Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 2018	calendar year, or tax year beginning	09	/01, <b>2018</b> ,	, and en	ding		08	/31, <b>20</b> 19			
			C Name of organization					D Employer ide	ntificat	tion number			
Во	heck if a	pplicable:	EASTER SEALS SOUTH FLO	ORIDA, INC.				59-072	2783	3			
	Addre		Doing business as										
	7 '	change	Number and street (or P.O. box if mail is	not delivered to street addres	ss)	Room/sı	uite	E Telephone nu	mber				
	+	return	1475 NW 14 AVENUE					(305) 32	5 – 0	470			
	→	return/	City or town, state or province, country, a	and ZIP or foreign postal code	e			(555)					
	termi Amer		MIAMI, FL 33125	3 1				<b>G</b> Gross receipts	2 \$	15,821,	193		
	returi Appli	n cation	F Name and address of principal officer:	LOREEN CHANT				H(a) Is this a group			X No		
	pend		1475 NW 14 AVENUE, MIA					subordinates	?	H			
_	_			•	T		T	H(b) Are all subord			No		
_		empt st		) (insert no.)	4947(a)(1)	or	527			st. (see instructions)			
			SOUTHFLORIDA. EASTERSEAL					H(c) Group exem					
				Association Other	<u> </u>	LY	ear of format	ion: 1942 <b>M</b>	State o	of legal domicile:	FL		
Pa	art I		ımmary		277 2	a							
	1	Briefly	y describe the organization's mission o	r most significant activitie	s: SEE S	CHEDU	LE U						
Activities & Governance													
ja Ja													
š	2		·	scontinued its operation	•				S.				
ŏ	3		er of voting members of the governing						3		19.		
S.	4		er of independent voting members of t						4		19.		
itie	5	Total	number of individuals employed in cale	ndar year 2018 (Part V, I	ine 2a)				5		457.		
듩	6	Total	number of volunteers (estimate if necess	sary)					6		542.		
ĕ	7a		unrelated business revenue from Part V						7a		0.		
	b	Net ur	nrelated business taxable income from I	Form 990-T, line 38					7b		0.		
								Prior Year		Current Ye	ar		
40	8	Contri	ibutions and grants (Part VIII, line 1h)					11,279,56	2.	12,464,	064.		
Revenue	9		am service revenue (Part VIII, line 2g)					1,951,26	4.	2,093,506.			
eve	10		tment income (Part VIII, column (A), line	es 3, 4, and 7d)				356,70	1.	133,	564.		
8	11		revenue (Part VIII, column (A), lines 5,		::::::	::::		348,29	8.	348,	966.		
	12		revenue - add lines 8 through 11 (must					13,935,82	5.	15,040,	100.		
	13		s and similar amounts paid (Part IX, colu						0.		0.		
	14		its paid to or for members (Part IX, colu						0.		0.		
'n	4.5		es, other compensation, employee bene					9,751,83	7.	10,263,	287.		
Expenses	16a		ssional fundraising fees (Part IX, column			0.		0.					
þe	h		fundraising expenses (Part IX, column (I		522,204		• •						
ш	17		expenses (Part IX, column (A), lines 11				_	3,830,03	0.	4,527,	740.		
			expenses. Add lines 13-17 (must equal					13,581,86		14,791,			
	19		nue less expenses. Subtract line 18 from					353,95		249,			
- S		Kevei	rue less expenses. Subtract line 16 from	TIIIIe 12				ning of Current		End of Year			
anci	20	Total	assets (Port V. line 16)					12,281,54		12,443,			
\sse	24		assets (Part X, line 16)				• •	1,302,96		1,306,			
Net Assets or Fund Balances	21 22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21				• •	10,978,58		11,137,			
	rt II		gnature Block	ITOTTI IIITE 20				10,570,50	٥٠,	11,137,			
			of perjury, I declare that I have examined this	s return including accomp	anving sched	ules and	statements a	and to the hest of	f my k	nowledge and hel	ief it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all info	rmation of wh	ich prepa	rer has any ki	nowledge.	y K	nowicage and bei	101, 11 13		
								06/0	1/20	120			
Sig	n		Signature of officer					Date		320			
He		'	LOREEN CHANT		CEO								
			Type or print name and title		CEO								
			Type preparer's name	Preparer's signature		Date				TIN			
Paic	i		• • •	i iopaioi o signature				Check	J "'		7		
	parer	ALBI	· DDO IIIA IID			106,	/01/202			P0134340'			
Use	Only		s name DDO USA, LLP	OTTER 1500 :		. 2212	. 1	Firm's EIN ▶ 1					
N # -	. 41		address ▶100 SE 2ND STREET							381-8000			
_			iscuss this return with the preparer		nstructions	) <u>.</u>			<u> </u>		No		
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form <b>990</b>	(2018)		

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Pa	art 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 d	escribe the organization's mission:		_
	SEE SO	HEDULE O		
2	Did the	organization undertake any significant program services during the year which were not	listed on the	
		m 990 or 990-EZ?		No
	If "Yes,"	describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, a	any program	
		?		No
	If "Yes,"	describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest pr		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	grants and allocations to oth	ners
	the tota	expenses, and revenue, if any, for each program service reported.		
	(Code:		ue \$)	
		TART: OPERATED 6 CENTERS IN MIAMI THAT PROVIDED HEAD START		
		ES TO 634 CHILDREN AGES 3 & 4 YEARS AND THEIR FAMILIES; AND		
		ED EARLY HEAD START SERVICES TO 13 CHILDREN AGES B-2 YEARS		
		EIR FAMILIES DURING 2018-2019. WITHIN THAT NUMBER HEAD START		
	PROVII	ED SERVICES TO 23 CHILDREN WITH DISABILITIES.		
_	· · · ·	\(\frac{1}{2}\)		
	(Code:		ue \$)	
		AND SENIOR SERVICES: SERVED 707 OLDER ADULTS WITH		
		MER'S DISEASE AND RELATED MEMORY DISORDERS IN ADULT		
		EUTIC DAY CARE, CASE MANAGEMENT, IN-HOME RESPITE,		
		ORTATION AND COMPANION SERVICES AND PROVIDES CAREGIVER		
		T TO THEIR FAMILY MEMBER CAREGIVERS. OPERATED FOUR ADULT		
		RE CENTERS IN KENDALL, MIAMI, HIALEAH AND PEMBROKE PINES,		
	FL.			
40	(Code:	) (Expenses \$ 4,491,838. including grants of \$ ) (Revenue	ue \$ 149,828. )	
40	` _	112 CHILDREN AGES 0 - 3 IN QUALITY CHILDCARE, EARLY	149,828. )	
		TENTION SERVICES INCLUDING OCCUPATIONAL, SPEECH AND PHYSICAL		
	THERAI			
		EN WITH DEVELOPMENTAL DELAYS OR DISABILITIES BUT INCLUDES		
		LLY DEVELOPING CHILDREN WHO SERVE AS ROLE MODELS IN EACH		
	CLASSI			
		TS AGES 5 - 16 WITH DISABILITIES AND SPECIAL NEEDS. PROVIDED		
		RY ARTS TECHNICAL HIGH SCHOOL CURRICULUM TO 30 STUDENTS AGES		
		2 YEARS WITH DISABILITIES AND SPECIAL NEEDS. PROVIDED SUMMER		
		OR 205 SPECIAL NEEDS CHILDREN AND AFTER SCHOOL SERVICES FOR		
		RISK STUDENTS AT LITTLE HAITI.		
	05 AI-	KIOK DIODENIO AI HIIHE HAIII.		
44	Other n	ogram services (Describe in Schedule O.)		
-tu	(Expens		)	
40	• •	ogram service expenses ► 13,541,391.	J	
JSA		23. am 201.100 0/b011000 P	Form <b>990</b> (2	2018
8E1	020 1.000 486	BNB P66C	. omi 330 (2	_0 10)
	200			

