,400.	537,400.	524,900.	485,800.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		38,516.	14,814.	23,702.
d Equipment		1,489,904.	881,205.	608,699.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>632,401.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Perpetual Trusts	1,186,646.
(2) Charitable Lead Trusts	271,397.
(3) Charitable Remainder Trusts	1,112,162.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,570,205.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll Related Liability	45,092.
(3) Deferred Rent	636,433.
(4) Gift Annuity Liability	789,320.
(5) Bank Line of Credit	5,575,468.
(6) Capital Lease	87,459.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,133,772.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	93,475,820.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,982,511.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	9,319,811.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	11,302,322.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	82,173,498.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	8,924.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,924.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	82,182,422.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	87,506,350.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	9,319,811.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,319,811.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	78,186,539.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	8,924.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,172,431.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,181,355.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	81,367,894.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4:**

**Explanation:** The principal is to be invested in perpetuity with the interest to be spent for Easter Seals Inc. operating activities based on the board approved spending policy.

**Part X, Line 2:**

**Explanation:** Easter Seals is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law, except for taxes pertaining to unrelated business income, if any.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to

**Part XIII** Supplemental Information (continued)

be claimed on a tax return should be recorded in the financial statements. Under this guidance, Easter Seals may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of Easter Seals and various positions related to the potential sources of unrelated business taxable income (UBIT). There were no unrecognized tax benefits identified or recorded as liabilities for the reporting periods presented in these financial statements.

Easter Seals files Form 990 in the U.S. federal jurisdiction and the state of Illinois. Easter Seals is generally no longer subject to examination by the Internal Revenue Service for years before 2010.

Part XII, Line 4b - Other Adjustments:

Pension liability adjustments other than net periodic benefit cost	3,172,431.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization: **Easter Seals Inc.** Employer identification number: **36-2171729**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
North America	0	0	Program Services	Attend Conference	11,241.
North America	0	0	Grant to Recipient	N/A	10,000.
North America	0	0	Program Service	Online Community Software	7,000.
East Asia & Pacific	0	0	Program Services	Attend Conference	2,549.
North America	0	0	Program Service	Online Consulting	7,995.
North America	0	0	Program Services	Professional Survey	1,799.
<b>3 a Sub-total</b> .....	0	0			40,584.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			40,584.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		North America	Program-Children	10,000.	check	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

**3** Enter total number of other organizations or entities .....

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**Part I, Line 2:**

**Explanation:** In 2013, Easter Seals Inc. granted \$10,000 to one non-U.S. disability service organization that is closely associated with Easter Seals and its mission to support their efforts to improve and advance services for people with disabilities and their families. There is an established relationship and history of collaboration. Eligibility was limited to those non-US organizations with close mission, service, and operational ties to Easter Seals Inc. and with a history of collaboration on best practice advocacy, service delivery and operational issues and activities.

**Part II, Line 1**

**Explanation:** The grant is recorded based on accrual accounting.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open To Public Inspection

Name of the organization **Easter Seals Inc.** Employer identification number **36-2171729**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Russ Reid - 11200 Waples Mill Rd, Ste 150, Fairfax, VA	Fundraising		X	11,274,395.	1,185,225.	10,089,170.
Infocision Management Corp - PO Box 932441, Cleveland, OH	Fundraising		X	1,763,433.	754,547.	1,008,886.
M & R Strategic Services - 1901 L St N.W., Ste 800, Strategic Fundraising, Inc - 2625 Momentum Place, Chicago,	Fundraising		X	546,107.	234,656.	311,451.
Phyllis Freedman - 625 16th St NW, #401, Washington, DC	Fundraising		X	43,983.	54,089.	-10,106.
Blackbaud - PO Box 930256, Atlanta, GA 31193-0256	Fundraising		X	0.	26,342.	-26,342.
The Sharpe Group - 855 Ridge Lake Blvd, Ste 300, Memphis,	Fundraising		X	0.	239,580.	-239,580.
The Stelter - 10435 New York Ave, Des Moines, IA 50322	Fundraising		X	0.	12,250.	-12,250.
The Osbourne Group - 100 S. Bedford Rd, Ste 340, Mt.	Fundraising		X	0.	5,183.	-5,183.
Mobile Accord - 2150 W 29th Ave Ste 200, Denver, CO	Fundraising		X	0.	86,049.	-86,049.
<b>Total</b>				13,627,918.	2,602,254.	11,025,664.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Golf Event (event type)	Walk (event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	95,775.	109,992.		205,767.
	<b>2</b> Less: Contributions .....	59,375.	109,992.		169,367.
	<b>3</b> Gross income (line 1 minus line 2) .....	36,400.			36,400.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	1,942.			1,942.
	<b>6</b> Rent/facility costs .....	49,634.			49,634.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				51,576.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-15,176.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: Russ Reid