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
	"Yes," complete Schedule D, Part I.	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	•	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions).	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		<u> </u>
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26		230		- 21
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	20		X
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
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			· v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	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? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	1
Part		100		
rait				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Fermi V. Ze included in line 14. Enter of infectappination [1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 457			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
L		7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) EASTER SEALS SOUTH FLORIDA, INC. 59-0722783 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 19	9		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	the state of the s			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonset{}^{ ext{FL}}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	آ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		. ,
	Own website X Another's website X 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 int	erest	policy	/, and
	financial statements available to the public during the tax year.		,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record LOREEN CHANT, CEO 1475 NW 14TH AVENUE MIAMI, FL 33125	ls ▶		
	HORDEN CHANT, CEC 17/3 NW 17IN AVENUE MIAMI, FH 33143 SU3-343-U4/U			

Form **990** (2018)

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

### 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.

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles er and	s pe l a d	more rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DAVID BARKUS	1.00									
IMMEDIATE PAST CHAIR	0.	Х		х				0.	0.	0.
(2)ERIC VAINDER	1.00									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(3)HECTOR TUNDIDOR, JR.	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(4)CRISTINA GALLO-AQUINO	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)ALBERT DE CARDENAS	1.00									
IMMEDIATE PAST CHAIR	0.	Х		Х				0.	0.	0.
(6)NANCY J. ANSLEY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(7)PAUL BIANCO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8)JEAN BELL	1.00									
VICE CHAIRWOMAN	0.	X		Х				0.	0.	0.
(9)RONALD DRESNICK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10)BRYCE EPSTEIN, MD	1.00									
HONORARY MEMBER	0.	X						0.	0.	0.
(11)LAURA HODGES	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)ADOLFO E. JIMENEZ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13)ROBERT FATOVIC	1.00									_
BOARD MEMBER	0.	X						0.	0.	0.
(14)GEORGE PITA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.

Form **990** (2018)

JSA

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	ipio			and F	ııgı		ed Employees (d	ontinu	ea)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos neck ss pe d a d	rson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated nount of other npensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganizatior d related anization	i
15) STEPHEN F. ROSSMAN	1.00											
AT LARGE & PAST CHAIR	0.	X						0.	0.			0
l6) STEVEN SAVOLA	1.00											
BOARD MEMBER	0.	X						0.	0.			0
17) MARCELO LLORENTE	1.00											
BOARD MEMBER	0.	Х						0.	0.			0
18) LOURDES RIVAS	1.00											
SECRETARY	0.	Х		Х				0.	0.			0
19) MATTHEW ROTH	1.00											
BOARD MEMBER	0.	Х						0.	0.			0
20) LOREEN CHANT	1.00											
PRESIDENT/CEO	0.			Х				272,561.	0.		25,8	57
21) MAHER MALAK CFO	1.00					Х		150,922.	0.		5,7	03.
1b Sub-total							<u> </u>	0.	0.		31,5	0.
c Total from continuation sheets to Part VII, S	-							423,483.	0.		31,5	
d Total (add lines 1b and 1c)	limited to t	hose			bove	e) who	re					
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	. If	"Yes	," (	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on 1	fron	any	uni	related organization	on or individual	5		Х
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
ATTACHMENT 1		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 5

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# Part VIII Statement of Revenue

			<b>(A)</b> Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections
				revenue		512-514
1a	Federated campaigns 1a					
1a b c d e f	Membership dues 1b					
С	Fundraising events 1c	134,740.				
d	Related organizations 1d					
е е	Government grants (contributions) 1e	10,388,872.				
f	, , , ,					
5	and similar amounts not included above . 1f	1,940,452.				
g		359,450.	12,464,064.			
<u> </u>	Total. Add lines 1a-11	Business Code	12,101,001.			
2a b c d e f	EARLY CHILDHOOD AND EDUCATION	624100	149,828.	149,828.		
2a	ADULT AND SENIOR SERVICES	624100	1,943,678.	1,943,678.		
"						
d						
e						
f	All other program service revenue					
g		▶	2,093,506.	<u></u>		
3	Investment income (including dividend	ds, interest,				
	and other similar amounts)	▶	126,468.			126,46
4	Income from investment of tax-exempt bond		0.			
5	Royalties		0.			
	(i) Real	(ii) Personal				
6a	Gross rents					
b	'					
C	` '		0.			
d	(i) Securities	(ii) Other	0.			
7a	assets other than inventory 704,308.	("/ " " " " "				
١.	,					
b	Less: cost or other basis and sales expenses 697,212.					
c	and sales expenses					
	Net gain or (loss)		7,096.			7,096
"	events (not including \$134,740.					
	of contributions reported on line 1c).					
ва b	See Part IV, line 18	33,288.				
b	Less: direct expenses	83,881.				
С	Net income or (loss) from fundraising events	▶	-50,593.			-50,593
9a	0 0					
	See Part IV, line 19	0.				
b		0.				
C	, , ,		0.			
10a	• • • • • • • • • • • • • • • • • • • •					
.	returns and allowances	0.				
b			0.			
	Miscellaneous Revenue	Business Code	0.			
11a	OTHER INCOME	900099	27,226.			27,22
11a	INCOME FROM PASSTHROUGH ENTITY	900099	372,333.			372,33
°						
d						
e			399,559.			
12	Total revenue. See instructions.		15,040,100.	2,093,506.		482,53

# 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 res	ponse or note to any line	e in this Part IX	<u> </u>	
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	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	254,191.	152,515.	50,838.	50,838.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,450,586.	7,905,012.	239,187.	306,387.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	891,033.	828,910.	34,826.	27,297.
10 Payroll taxes	667,477.	620,940.	26,088.	20,449.
11 Fees for services (non-employees):				
a Management	0.			
<b>b</b> Legal	7,225.	5,369.	1,602.	254.
c Accounting	81,662.	60,680.	18,108.	2,874.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	13,519.		13,519.	
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	1.60 000	105 401	25 421	5 040
(A) amount, list line 11g expenses on Schedule O.)	168,802.	125,431.	37,431.	5,940.
<b>12</b> Advertising and promotion	34,643.	17,617.	2,732.	14,294.
13 Office expenses	196,412.	140,587.	43,676.	12,149.
14 Information technology	0.			
15 Royalties	821,899.	809,599.	4,517.	7,783.
16 Occupancy	141,840.	135,992.	5,552.	296.
17 Travel	141,040.	133,332.	3,332.	250.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
•	0.			
19 Conferences, conventions, and meetings	112,766.	9,941.	95,334.	7,491.
20 Interest 21 Payments to affiliates	0.			• • •
22 Depreciation, depletion, and amortization	227,669.	209,008.	14,789.	3,872.
23 Insurance	251,784.	225,679.	19,654.	6,451.
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.)				
aPROGRAM SUPPLIES AND EXPENSE	1,213,150.	1,206,669.	3,326.	3,155.
bCONTRACTED SERVICES	589,169.	565,158.	24,011.	
cBAD DEBT EXPENSE	145,434.	94,721.		50,713.
dSTAFF TRAINING AND DEVELOPME	90,185.	68,113.	20,111.	1,961.
e All other expenses	431,581.	359,450.	72,131.	
25 Total functional expenses. Add lines 1 through 24e	14,791,027.	13,541,391.	727,432.	522,204.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.			

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# Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X						
		·		-	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			859,778.	1	670,035.
	2	Savings and temporary cash investments			127,780.	2	141,486.
	3	Pledges and grants receivable, net	1,190,614.	3	1,379,157.		
	4	Accounts receivable, net		[	225,376.	4	227,646.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
(n		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
ASS	8	Inventories for sale or use			0.	8	0.
-	9	Prepaid expenses and deferred charges			70,844.	9	28,490.
	10 a	Land, buildings, and equipment: cost or					
		- I	10a				
	b	Less: accumulated depreciation			2,653,470.	10c	2,896,258.
	11	Investments - publicly traded securities			1,810,234.	11	1,842,550.
	12	Investments - other securities. See Part IV, line 11			5,330,165.	12	5,254,521.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			13,288.	15	3,792.
	16	Total assets. Add lines 1 through 15 (must equal			12,281,549.	16	12,443,935.
	17	Accounts payable and accrued expenses			1,118,591.	17	1,247,485.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
ies	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			0		0
<u>la</u>		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
_	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		'	184,373.	0.5	59,224.
	26	of Schedule D	• • •		1,302,964.	25 26	1,306,709.
_	20	Organizations that follow SFAS 117 (ASC 958),			1,302,301.	20	1,300,103.
S		complete lines 27 through 29, and lines 33 and		There P and			
Š	27	Unrestricted net assets			10,662,999.	27	10,823,620.
3ala	28	Temporarily restricted net assets	311,337.	28	313,606.		
Þ	29	Permanently restricted net assets			0.	29	0.
Ē		Organizations that do not follow SFAS 117 (ASC 958)					
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
ťΑ	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Š	33	Total net assets or fund balances			10,974,336.	33	11,137,226.
	34	Total liabilities and net assets/fund balances			12,277,300.	34	12,443,935.
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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		15,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			49,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,9	74,3	336.
5	Net unrealized gains (losses) on investments	5		-	86,1	L83.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		11,1	37,2	226.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		-		3.5	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in		3.7	
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	_	Х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Λ	

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

# **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EAS	STE	R SEALS SOUTH FLORI	DA, INC.				59-07227	83
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investriacquired by the organization organization organization organization.	ted to its exempt f nent income and u n after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11 12	$\vdash$	An organization organized an organization organization	•	•	-			carry out the nurneces
12		of one or more publicly su	•	•				
		Check the box in lines 12a t						
_	Г		•	• •	• •		·	· · · · ·
а		_ Type I. A supporting organization	•	•	-		• , ,	
		the supported organization				ajority of	the directors of truste	es of the
h	Г	supporting organization. <b>Type II.</b> A supporting org	-			with ito	supported organization	on(c) by baying
b	_	control or management of	•					
		organization(s). You must	• • • •	=	lile Saili	e persor	is that control of man	age the supported
_	Г	Type III functionally integ	•		tod in o	onnoctio	n with and functional	lly intograted with
С	_	its supported organization						ny integrated with,
٨	Г	Type III non-functionally		-				ted organization(s)
d	_	that is not functionally into						• , ,
		requirement (see instruct	-		-		•	an allentiveness
е	Г	Check this box if the orga	-	=				I Type III
-	_	functionally integrated, or						i, Type iii
f	Fn	ter the number of supported		ionally integrated sup	porting	Jigariizai	ion.	
a		ovide the following information		orted organization(s)				
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,		(, =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					163	140		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990 or 990-EZ) 2018 Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,922,970.	9,871,027.	10,749,812.	11,279,563.	12,464,064.	53,287,436.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	8,922,970.	9,871,027.	10,749,812.	11,279,563.	12,464,064.	53,287,436.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
_6_	Public support. Subtract line 5 from line 4						53,287,436.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	8,922,970.	9,871,027.	10,749,812.	11,279,563.	12,464,064.	53,287,436.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	83,499.	120,283.	103,698.	113,683.	126,468.	547,631.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	286,699.	304,605.	276,775.	382,747.	399,559.	1,650,385.
11	Total support. Add lines 7 through 10						55,485,452.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	10,355,098.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		•				06.04
14	Public support percentage for 2018 (lin		-			14	96.04%
15	Public support percentage from 2017					15	96.01%
16a	331/3% support test - 2018. If the org						
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2017. If the org						
	this box and <b>stop here</b> . The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	•	
40	supported organization						🟲 🗀
18	Private foundation. If the organization						▶ □
	instructions						· · · · <u> </u>