(i) Address of Fundraiser:

11200 Waples Mill Rd, Ste 150, Fairfax, VA 22030

(i) Name of Fundraiser: Infocision Management Corp

(i) Address of Fundraiser: PO Box 932441, Cleveland, OH 44193

**Part IV** Supplemental Information (continued)

(i) Name of Fundraiser: M & R Strategic Services

(i) Address of Fundraiser: 1901 L St N.W., Ste 800, Washington, DC 20036

(i) Name of Fundraiser: Strategic Fundraising, Inc

(i) Address of Fundraiser: 2625 Momentum Place, Chicago, IL 60689

(i) Name of Fundraiser: Phyllis Freedman

(i) Address of Fundraiser: 625 16th St NW, #401, Washington, DC 20009

(i) Name of Fundraiser: The Sharpe Group

(i) Address of Fundraiser: 855 Ridge Lake Blvd, Ste 300, Memphis, TN 38120

(i) Name of Fundraiser: The Osbourne Group

(i) Address of Fundraiser: 100 S. Bedford Rd, Ste 340, Mt. Kisco, NY 10549

(i) Name of Fundraiser: Mobile Accord

(i) Address of Fundraiser: 2150 W 29th Ave Ste 200, Denver, CO 80211

Part I, Line 2b, Column (v):

Explanation: For professional fundraisers such as Phyllis Freedman, The Osbourne Group, or The Sharpe Group, Easter Seals Inc. did not list a revenue amount above. The impact of these consulting relationships is not seen in revenue directly back to headquarters, but rather in fundraising results of our affiliates across the country.

Each of these business partners provide strategic input on Easter Seals Inc. fundraising initiatives impacting affiliates nationwide. The Osbourne Group works directly with our affiliates, primarily through the

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

Easter Seals Academy, but also through direct consultation, on advancement of relationship-based fundraising best practices, particularly around Presidents' Council and major gifts.

Phyllis Freedman consults with us on the direct and planned giving programs. And, The Sharpe Group provides strategic consulting on the advancement of Easter Seals nationwide planned giving program.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization **Easter Seals Inc.** Employer identification number **36-2171729**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Brain Plasticity Institute 77 Geary Street Ste 303 San Francisco, CA 94108	27-0600336	N/A	555,000.	0.			Brain Health Research
EASTER SEALS ALABAMA 5960 East Shirley Lane Montgomery, AL 36117	23-7070631	501(c)(3)	29,046.	0.			Disability Services
EASTER SEALS ALASKA 670 West Fireweed Lane Suite 105 Anchorage, AK 99503	92-0018031	501(c)(3)	138,777.	0.			Disability Services
EASTER SEALS ARC OF NORTHEAST INDIANA - 4919 Coldwater Rd - Fort Wayne, IN 46825-5532	35-0998711	501(c)(3)	13,590.	0.			Disability Services
EASTER SEALS BAY AREA 391 Taylor Blvd. Suite 250 Pleasant Hill, CA 94523	94-3120231	501(c)(3)	895,703.	0.			Disability Services
EASTER SEALS BLAKE FOUNDATION 7750 E. Broadway, Suite A200 Tucson, AZ 85710	86-0093224	501(c)(3)	173,702.	0.			Disability Services