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Public support percentage from 2017 Schedule A, Part III, line 15	Sec	tion A. Public Support	<u>,                                      </u>		, i	<u>'</u>	,	
received. Constructed any "services performed, or facilities furnished in any scilidy that is related to the organization is exempt purpose"  3. Genes receiple from achieves mentanduce and ununciated state or business state section 513.  4. Tax revenues levied for the organization is benefit and either poid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5  7. a Amounts included on lines 1, 2, and 3 received from disqualified persons  b Arounts included on lines 1, 2, and 3 received from office all fines 1 through 5  c Add lines 1 through 5  b Amounts included on lines 61, 2, and 3 received from office all fines 1 through 5  c Add lines 7 and 7 bit. 15 the layer of 18,000.  Section B. Total Support.  Calendar year (or fiscal year beginning in)   (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 10 a Goss income from interest, dividends, payments received on securities louns, sens, replaced to 11 taxes) from businesses scaloin 151 taxes) from businesses activities not. Income from similar businesses scaloin 511 taxes) from businesses activities not. Income from unrelated business scale in line 10, control of 12 taxes of 18,000 (c) 2018 (d) 2017 (e) 2018 (f) Total 2018 (f) Total 3 support. (Add lines 9, 10c, 11, and 12).  13. Total support. (Add lines 9, 10c, 11, and 12).  14. First tive 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 D. Computation of Public Support Percentage  15. Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)), 17			(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
2 Gines receipts from admissions, merchandline sold or senotos performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose .  3 Gines receipts from admissions that are not an unrelated brain and an unrelated brain and the property of the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5	1	Gifts, grants, contributions, and membership fees						
sold or services performed or facilities furnished in any schildy that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unceleated state or beginning to the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  7 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total Add lines 1 through 5  7 Announts included on lines 1, 2, and 3 received from disqualified performs on the service of the organization without charge.  6 Total Add lines 7 through 5  9 Public support. (Subtract line 7c from line 8).  7 Section B. Total Support  Calendar year (or fiscal year beginning in)   9 Announts from line 6  9 Public support. (Subtract line 7c from line 8).  9 Public support (Subtract line 7c from line 8).  9 Public support (Subtract line 7c from lines).  10 a Gross income from linesat, dividends, payments received on securities learns, source, such a line 10 lines 8  9 Public support (Add lines 9, 10c, 11, and 12.).  10 a Gross income from linesation lines 10 lines 8  11 Net income Do not include gain or loss from the sale of capital assets (Explain In Part V).  12 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part V).  13 Total support. (Add lines 9, 10c, 11, and 12.).  14 First five years. If the Form 900 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.  9 Public support percentage from 2018 (line 8, column (f), divided by line 13, column (f)).  15 Section C. Computation of Public Support Percentage  15 Public support percentage for 2018 (line 8, column (f), divid		received. (Do not include any "unusual grants.")						
Turnished in any activity that is related to the organization's base-steps from activities that are not an unrisided trade or business under section 513.  3 Giosa receipts from activities that are not an unrisided trade or business under section 513.  4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total Add lines 1 through 5.  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  8 Public support. (Subtract line 7c from line 6.)  9 Amounts included on lines 1 and 1 for the year of a line 1 for the year of a line 6.  9 Add lines 7 and 7b.  8 Public support. (Subtract line 7c from line 6.)  9 Amounts from line 6.)  9 Amounts from line 6.  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 11975  c Add lines 10a and 10b.  Not income from included and line 1 obb, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First 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 his box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2017 Schedule A, Part III, line 17.  16 Public support percentage from 2017 Schedule A, Part III, line 17.  17 Investment income percentage from 2017 Schedule A, Part III, line 17.  18 In ort more than 33179%, check this box and stop here. The organization qualifies as a publicly supported organization. Public 18 is not more than 33179%, and line 16 is more than 33179%, and line 16 is more than 33179%, and line 17 is not more than 33179%, check this box and stop here. The organization qualifies as a publicly supported organization. Public 19 and	2	Gross receipts from admissions, merchandise						
organization's tokeoemetry purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7a Amounts included on lines 1 2, and 3 received from disqualified persons , .  b Amounts included on lines 2 and 3 received from disqualified persons , .  b Amounts included on lines 2 and 3 received from disqualified persons included on lines 2 and 3 received from down that the disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b .  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2015 (d) 2017 (e) 2018 (f) Total 3 Gross income from interest, dividends, rents, royalties, and income from similar sources .  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b .  1 Net income from unrelated business is regularly sourced from the trust income persons is regularly sourced from the sale of capital assets (Explain in Fat VI) .  13 Total support (Add lines 9, 10c, 11, and 12) .  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 D. Computation of Public Support Percentage  5 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .  15 Total support compensation for granization of the otch check be box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶  b 331/3% support tests - 2017. If the organization oft on toch check the box on line 14 is rise in sublicly suppo		sold or services performed, or facilities						
organization's tokeoemetry purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7a Amounts included on lines 1 2, and 3 received from disqualified persons , .  b Amounts included on lines 2 and 3 received from disqualified persons , .  b Amounts included on lines 2 and 3 received from disqualified persons included on lines 2 and 3 received from down that the disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b .  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2015 (d) 2017 (e) 2018 (f) Total 3 Gross income from interest, dividends, rents, royalties, and income from similar sources .  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b .  1 Net income from unrelated business is regularly sourced from the trust income persons is regularly sourced from the sale of capital assets (Explain in Fat VI) .  13 Total support (Add lines 9, 10c, 11, and 12) .  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 D. Computation of Public Support Percentage  5 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .  15 Total support compensation for granization of the otch check be box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶  b 331/3% support tests - 2017. If the organization oft on toch check the box on line 14 is rise in sublicly suppo		furnished in any activity that is related to the						
3 Gass (excepts from antivities that are not a unresisted trade or business under section 513 .  4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf								
urrelated trade or business under section 513 .  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	· · · · · ·						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•	'						
organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  9 Poblic support.  9 Amounts for an other han disqualified persons.  9 Poblic support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6.  9 Amounts from line 6.  10 a Gross income from interest, dividends, payments received on securities loans, renis, royalties, and income from similar sources.  9 Lorelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  6 Add lines 10 and 100  11 Net income from unrelated business sativities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 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 D. Computation of Public Support Percentage  17 Investment income percentage from 2017 Schedule A. Part III. line 15.  18 a 33.13% support tests - 2017. If the organization of horse, the box on line 14, and line 16 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.   19 a 33.13% support tests - 2017. If the organization did not check the box on line 14, and line 16 is more than 331/3%, and line 16 in the organization person of the same person of the company	4							
or expended on its behalf	7							
5 The value of services or facilities furnished by a governmental unit to the organization without charge								
furnished by a governmental unit to the organization without charge	5	·						
organization without charge	3							
6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons		, ,						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	_	· · · · · · · · · · · · · · · · · · ·						
b Amounts included on lines 2 and 3 roccived from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6.)  9 Amounts from line 6.  10 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  2 Add lines 10 and 10 b.  11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First 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 Investment income Percentage  17 Investment income percentage from 2017 Schedule A, Part III, line 15.  18 19 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶		, , , , , , , , , , , , , , , , , , ,						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	ı a							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	h							
or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b	~							
c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6								
8 Public support. (Subtract line 7c from line 6.).  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6		· · ·						
Section B. Total Support		_						
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6	8							
Calendar year (or fiscal year beginning in)    Amounts from line 6,								
9 Amounts from line 6.  10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b .  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.) .  14 First 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  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .  16 Public support percentage from 2017 Schedule A, Part III, line 15 .  17 9 Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2017 Schedule A, Part III, line 17 .  18 Investment income percentage from 2017 Schedule A, Part III, line 17 .  19 331/3% support tests - 2018. (if the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by all line 18 is not more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by a support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by a support tests - 2017. If the organization did not check a box on			( ) 0044	41,0045	( ) 0040	( 1) 0047	( ) 0040	(0 T + 1
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Cale		(a) 2014	<b>(b)</b> 2015	(c) 2016	(a) 2017	(e) 2018	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b								
rents, royalties, and income from similar sources	10 a							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		• •						
section 511 taxes) from businesses acquired after June 30, 1975								
acquired after June 30, 1975	b	Unrelated business taxable income (less						
C Add lines 10a and 10b		section 511 taxes) from businesses						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		acquired after June 30, 1975						
activities not included in line 10b, whether or not the business is regularly carried on	С	Add lines 10a and 10b						
whether or not the business is regularly carried on	11							
Carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 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  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2017 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2017 Schedule A, Part III, line 17.  18 Investment income percentage from 2017 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		9 ,						
loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)	12							
(Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2017 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2017 Schedule A, Part III, line 17  19 a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization   b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization   10								
Total support. (Add lines 9, 10c, 11, and 12.)		•						
and 12.)	13							
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								
organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2017 Schedule A, Part III, line 15	14	,	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax v	rear as a section	501(c)(3)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2017 Schedule A, Part III, line 15		•	•					` ^ ` _
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  15  Public support percentage from 2017 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2017 Schedule A, Part III, line 17  Investment income percentage from 2018 (line 10c, column (f))  Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f))  Investme	Sec							
Public support percentage from 2017 Schedule A, Part III, line 15	15	Public support percentage for 2018 (line 8,	column (f), divid	led by line 13, colu	mn (f))		. 15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	16							%
Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).  18 Investment income percentage from 2017 Schedule A, Part III, line 17  19 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
Investment income percentage from 2017 Schedule A, Part III, line 17  19a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•			13, column (f))		17	%
19a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶   b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶								<u> </u>
17 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . <b>b</b> 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b>								
b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	. J u							
line 18 is not more than 331/3 %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	h			_				
	J	• • • • • • • • • • • • • • • • • • • •						
∠u i invate roundation, il tile diganization did not oneon a box on line 14, 13a, of 13b, oneon tills box and see instructions ▶ 1	20			-	•			