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **68.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2013)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS CAPITAL REGION & EASTERN CONNECTICUT - 100 Deerfield Road - Windsor, CT 06095-4207	06-0662138	501(c)(3)	1,806,622.	0.			Disability Services
Easter Seals Capper Foundation 3500 SW 10th Avenue Topeka, KS 66604-1904	48-0543745	501(c)(3)	32,242.	0.			Disability Services
Easter Seals Central Alabama 2125 E. South Blvd. Montgomery, AL 36116-2454	63-0435761	501(c)(3)	1,069,209.	0.			Disability Services
EASTER SEALS CENTRAL AND SOUTHEAST OHIO - 3830 Trueman Court - Hilliard, OH 43026	31-4379471	501(c)(3)	16,847.	0.			Disability Services
EASTER SEALS CENTRAL CALIFORNIA 9010 Soquel Drive Aptos, CA 95003-4002	94-1497580	501(c)(3)	149,278.	0.			Disability Services
Easter Seals Central Texas 1611 Headway Circle, Building 2 Austin, TX 78754	75-0808811	501(c)(3)	61,800.	0.			Disability Services
EASTER SEALS COLORADO 5755 West Alameda Avenue Lakewood, CO 80226-3500	84-0412575	501(c)(3)	418,236.	0.			Disability Services
EASTER SEALS CROSSROADS REHABILITATION CENTER - 4740 Kingsway Drive - Indianapolis, IN 46205-1521	35-0869058	501(c)(3)	37,201.	0.			Disability Services
EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE - Kearns Center 61 Corporate Circle - New Castle, DE 19720-2405	51-0066728	501(c)(3)	223,235.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS DUPAGE AND THE FOX VALLEY REGION - Rosalie Dold Center for Children 830 S Addison Ave - Villa Park, IL 60181-1153	36-2476388	501(c)(3)	74,184.	0.			Disability Services
EASTER SEALS EAST GEORGIA 1500 Wrightsboro Road Augusta, GA 30903	58-1918315	501(c)(3)	33,193.	0.			Disability Services
EASTER SEALS EASTERN PENNSYLVANIA 1501 Lehigh Street, Suite 201 Allentown, PA 18103	23-2823542	501(c)(3)	21,732.	0.			Disability Services
EASTER SEALS EL MIRADOR 10 A-Van-Nu-Po Santa Fe, NM 87508-1461	74-2830135	501(c)(3)	22,502.	0.			Disability Services
EASTER SEALS FLORIDA 520 N. Semoran Blvd, Suite 280 Orlando, FL 32807	59-0637848	501(c)(3)	147,410.	0.			Disability Services
Easter Seals Foundation 233 S Wacker Dr. Ste 2400 Chicago, IL 60606	26-1207337	501(c)(3)	494,859.	0.			Disability Services
EASTER SEALS GOODWILL NORTHERN ROCKY MOUNTAIN - 425 1st Avenue North - Great Falls, MT 59401-2507	81-0232125	501(c)(3)	2,163,848.	0.			Disability Services
Easter Seals Greater Houston 4500 Bissonnet, Suite 340 Bellaire, TX 77401-3006	74-1238418	501(c)(3)	222,877.	0.			Disability Services
EASTER SEALS HAWAII 710 Green Street Honolulu, HI 96813-2119	99-0075235	501(c)(3)	118,979.	0.			Disability Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS IOWA 401 N.E. 66th Avenue Des Moines, IA 50313	42-0707100	501(c)(3)	28,823.	0.			Disability Services
EASTER SEALS JOLIET REGION, INC. Regional Pediatric Center & Corp. Office 212 Barney Dr - Joliet, IL 60435	36-2300706	501(c)(3)	47,319.	0.			Disability Services
EASTER SEALS LOUISIANA 1010 Common Street New Orleans, LA 70112	72-0694376	501(c)(3)	14,985.	0.			Disability Services
EASTER SEALS MASSACHUSETTS Denholm Building 484 Main Street Worcester, MA 01608-1817	04-2103867	501(c)(3)	230,625.	0.			Disability Services
EASTER SEALS METROPOLITAN CHICAGO 1939 West 13th Street, Suite 300 Chicago, IL 60608-1226	36-2169153	501(c)(3)	336,014.	0.			Disability Services
EASTER SEALS MICHIGAN 2399 E. Walton Blvd. Auburn Hills, MI 48326	38-1402860	501(c)(3)	101,420.	0.			Disability Services
EASTER SEALS MIDDLE GEORGIA 604 Kellam Road Dublin, GA 31021	58-1917053	501(c)(3)	6,579.	0.			Disability Services
EASTER SEALS MIDWEST 13545 Barrett Parkway Suite 300 Ballwin, MO 63021	43-0827160	501(c)(3)	19,919.	0.			Disability Services
EASTER SEALS NEBRASKA 12565 West Center Road, Suite 100 Omaha, NE 68144	47-0457872	501(c)(3)	14,091.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS NEVADA 6200 West Oakey Blvd. Las Vegas, NV 89146	94-2815686	501(c)(3)	149,818.	0.			Disability Services
Easter Seals New Hampshire 555 Auburn Street Manchester, NH 03103	02-0272825	501(c)(3)	414,062.	0.			Disability Services
EASTER SEALS NEW JERSEY 25 Kennedy Blvd, Suite 600 East Brunswick, NJ 08816	22-1508591	501(c)(3)	3,271,495.	0.			Disability Services
Easter Seals New York 29 W. 36th Street 4th floor New York, NY 10018	13-5596808	501(c)(3)	3,342,485.	0.			Disability Services