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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Part	Supporting Organizations (continued)		1.7	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		
occii	on B. Type I dupporting organizations		VΔS	No
_			163	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sooti	ion D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		No
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	•			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	•		•
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
4. A gave gets fair market value of all non exempt use exects (e.e.			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
,	Iu		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
· · · · · · · · · · · · · · · · · · ·	6		
6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	- 0		Current Year
			- Guironi roui
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ited Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

Dest VI

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

# Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2018

Internal Revenue Service **Employer identification number** Name of the organization EASTER SEALS SOUTH FLORIDA, INC. 59-0722783 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Schedule of Contributors

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

Employer identification number 59-0722783

art I	Contributors	(see instructions)	. Use duplica	ite copies of Pa	rt I if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	THE CHILDREN'S TRUST  3150 SW 3RD AVENUE, 8TH FLOR  MIAMI, FL 33129	\$1,179,778.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MIAMI-DADE COUNTY  111 NW 1ST STREET, 19TH FLOOR  MIAMI, FL 33133	\$1,106,996.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	MIAMI-DADE COUNTY PUBLIC SCHOOLS  1450 NE 2ND AVENUE  MIAMI, FL 33132	\$841,794.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	CITY OF PEMBROKE PINES  10100 PINES BLVD.  PEMBROKE PINES, FL 33026	\$288,158.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	FLORIDA DEPT OF ELDER AFFAIRS  4040 ESPLANADE WAY  TALLAHASSEE, FL 32399	\$1,358,890.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIF + 4		Type of centilibation

Employer identification number

			59-0722783
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE BATCHELOR FOUNDATION		Person X Payroll
	1680 MICHIGAN AVE, PENT 1	\$	Noncash
	MIAMI BEACH, FL 33139		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FLORIDA DEPARTMENT OF EDUCATION		Person X
	325 W GAINES ST	\$720,992.	Payroll Noncash
	TALLAHASSEE, FL 32399		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions.) Name of organization EASTER SEALS SOUTH FLORIDA, INC.

Employer identification number 59-0722783

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

Name of or	rganization EASTER SEALS SOUTH FLC	RIDA, INC.		Employer identification number 59-0722783		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. Of till, enter the total of formation once. So	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transi				
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transi	fer of gift			
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transi		nship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number EASTER SEALS SOUTH FLORIDA, INC. 59-0722783 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 1a 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: 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:

▶ \$ \_

Scried	Jule D (FOITH 990) 2016											age 🗷
Pa	rt     Organizations Maintaini											
3	Using the organization's acquisition		sion, and o	other reco	rds, checl	k any of	the follo	wing that a	ıre a sigr	nificant	use o	f its
	collection items (check all that app	ly):										
а	Public exhibition			d	Loan	or excha	nge progra	ams				
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	and expl	ain how t	hey furt	her the o	rganization'	s exemp	t purpo	se in	Part
	XIII.											
5	During the year, did the organization								_			-
	assets to be sold to raise funds rath	ner than t	o be mainta	ained as pa	art of the o	organiza	tion's colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial A											
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV, I	ine 9, or	reported a	n amour	nt on F	orm	
	990, Part X, line 21.											
1 a	Is the organization an agent, truste				-				ot _			,
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement i	n Part XII	II and comp	olete the fo	llowing tab	ole:						
									Amount			
	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance					L	1f					,
	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement i	n Part XII	II. Check he	ere if the e	xplanation	has bee	n provided	on Part XII	<u> </u>			
Pa	rt V Endowment Funds.		. 115.7									
	Complete if the organiza											
		<b>(a)</b> Cui	rrent year	<b>(b)</b> Prid	or year	(c) Two	years back	(d) Three y	ears back	<b>(e)</b> Fou	years	back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		rrent year		e (line 1g,	column	(a)) held a	s:				
а	Board designated or quasi-endown			_%								
b	Permanent endowment >	%	•									
С	Temporarily restricted endowment		%	4000/								
_	The percentages on lines 2a, 2b, a											
За	Are there endowment funds not in	the poss	ession of tr	ne organiza	ation that	are held	and adm	inistered for	tne	١	Yes	No
	organization by:									2-/:\	162	NO
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the relate	Ū		•						3b		
4	Describe in Part XIII the intended u			tion's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation ans	swered "Ye	es" on Fo	rm 990. l	Part IV.	line 11a.	See Form	990. Pa	art X, Iir	e 10	
	Description of property		(a) Cost or	other basis	(b) Cost	or other bas	sis (c) A	ccumulated		Book va		
	Land		(inves	tment)		ther) 579,94		reciation			70 0	1/0
1a	Land							012 E00			79,9	
b	Buildings					777,68		313,590.			64,0	
C	Leasehold improvements					67,28		48,264. 224,200.			19,0	
d	Equipment.					255,52					31,3	
	Other		t agust Fa	m 000 D-		943,65		841,794.			01,8 96,2	
ı ota	I. Add lines 1a through 1e. (Column	ı (a) musi	ı equal Forr	ıı 990, Pan	. A, COIUMI	'ı (ඏ), IIN6	= 10C.)	🏲		۷,8	20,Z	.00.

Schedule D (Form 990) 2018			Page 3
Part VII Investments - Other Securities.	"Voo" on Form 000	Port IV line 11h See Form 000	Dort V line 12
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
		,	
<ul><li>(1) Financial derivatives</li><li>(2) Closely-held equity interests</li></ul>			
(3) Other			
(A) EQUITY INTEREST IN			
(B) PARTNERSHIP	2,709,657.	FMV	
(C) PUBLICLY TRADED STOCK IN A	2770370371	1111	
(D) CORPORATION	2,544,864.	FMV	
(E)	2/311/0011	1111	
(F)			
(G)			
(B)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,254,521.		
Part VIII Investments - Program Related.	3,231,321.		
Complete if the organization answered	"Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuat	•
(a) Description of investment	(b) book value	Cost or end-of-year mark	
(4)		,	
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	scription	, 1 41117, 1110 114. 300 1 3111 300,	(b) Book value
(1)	Soription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities. Complete if the organization answered		·	m 000 Dort V
line 25.	res on ronn 990	, Faitiv, line Tie of Til. See Foli	III 990, FAIT A,
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES	59,	224.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 59,2	224.	

<sup>2.</sup> 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

Schedule D (Form 990) 2018 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	15,070,498.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	43,917.
3	Subtract line 2e from line 1	3	15,026,581.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,519		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	13,519.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,040,100.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	14,907,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	130,100.
3	Subtract line 2e from line 1	3	14,777,508.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,519		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	13,519.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.).	5	14,791,027.
	XIII Supplemental Information.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informable. PAGE 5	art V, I nation	ine 4; Part X, line 

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Page 5

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION

501(C)(3)OF THE INTERNAL REVENUE CODE AND INCOME TAX REGULATIONS OF THE

STATE OF FLORIDA. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER

SECTION 509(A)(2). THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING

SUSTAINED. THE ORGANIZATION DOES NOT BELEIVE ITS FINANCIAL STATEMENTS

INCLUDE ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS GENERALLY NO

LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS

BEFORE 2016.

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

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name	of the organization					Employer identification	on number
EAST	TER SEALS SOUTH FLORIDA, I					59-0722783	
Part	Fundraising Activities. Con Form 990-EZ filers are not				I "Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization rai				activities. Check	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grant		
C	Phone solicitations	g g			ising events		
d	In-person solicitations	ສ		Jiai Tariara	ionig evente		
	Did the organization have a written of	er oral agreement v	vith any in	dividual (in	soluding officers of	lirostore trustose	
Za	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indi						
-	compensated at least \$5,000 by the		(ranaraico	io, paroac	ant to agreement	ander which the	
	•	J					
			(iii) Did for	duais au la ava		(v) Amount paid to	(vi) Amount maid to
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		contrib	outions?	from activity	col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
O							
7							
-							
8							
9							
10							
Total							
3	List all states in which the organiza	tion is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

Page 2 Schedule G (Form 990 or 990-EZ) 2018

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts green	aising event contribut			
		0 1 0	(a) Event #1 FEST. OF CHEFS	(b) Event #2 GOLF TOURNAMEN	(c) Other events  2.	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	83,794.	84,206.	28.	168,028.
<u>~</u>		Less: Contributions	63,494.	71,246.		134,740.
	3	Gross income (line 1 minus line 2)	20,300.	12,960.	28.	33,288.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	35,759.	23,143.	24,979.	83,881.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		83,881. -50,593.
Pa	rt l		anization answered "			
Revenue		\$ 15,000 on Form 990-E2, iiii	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)		
9 a k	l	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
l O a		Were any of the organization's gaminous if "Yes," explain:	g licenses revoked, sus	pended, or terminated du	ring the tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2018	<u>3</u>
11	Does the organization conduct gaming activities with nonmembers?	lo
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?	lo
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	lo
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	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:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
		lo
b		
	or spent in the organization's own exempt activities during the tax year 🕨 \$	_
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

## **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EASTER SEALS SOUTH FLORIDA, INC.

Part I Questions Regarding Compensation

Employer identification number

59-0722783

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:  Receive a severance payment or change-of-control payment?	40		Х
a		4a		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		Δ.
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	00		
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<b>-</b> '-		
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		Х
0	in Part III			21
9		•		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

EASTER SEALS SOUTH FLORIDA, INC. 59-0722783

Schedule J (Form 990) 2018 Page 2

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

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

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

		<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LOREEN CHANT	(i)	272,561.	0.	0.	15,096.	25,857.	313,514.	
1PRESIDENT/CEO	(ii)	0.	0.	0.				
MAHER MALAK	(i)	150,922.	0.	0.		5,703.	156,625.	
<b>2</b> CFO	(ii)	0.	0.	0.				
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

EASTER SEALS SOUTH FLORIDA, INC. 59-0722783

Schedule J (Form 990) 2018

# 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.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 59-0722783

EASTER SEALS SOUTH FLORIDA, INC. **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles Boats and planes . . . . . . . . . . 7 Intellectual property Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 359,450. Other ▶( ATCH 1 25 26 Other ►( Other ►( 27 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ contributions? 32a b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2018

describe in Part II.

Schedule M (Form 990) (2018) Page **2** 

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
EDUCATIONAL MATERIALS	X	1.	359,450.	COST
TOTALS	=	1.	359,450.	

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

#### 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.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

59-0722783

Name of the organization EASTER SEALS SOUTH FLORIDA, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE PROGRAMS AND SERVICES THAT SUPPORT AND STRENGTHEN FAMILIES LIVING

WITH DISABILITY IN MIAMI DADE AND BROWARD COUNTIES.

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

PROVIDE PROGRAMS AND SERVICES THAT SUPPORT AND STRENGTHEN FAMILIES LIVING
WITH DISABILITY IN MIAMI DADE AND BROWARD COUNTIES.

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

VOCATIONAL SERVICES (EDUCATION AND TRAINING): PROVIDED VOCATIONAL

EVALUATIONS FOR 26 YOUTH AND ADULTS WITH DISABILITIES.

EXPENSES: \$19,199

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

FORM 990 IS REVIEWED BY THE CEO AND EXECUTIVE COMMITTEE PRIOR TO SUBMISSION, THEN SHARED WITH THE BOARD OF DIRECTORS.

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

ON ANNUAL BASIS, THE CONFLICT OF INTEREST QUESTIONNAIRE IS ADMINSTERED TO MEMBERS OF THE BOARD TO DISCLOSE INTEREST THAT MIGHT RESULT IN A CONFLICT OR THE APPEARANCE OF A CONFLICT. IN ADDITION, EMPLOYEES ARE REQUIRED TO SIGN AN OUTSIDE EMPLOYMENT POLICY AND DISCLOSURE FORM UPON BEING HIRED.

Name of the organization

Employer identification number

EASTER SEALS SOUTH FLORIDA, INC.

59-0722783

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

PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND
KEY EMPLOYEES INCLUDES COMPARIBILITY DATA AND APPROVAL BY THE
PRESIDENT/CEO. ORGANIZATION FINDS COMPARABILITY DATA BY WAYS OF
PARTICIPATING IN NATIONAL ORGANIZATION'S ANNUAL SALARY SURVEY, REVIEW OF
LOCAL AND NATIONAL BENCHMARKING RESOURCES AND COLLABORATING WITH OTHER

PARTNERS WHICH MAY INCLUDE ARRANGEMENT WITH A CONSULTING FIRM IF NEEDED.

#### FORM 990 PART XII LINE 2C:

THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION		
GREATER MIAMI CATERERS INC. 4001 NW 31ST AVE MIAMI, FL 33142	CATERING	582,983.		
AIR MIKE AC 14050 NW 22 AVENUE MIAMI, FM 33054	HVAC SERVICES	317,020.		
NETCOM SOLUTIONS 11510 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025	IT SERVICES	132,579.		
EMILIOS BBQ CATERING SERVICES CORP 301 NW 103 AVE. PEMBROKE PINES, FL 33026	CATERING	109,745.		
ALL-BRAND SUPPLIES DISTRIBUTOR INC.	SUPPLIES	113,023.		

Name of the organization

EASTER SEALS SOUTH FLORIDA, INC.

EASTER SEALS SOUTH FLORIDA, INC.

S9-0722783

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

11801 NW 100 RD #3 MEDLEY, FL 33178

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

`		` ''
r calendar year 2018 or other tax year beginning	09/01 , 2018, and er	nding08/31, <b>20</b>

19.