EASTER SEALS NORTH GEORGIA 53 Perimeter Center East, Suite 550 Atlanta, GA 30319	58-1919768	501(c)(3)	51,002.	0.			Disability Services
EASTER SEALS NORTH TEXAS 1424 Hemphill Street Fort Worth, TX 76104-4703	75-0827419	501(c)(3)	302,419.	0.			Disability Services
EASTER SEALS NORTHERN OHIO 41641 North Ridge Rd Suite D Elyria, OH 44035	31-4380051	501(c)(3)	18,053.	0.			Disability Services
EASTER SEALS OREGON 5757 SW Macadam Ave Portland, OR 97239	93-0386885	501(c)(3)	1,965,234.	0.			Disability Services
EASTER SEALS PEORIA-BLOOMINGTON 507 East Armstrong Avenue Peoria, IL 61603-3197	37-0686250	501(c)(3)	75,561.	0.			Disability Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS RIO GRANDE VALLEY, TEXAS - 1217 Houston Street - McAllen, TX 78501	74-1233800	501(c)(3)	45,288.	0.			Disability Services
EASTER SEALS SAN ANTONIO, TEXAS 2203 Babcock Road San Antonio, TX 78229-4498	74-1653179	501(c)(3)	78,559.	0.			Disability Services
Easter Seals Serving DC MD VA, Inc: The Harry and Jeanette Weinberg Center - 1420 Spring Street - Silver Spring, MD 20910	53-0212296	501(c)(3)	901,292.	0.			Disability Services
EASTER SEALS SOUTH CAROLINA PO Box 5715 Columbia, SC 29250	57-0342029	501(c)(3)	248,345.	0.			Disability Services
EASTER SEALS SOUTH FLORIDA 1475 NW 14th Avenue Miami, FL 33125-1692	59-0722783	501(c)(3)	67,104.	0.			Disability Services
Easter Seals Southeast Wisconsin Easter Seals Generations Center 2222 S 114th Street - West Allis, WI 53227	39-0816849	501(c)(3)	142,014.	0.			Disability Services
EASTER SEALS SOUTHEASTERN PENNSYLVANIA - 3975 Conshohocken Avenue - Philadelphia, PA 19131-5484	23-1352293	501(c)(3)	149,965.	0.			Disability Services
EASTER SEALS SOUTHERN CALIFORNIA 1570 E. 17th St. Santa Ana, CA 92705-8511	94-3068149	501(c)(3)	2,423,604.	0.			Disability Services
EASTER SEALS SOUTHERN GEORGIA 1906 Palmyra Road Albany, GA 31701-1598	58-1915733	501(c)(3)	7,010.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS SOUTHWEST FLORIDA 350 Braden Avenue Sarasota, FL 34243-2096	59-0638490	501(c)(3)	34,541.	0.			Disability Services
EASTER SEALS SOUTHWEST HUMAN DEVELOPMENT - 2850 North 24th Street - Phoenix, AZ 85008	86-0407179	501(c)(3)	439,024.	0.			Disability Services
EASTER SEALS SOUTHWESTERN INDIANA The Rehabilitation Center 3701 Bellemeade Ave - Evansville, IN 47714	35-0909982	501(c)(3)	6,197.	0.			Disability Services
EASTER SEALS SUPERIOR CALIFORNIA 3205 Hurley Way Sacramento, CA 95864-3898	94-1279800	501(c)(3)	218,872.	0.			Disability Services
EASTER SEALS TENNESSEE 3011 Armory Drive, Suite 100 Nashville, TN 37204	62-0504893	501(c)(3)	52,722.	0.			Disability Services
EASTER SEALS TRI-COUNTIES, CALIFORNIA - 10730 Henderson Road - Ventura, CA 93004-1898	77-0294977	501(c)(3)	25,000.	0.			Disability Services
EASTER SEALS TRISTATE 2901 Gilbert Avenue Cincinnati, OH 45206	31-0873433	501(c)(3)	143,512.	0.			Disability Services
EASTER SEALS UCP NORTH CAROLINA & VIRGINIA INC. - 5171 Glenwood Avenue Suite 400 - Raleigh, NC 27612-3266	56-0670676	501(c)(3)	99,811.	0.			Disability Services
EASTER SEALS VOLUSIA AND FLAGLER COUNTIES - 1219 Dunn Avenue - Daytona Beach, FL 32114	59-0722785	501(c)(3)	23,080.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS WASHINGTON 200 West Mercer St. Ste. 210E Seattle, WA 98119	91-0575956	501(c)(3)	858,849.	0.			Disability Services
EASTER SEALS WEST GEORGIA 2515 Double Churches Road Columbus, GA 31909	58-1919206	501(c)(3)	17,571.	0.			Disability Services
EASTER SEALS WEST KENTUCKY 801 N. 29th Street Paducah, KY 42001	31-1572931	501(c)(3)	13,545.	0.			Disability Services
Easter Seals West Virginia 1305 National Road Wheeling, WV 26003-5780	62-1266942	501(c)(3)	13,082.	0.			Disability Services
EASTER SEALS WESTERN AND CENTRAL PENNSYLVANIA - 2525 Railroad Street - Pittsburgh, PA 15222-4608	25-0965215	501(c)(3)	104,350.	0.			Disability Services
GOODWILL EASTER SEALS MIAMI VALLEY 1511 Kuntz Road Dayton, OH 45404-1927	31-0537112	501(c)(3)	1,243,147.	0.			Disability Services
Goodwill Easter Seals Minnesota 553 Fairview North St. Paul, MN 55104	41-0706171	501(c)(3)	14,220.	0.			Disability Services
Goodwill Easter Seals of the Gulf Coast - 2448 Gordon Smith Drive - Mobile, AL 36617	63-0363472	501(c)(3)	728,276.	0.			Disability Services
United States International Council on Disabilities - 1012 14th St NW Suite 105 - Washington, DC 20005	52-1766832	501(c)(3)	10,000.	0.			Disability Services

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Workforce Development	3	1,587.	0.		
SCSEP Participant Supportive Services	47	42,532.	0.		
Inclusive Care Program	1	500.	0.		

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

**Part I, Line 2:**

Explanation: Easter Seals Inc. monitors the various grants provided to affiliates through the use of financial and non-financial measures. For example, each affiliate must submit its Form 990 and audited financial statements to ensure solvency and that basic financial thresholds are met. For non-financial measures, Easter Seals Inc. has multiple interactions with affiliates throughout the year to monitor performance and to make recommendations for incorporating best practices into affiliates' operations.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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 in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) James E. Williams, Jr. President & Chief Executive Officer	(i)	570,877.	65,000.	24,266.	-129,898.	13,883.	544,128.	0.
	(ii)	307,395.	35,000.	13,067.	-69,945.	7,475.	292,992.	0.
(2) Le Monte G. Booker Chief Financial Officer	(i)	257,650.	0.	2,700.	7,660.	13,038.	281,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Randall Rutta Chief Strategy Officer	(i)	330,556.	0.	0.	10,071.	5,848.	346,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Stephen Bergman Chief Information Officer	(i)	246,495.	0.	0.	7,540.	13,038.	267,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Maureen Haller Sr Vice President, Development	(i)	155,821.	0.	0.	4,943.	4,533.	165,297.	0.
	(ii)	45,300.	0.	0.	1,435.	1,315.	48,050.	0.
(6) Jeanne Sowa Sr Vice President, Mkt & Corp.	(i)	229,923.	0.	0.	9,221.	5,848.	244,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Maureen Kavalar Sr Vice President, Programs	(i)	174,307.	4,000.	0.	8,019.	10,108.	196,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Jennifer Bielat Sr Vice President, Integrated Mkt	(i)	177,125.	0.	0.	5,482.	233.	182,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Patricia Jones Exec. Vice President, Aff. Services	(i)	246,266.	0.	0.	14,668.	5,842.	266,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Mary Leary Sr Director, Transportation Group	(i)	171,205.	0.	0.	5,445.	5,848.	182,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Dorothy Moser Vice President, Human Resources	(i)	165,796.	0.	0.	10,056.	10,108.	185,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Katherine Beh Neas Sr Vice President, Govt Relations	(i)	191,603.	0.	0.	6,400.	13,038.	211,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Jennifer Bartlett Vice President, Executive Office	(i)	155,880.	0.	0.	4,914.	5,510.	166,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Donald Jackson Former Chief Operating Officer	(i)	0.	0.	159,361.	-29,093.	11,002.	141,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 4a:**

**Explanation:** Donald Jackson received severance during the year, which is properly reported on Schedule J, Part II.

**Part II line 1 (C):**

**Explanation:** Negative deferred compensation is due to the pension plan of Easter Seals Inc. Pension compensation is estimated annually based on actuarial assumptions, length of service, and compensation.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

Form 990, Part I, Line 1, Description of Organization Mission:

Explanation: At Easter Seals we believe in possibilities. We are advocates for what people with disabilities and special needs can do when given the chance. We have high expectations. And, very often, people are amazed at what they can achieve.

Easter Seals offers help, hope and answers for children and adults with autism, developmental disabilities, physical disabilities and other special needs -- and for their families. We create life-changing solutions through therapy, training, education and support services so people living with disabilities can live, learn, work, play and contribute to society.