OMB No. 1545-0687

Departr	ment of the Treasury		► Go to www.irs.gov/Form9907	for i	nstructions and th	ne latest	information.			
Internal	Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a	s it ma	y be made public if	your orga	anization is a 501	(c)(3).	Open to Pub 501(c)(3) Or	olic Inspection for ganizations Only
Α	Check box if address changed		Name of organization ( Check bo	x if nar	ne changed and see i	nstruction	s.)		loyer identifica loyees' trust, see i	
<b>B</b> Exe	mpt under section		EASTER SEALS SOUTH F	LOR	IDA, INC.					
X	501(C)(3)	Print	Number, street, and room or suite no. If					59-0	722783	
$\vdash$	408(e) 220(e)	or						E Unre	lated business	s activity code
	408A 530(a)	Type	1475 NW 14 AVENUE							
	529(a)		City or town, state or province, country	, and Z	IP or foreign postal co	ode				
C Boo	k value of all assets		MIAMI, FL 33125							
at e	nd of year	<b>F</b> Gro	up exemption number (See instruction	ons.)	<b>&gt;</b>					
1	2,443,935. G Check organization type ► X 501(c) corporation 501(c) trust 40									Other trust
H En	ter the number of	the orga	inization's unrelated trades or busines	sses.	▶ 1		Describ	e the only	y (or first) unr	elated
tra	de or business her	e ▶			. If o	nly one,	complete Parts	I-V. If moi	re than one, d	lescribe the
firs	st in the blank spa	ce at the	e end of the previous sentence, con	nplete						
tra	de or business, the	en comple	ete Parts III-V.							
I Du	iring the tax year,	was the	corporation a subsidiary in an affilia	ated g	roup or a parent-sub	bsidiary o	controlled group	?	▶ 🗀	Yes X No
lf '	'Yes," enter the na	ame and	identifying number of the parent cor	poration	on. 🕨					
<b>J</b> Th	e books are in care	e of ▶LC	DREEN CHANT, CEO		Т	Telephon	ie number ▶ 3	05-325	-0470	
Part	<b>Unrelated</b>	Trade o	or Business Income		(A) Income	Э	(B) Expe	nses	((	C) Net
1 a	Gross receipts or s	sales								
b	Less returns and allowa	nces	<b>c</b> Balance ▶	1c						
2	Cost of goods sol	d (Sched	ule A, line 7)	2						
3	Gross profit. Sub	tract line	2 from line 1c	3						
4a	Capital gain net in	ncome (a	attach Schedule D)	4a						
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	ction for t	trusts	4c						
5	Income (loss) from a p	artnership o	r an S corporation (attach statement)	5						
6	Rent income (Sch	edule C)		6						
7	Unrelated debt-fir	nanced in	icome (Schedule E)	7						
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt	activity i	ncome (Schedule I)	10						
11	Advertising incom	ne (Sched	dule J)	11						
12	Other income (Se	ee instruc	ctions; attach schedule)	12						
13	Total. Combine lin	nes 3 thr	ough 12	13		0.				
Par	t II Deduction	ns Not	Taken Elsewhere (See instr	uctic	ns for limitation	ns on d	leductions.)	(Except	for contrib	utions,
	deduction	s must	be directly connected with the	he ur	related busine	ss inco	me.)			
14	Compensation of	officers,	directors, and trustees (Schedule K)					14		
15										
16	Repairs and main	tenance						16		
17										
18	Interest (attach so	chedule)	(see instructions)					18		
19										
20	Charitable contrib	outions (S	See instructions for limitation rules)					20		
21			4562)							
22	Less depreciation	claimed	l on Schedule A and elsewhere on re	turn	228	a		22k	י	
23										
24	Contributions to o	deferred	compensation plans					24		
25			s							
26			Schedule I)							
27			schedule J)							
28			schedule)							
29			es 14 through 28					_		
			ole income before net operating							
			ig loss arising in tax years beginnin	-						
32	Unrelated busines	ss taxabl	e income. Subtract line 31 from line	30 .				32		

	990-T (2018)								F	Page 2
	t III Total Unrelated Bus						,			
33	Total of unrelated business taxa instructions).	•				•	33			
34	Amounts paid for disallowed fringes						34			
35	Deduction for net operating lo									
	instructions)	-			•	•	35			
36	Total of unrelated business taxab									
	of lines 33 and 34		-				36			
37	Specific deduction (Generally \$1,00	0. but see line 37 inst	ructions for exceptions)				37			
38	Unrelated business taxable incom		• • •							
	enter the smaller of zero or line 36 .						38			0.
Par	t IV Tax Computation									
39	Organizations Taxable as Corporation	ons. Multiply line 38 b	v 21% (0.21)			•	39			
40	Trusts Taxable at Trust Ra		ctions for tax cor			-				
		ax rate schedule or		•			40			
41	Proxy tax. See instructions			,			41			
42	Alternative minimum tax (trusts only)						42			
43	Tax on Noncompliant Facility Incom						-			
44	<b>Total.</b> Add lines 41, 42, and 43 to lin						44			
Par		,								
	Foreign tax credit (corporations attac	ch Form 1118: trusts a	ettach Form 1116).	45	а					
	Other credits (see instructions).									
	General business credit. Attach Forn									
	Credit for prior year minimum tax (a									
	Total credits. Add lines 45a through						45e			
46	Subtract line 45e from line 44						46			
47			Form 8697 Form				47			
48	Total tax. Add lines 46 and 47 (see		_	_			48			0.
49	2018 net 965 tax liability paid from F						49			
-	Payments: A 2017 overpayment cre-									
	2018 estimated tax payments									
	Tax deposited with Form 8868									
	Foreign organizations: Tax paid or w									
	Backup withholding (see instructions						-			
f							-			
	Other credits, adjustments, and payme	,	•		-		-			
9	Form 4136	Other	Total	_   50	a					
51	Total payments. Add lines 50a throu			00	3		51			
52	Estimated tax penalty (see instruction			. <b></b>			52			
53	<b>Tax due.</b> If line 51 is less than the to				·		53			
54	Overpayment. If line 51 is larger that						54			
55	Enter the amount of line 54 you want: C			ant 0101 p	Refunde		55			
	t VI Statements Regardi			Inforn						
56	At any time during the 2018 ca							authority	Yes	No
	over a financial account (bank,		-		_			-		
	FinCEN Form 114, Report of Fo	•	•		-		•			
	here <b>&gt;</b>	· ·					ŭ	•		Х
57	During the tax year, did the organiza	ation receive a distribu	ition from or was it the	grantor	of or transferor to a	a forei	an trust	 t?		Х
	If "Yes," see instructions for other for			J. 411101		0, 01	J			
58	Enter the amount of tax-exempt inte	-		\$						
	Under penalties of perjury, I declare	that I have examined this	return, including accompanyin	g schedul		o the b	est of m	ny knowledge	and beli	ief, it is
Sig	true, correct, and complete. Declaration o	of preparer (other than taxpay	yer) is based on all information o	of which pr	eparer has any knowledge.					
Her			06/01/2020 CH	EO			•	IRS discuss preparer sh		
	Signature of officer		Date Title			_		ions)? X Y		No
	Print/Type preparer's name	Pr	eparer's signature		Date			PTIN		
Paic			-		06/01/2020	Check self-e	k └─── if mployed	D012	4340	7
	parer Firm's name ► BDO USA				1			13-538		
Use	Firm's address ► 100 SE		SUITE 1700, MIA	MI, F	L 33131			05-381-		
		, ~	.,	· -						