While we provide many services based on community needs, we currently focus on these critical areas of need:

-Identifying and serving young children at risk for developmental delays, autism and disabilities

-Assisting a new generation of veterans with special needs and disabilities and their families, via Easter Seals Dixon Center, providing opportunities for meaningful employment, access to education and healthcare/wellness

-Creating community-based services and family support for adults with disabilities and caregivers

-Building Easter Seals Brain Health Center to expand on the therapies we've always offered, while creating life-changing, 21st century solutions for everyone

Name of the organization Easter Seals Inc.	Employer identification number 36-2171729
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Form 990, Part III, Line 4a, Program Service Accomplishments:

In addition, Easter Seals provides program participants training to help them become job-ready; this can include resume workshops, interview workshops, job search assistance, and other supports to become job-ready.

Easter Seals had nine affiliate organizations working as sub-recipients of SCSEP during its 2013 program year. During program year 2013, Easter Seals served over 2,600 participants and successfully trained many participants who were "most in need." Participants included nearly 300 people over age 70; over 1,200 homeless or at-risk of homelessness; 700 with a disability; over 300 veterans; 380 participants with limited English proficiency; over 600 tested with low literacy skills; and over 1,200 had an advanced education ranging from one year of college to doctoral degrees. Nearly 350 participants exited during the year for paid employment, with an average starting wage of \$10.75 per hour, made possible through their participation in SCSEP.

During this same period, Easter Seals SCSEP participants provided 1.3 million hours of community service hours to local not-for-profit and government agencies through their training assignments. These community service hours greatly benefit local communities in addition to training SCSEP participants.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Name of the organization Easter Seals Inc.	Employer identification number 36-2171729
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Highlights from 2013: ESPA carried the message of accessible transportation to nearly every state and the District of Columbia, reaching 30,370 individuals through direct interactions in training, technical assistance and events and various marketing channels, our website, e-news, Twitter and online communities all through a staff of less than twelve dedicated people. We helped 32 new communities with targeted technical assistance to improve coordination to expand transportation access for people with disabilities. Our 800# information and referral line experienced significant growth in demand - almost twice that of last year receiving 6,782 calls vs. 3,926 in 2012. Our award winning publications team produced 13 new or updated products shipping over 27,000 hardcopy materials. We continue to see expansion in downloading our materials, a process made easier with the modernized ESPA website. We increased awareness and trained more customers for the fourth year in a row. Through adult-learning courses, presentations, conferences, and advisory committee activities staff connected with 17,309 people, a 36% increase over 2012. Our major subject matter areas of focus continue to be the transportation provisions of the Americans with Disabilities Act, the intersection between health/wellness and transportation, veterans' transportation, accessible transportation coordination best practices and facilitating youth transition through access to transportation.

Training & Technical Assistance Highlights: ESPA staff designed and began using a less expensive remote, but more focused and in-depth community involvement approach to technical assistance. This model is built upon the ESPA's earlier Mobility Planning Services Institute model. We provided accessible-transportation-related adult-learning

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courses to 3,438 people in 57 events, a 33% increase over the number of persons trained in 2012. Rates of support in technical assistance and information and referral jumped to 7,163 people served, a 57% increase over the 2012 numbers.

Outreach/Communication: ESPA staff presented at 68 events, on average more than one per week, with a yearly total of 4,818 attendees resulting in a 182% increase from 2012. In addition, staff shared knowledge and perspectives in 52 meetings of various key standing committees related to our mission and as part of our commitment to development and collaboration.

Partnership is an essential element of ESPA's outreach. After over 25 years of experience, ESPA's engagement with other national organizations includes substantive activities beyond conferences and advisory committee support. We find significant utility in driving important messages like the essential relationship between health and wellness and access to transportation resources through joint educational product development. In 2013, ESPA promoted an informational pocket guide developed with the American Medical Association in 2012 with the National Rural Health Association. This guide, Planning for Transportation After Medical Services, was distributed to thousands more customers because of this new partnership. ESPA products/resources were ordered by and shipped to 689 customers. In addition, a special mailing that included three of our newest products went to the 16,000 subscribers to our print newsletter. Over the course of the year, ESPA wrote, edited, and printed and/or posted a total of 13 new or revised products and

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resources, including pocket guides, informational topic guides, training manuals, curriculum, and special reports.

Leveraging the web is an important outreach strategy. ESPA uses a number of social media and interactive engagement online venues in this regard including e-news, Twitter, online communities, and online dialogues. ESPA now hosts four permanent online communities (i.e., Accessible Transportation Coalition Initiative [ATCI]/Accessible Transportation Technical Support Program [ATTS], Mobility Management Independent Living Coaches, Global Travel Training Community, & Accessible Transportation for Students). ESPA also launches online communities for the duration of each online course when they are open for participation. This year those communities drew 391 participants. E-news updates with trends, success stories and other useful and timely information was distributed monthly sustaining an average of 8,143 subscribers at year's end. The print newsletter was discontinued and replaced by a quarterly electronic Information Brief, each of which addresses a specific topic of interest to our stakeholders. Average monthly website unique visitors were 2,508/month. Social media use by customers and staff grew. Staff and invited guests blogged on key topics almost once a week - 51 posts in 2013 double the number from 2012. Twitter followers now number 652, a 35% growth from last year.

Grant efficiency (grant revenue/# persons served) for 2013 is \$76/per person served, down by \$36 dollars/persons served from the \$113/person average from 2012 when excluding the 16,000 hardcopy subscription, demonstrating the significant fiduciary responsibility of Easter Seals' federal grant management leadership. Grant effectiveness (# persons



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served/#FTEs) for 2013 rose above that for 2012. Staff time for 2013 averaged 11.7 persons achieving grant effectiveness improvement of 17% over 2012 to 2391 persons served per full time employee.

Form 990, Part III, Line 4c, Program Service Accomplishments:

The NCST gained prominence as a key "go to" organization for information and best practices on transportation options for older adults, serving a very wide group of national and local stakeholders through the outreach of staff and the partnership with the National Association of Area Agencies on Aging (n4a). Easter Seals and n4a co-lead this grant.

These activities result in a total of 13,510 individuals with whom NCST interacted. This number does not include the additional 18,296 individuals who received specific transportation-related assistance through the Eldercare Locator with which NCST has a cooperative working agreement.

Major initiatives in 2013 were the completion of community mini-grants that were focused on diversity and building bridges with the gerontology and public health community. The NCST continues to lead the way in diversity outreach, and hosting coalition building meetings that further the understanding of the many barriers that elders from multi-cultural and multi-lingual communities face. Through partnerships with national aging organizations and services providers, NCST has increased national awareness of the transportation needs of older adults. The partnership with the Eldercare Locator continues to make the NCST a resource to assist older adults who need a ride.

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Technical assistance and information and referral: The bulk of calls for help with transportation issues, which numbered 18,296 for the year, were routed to and handled through the Eldercare Locator managed by NCST, Easter Seals' co-partner n4a. The total number of customers who contacted ESPA either through using our 800#, e-mail/website, or the Eldercare Locator was 19,528 in 2013, up from 8,998 in 2012. The total number of training and technical assistance events held was 10 with 674 participants.

Outreach/Communication: NCST created awareness about senior transportation issues at 15 events reaching 743 participants. Monthly e-news subscriptions remained steady at about 4,600 throughout the year. Use of social media through online communities grew from 243 members to 415 and Twitter followers more than doubled from 65 to 174.

Website traffic also remained steady with a monthly average of about 4,000 unique visitors. A new video was created and launched on the NCST website in May 2013. Between its launch and the end of the year, it was accessed 602 times - almost 100 times per month. Materials were downloaded from the library 1,070 times over 10 1/2 months when the website was operational. For 90 days the website had to be offline as we transitioned the site to a new platform with a more modern look and feel and greater user functionality. Staff distributed 2,633 products/resources during the year to people through exhibit booths and presentations at key aging and transportation conferences.

Grant efficiency (Grant revenue/# persons served) improved

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significantly in 2013. Grant efficiency in 2012 equaled \$24 per person served and in the current year it totaled \$20 per person served, a 17% decrease.

Total FTEs for 2013 was 4.25 (2 ES staff and 2.25 n4a staff) resulting in a grant effectiveness for 2013 (# persons served/#FTEs) of 3,179 persons served per FTE, approximately 11.5% over the 2,878 persons served/FTE in 2012.

Form 990, Part III, Line 4d, Other Program Services:

Program Development: Building from Easter Seals' expertise, Easter Seals is focusing on four service areas of critical importance: young children, older adults, people living with autism, and military service members, veterans and military families. Funds, leadership, and assistance are directed to Easter Seals' affiliates and here at headquarters to provide services for children and adults with autism and other disabilities through their centers. Primary services are medical rehabilitation, job training and employment, inclusive child care, early intervention, autism services, adult day services, and camping and recreation.

Expenses \$ 15,302,416. incl grants of \$ 8,634,705. Revenue \$ 5,061,498.

Professional Education and Training: Activities to improve the knowledge, skills, and critical judgment of affiliate staff, volunteers, caregivers, and other health and education professionals.

Expenses \$ 1,015,389. including grants of \$ 0. Revenue \$ 165,338.

Fundraising Advisory: Training and consultation with Easter Seals'

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affiliates to strengthen their relationships with donors and make the general public aware of the needs of children and adults with disabilities and their families.

Expenses \$ 7,867,322. incl grants of \$ 3,899,867. Revenue \$ 1,281,055.

Management Advisory: Managing Easter Seals' brand and membership standards with affiliates; consulting on general management issues including: Easter Seals' best practices for service delivery, board development, and doing business as a non-profit: finance and accounting, budgeting, strategic planning and personnel selection.

Expenses \$ 1,901,438. including grants of \$ 0. Revenue \$ 309,616.

Advocacy with and for Persons with Disabilities and Research:

Activities to assure equal access and opportunities for people with disabilities, and awards, grants, and/or activities to support studies or investigations in the physical and social sciences that seek new evidence-based knowledge to benefit children and adults with disabilities, their families, and the personnel that serve them.

Expenses \$ 1,364,492. including grants of \$ 530,000. Revenue \$ 0.

Public Health Education: Creating a public awareness about individuals living with disabilities and the issues they face through public relations, multi-media, integrated cross-channel public education campaigns, community advocacy, and on and offline engagement opportunities. Providing up-to-date resources about disabilities, disability awareness, opportunities, and other relevant topics.

Messaging and awareness driven primarily through two marketing efforts

- Make the First Five Count, focused on early intervention and

Name of the organization Easter Seals Inc.	Employer identification number 36-2171729
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screening for all young children, and Easter Seals Dixon Center, emphasis on changing the conversation about our veterans and military families to drive more employment, education, health/wellness and community reintegration supports and opportunities.

Expenses \$ 12,884,003. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 6:

Explanation: The membership of Easter Seals shall consist of two (2) classes: Affiliates and Provisional Affiliates. Both classes shall have the right to vote, acting through their duly designated delegates to the National House, except the right of a Provisional Affiliate to vote may be restricted or denied as provided in the by-laws.

Form 990, Part VI, Section A, line 7a:

Explanation: The members of the organization, acting through their duly designated delegates to the National House, have the right to nominate and elect certain Easter Seals Inc. directors.

Form 990, Part VI, Section A, line 7b:

Explanation: The members of the organization, acting through their duly designated delegates to the National House, have the following rights:

-Recommend policy

-Overrule policy

-Amend articles of incorporation

-Ratify certain by-laws

-Repeal or amend by-laws

Name of the organization Easter Seals Inc.	Employer identification number 36-2171729
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Form 990, Part VI, Section B, line 11:

Explanation: The Form 990 was provided to the audit committee prior to the final submission. The audit committee, per its charter, is granted authority by the Board to review the Form 990. Additionally, all board members were provided an electronic copy of the Form 990, including all supplemental schedules, prior to its filing.

Form 990, Part VI, Section B, Line 12c:

Explanation: 1) Conflict of Interest forms were sent out and completed by board members and employees for this year. The Conflict of Interest Policy and forms for volunteers and staff have been recently reviewed by legal counsel to ensure they are consistent with all appropriate requirements and regulations.

2) All conflict of interest forms completed by board members and staff are reviewed by Human Resources to determine if any potential conflicts exist and any potential issues are resolved.

Form 990, Part VI, Section B, Line 15:

Explanation: The Executive Evaluation and Compensation Committee evaluates the performance and reviews and establishes the compensation of the president and chief executive officer of Easter Seals. The Committee also reviews compensation of key executive team members. Comparable compensation data, prepared by several outside sources, is shared with the committee to assist them in their decision-making. The committee's decisions are formally documented in minutes.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

Name of the organization <b>Easter Seals Inc.</b>	Employer identification number <b>36-2171729</b>
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AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM  
 NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Form 990, Part VI, Section C, Line 19:

Explanation: Easter Seals upon request will provide copies of any of the following documents to the general public: 1) Form 1023, 2) Form 990, 3) Form 990-T, 4) governing documents, 5) conflict of interest policy, and 6) financial statements. Additionally, the prior three years of Forms 990 and the financial statements are available on the Easter Seals Inc. website ([www.easterseals.com](http://www.easterseals.com)).

Form 990, Part XI, line 9, Changes in Net Assets:

Pension liability adjustments other than net periodic benefit cost	3,172,431.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **Easter Seals Inc.** Employer identification number **36-2171729**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Easter Seals Foundation - 26-1207337 233 South Wacker Drive, Suite 2400 Chicago, IL 60606	Supports Easter Seals Inc.	Illinois	501(c)(3)	Line 11a, I	Easter Seals Inc.	X	



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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Easter Seals Foundation	C	4,087,348.	Fair Market Value
(2) Easter Seals Foundation	O	478,242.	Fair Market Value
(3)			
(4)			
(5)			
(6)			

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

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

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