Form 990-T (2018)											Page 3
Schedule A - Cost of G	<b>oods Sold.</b> Er	ter method	d of invent	tory valuatior		>					
1 Inventory at beginning of							r	6			
2 Purchases							d. Subtract line				
3 Cost of labor				6 from	lir	ne 5. Ent	er here and in				
4a Additional section 263A c	osts			Part I, lir	ne 2	2		7			
(attach schedule)	4a						section 263A (w		espect to	Yes	No
<b>b</b> Other costs (attach sched				1			or acquired for				
5 Total. Add lines 1 through							<u> </u>				Х
Schedule C - Rent Incom		roperty a	nd Perso	nal Propert	ty L	_eased W	ith Real Proper	ty)			
(see instructions)	•			•	•		•	• •			
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent recei	ved or accru	ed								
(a) From personal property (if the	nercentage of rent	(b) F	rom real and	d personal proper	tv (if	f the	3(a) Deductions di	ectly c	onnected with	the inc	ome
for personal property is more t	nan 10% but not	percent	age of rent f	or personal prope	erty e	exceeds	<b>3(a)</b> Deductions directly connected with the incomin columns 2(a) and 2(b) (attach schedule)			Silio	
more than 50%) 50% or if the rent			if the rent is	s based on profit	or in	ncome)					
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of d	columns 2(a) and 2(						(b) Total deduction				
here and on page 1, Part I, line	` '	,					Enter here and on Part I, line 6, colun				
Schedule E - Unrelated D			e instruct	tions)		<u> </u>		· /			
				income from or		3. Deductions directly connected with or allocable to					
1. Description of de	bt-financed property			to debt-financed	$\vdash$	(a) Ctualub	debt-financed property			ations	
			1	oroperty			ch schedule)	(b) Other deductions (attach schedule)			
(1)											
(2)											
(3)											
(4)											
4. Amount of average	5. Average adju	sted basis		0-1					A II I- I I	4:	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			. Column I divided			ncome reportable		. Allocable dec umn 6 x total c		
property (attach schedule)	(attach sche		by	column 5		(column	2 x column 6)	•	3(a) and 3(		
(1)				(	%						
(2)				(	%						
(3)				(	%						
(4)				(	%						
<u>, , , , , , , , , , , , , , , , , , , </u>	1		1		+	Enter here	e and on page 1,	Ente	er here and o	n page	——— е 1,
							e 7, column (A).		t I, line 7, col		
Totals				ı							
Total dividends-received deduc	tions included in co	olumn 8			- L						
		4		<del> </del>							

Page 4

Schedule F-Interest, Annu	uities, Royalties						ons (see	instruction	ons)	
		E	rempt C	ontrolled Or	ganizatio	ons				
Name of controlled organization	2. Employer identification numb			elated income instructions)	1	of specified ents made	included	f column 4 to in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc		1	Total of specific payments made	included in the controlling con		Deductions directly nected with income in column 10			
(1)										
(2)										
(3)										
(4)										
Totals		 ction 50	1(c)(7)	, (9), or (17	<u> </u>	Enter I Part I	columns 5 a nere and on line 8, column (see inst	page 1, mn (A).	Ent	dd columns 6 and 11. ler here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of income			<b>3.</b> Deduction directly cortain (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)	Futan basa and	1								
Totals ▶	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B).
Schedule I-Exploited Exe	mpt Activity In	come, (	Other T	han Advert	ising Ir	ncome (s	ee instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	<b>3.</b> Ex dir connec produ unre	penses ectly cted with ction of elated ss income	4. Net incor from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ted trade (column lumn 3). ompute	5. Gros from ac	Gross income on activity that not unrelated usiness income  6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Totals ► ► ► Schedule J- Advertising Ir	COMA (see instr	uctions)								
Part I Income From Per			Conso	lidated Rac	eie					
	louicais Nepori	eu on a	COLISO	lluateu Da	313					
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Adver gain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute		5. Circulation income 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2018)

Part II	Income From Periodicals Reported on a Separate	Basis	(For	each	periodical	listed	in Part II	, fill	n columns
	2 through 7 on a line-by-line basis.)		•						

Z illi ougii i oli a i	ine-by-line basi	s. <i>)</i>				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensatio unrelated	
<u>(1)</u>				%		
(0)	•		•	0.1	•	•

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1 Part II line 14		•	

Form **990-T** (2018)

## Form **4562**

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

EASTER SEALS SOUTH FLORIDA, INC. Business or activity to which this form relates

59-0722783

G	ENERAL DEPRECIATION	1							
Pa	Part I Election To Expense Certain Property Under Section 179								
	Note: If you have any lis	ted property, con	nplete Part	V before	you comp	olete Part I.			
1	Maximum amount (see instructions)						1		
2	Total cost of section 179 property pla	aced in service (see in	structions)				2		
3	Threshold cost of section 179 proper	ty before reduction in	n limitation (se	e instructio	ns)		3		
4	Reduction in limitation. Subtract line			)			4		
	Dollar limitation for tax year. Subtract line 4 from separately, see instructions	line 1. If zero or less, enter	-0 If married filing			<u> </u>	5		
6	(a) Description	of property		(b) Cost (bu	siness use onl	y) (c) Elect	ed cost		
7	Listed property. Enter the amount from	m line 29			7				
8	Total elected cost of section 179 pro								
9	Tentative deduction. Enter the smalle								
10	Carryover of disallowed deduction from	om line 13 of your 20	17 Form 4562				10		
11	Business income limitation. Enter the		•		,				
12	Section 179 expense deduction. Add	lines 9 and 10, but of	don't enter mo	ore than line	:11 <u></u>		12		
13					<b>▶</b> 13	3			
_	e: Don't use Part II or Part III below for								
Pa	rt    Special Depreciation A							ructions. <b>)</b>	
14	'		,		, .				
	during the tax year. See instructions								
15	Property subject to section 168(f)(1)								
16									
Pa	rt    MACRS Depreciation (D	on't include listed	<u> </u>		lions.)				
				tion A			T		
17	MACRS deductions for assets placed	•	0 0						
18	If you are electing to group any a	•	-	-			al		
	asset accounts, check here  Section B - Assets						registion S	votom	
	Section B - Assets	(b) Month and year	(c) Basis for			 	l eciation 3	ystem	
	(a) Classification of property	placed in service	(business/inve only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	, , , ,								
b	- 7 1 1 7								
	, , , ,								
	1 10-year property								
	15-year property								
	20-year property				05		0.//		
	25-year property				25 yrs.	D4D4	S/L		
h	Residential rental				27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
	property C. Accete D	lassal in Camilas D	) 	Tay Vaar	llaina tha	MM Alternative De	S/L	Custom	
200	Section C - Assets P	laced in Service L	uring 2018	rax rear	Using the	Alternative De	Ī	System	
	Class life				10		S/L		
	12-year				12 yrs.	NANA	S/L		
	: 30-year				30 yrs.	MM	S/L		
	I 40-year I <b>rt IV Summary</b> (See instructi	one )			40 yrs.	MM	S/L		
	- '	•							
	Listed property. Enter amount from lin			OC :	· · ·	and line 04 5	21		
22	<b>Total.</b> Add amounts from line 12, here and on the appropriate lines of years.	•			(0)				
23	For assets shown above and place portion of the basis attributable to se	ed in service during ction 263A costs	the current	year, ent	er the 23	<u> </u>	22		

59-0722783 Form 4562 (2018) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (e) (b) (i) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 investment use (business/investment vehicles first) Convention deduction cost in service percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: % 27 Property used 50% or less in a qualified business use: S/I -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year. other personal (noncommuting) 33 Total miles driven during the year. Add lines 30 through 32 . . . . . . . . . . . . . . . . 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) (c) (d) Amortization Date amortization Description of costs Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2018 tax year (see instructions):

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Amortization of costs that began before your 2018 tax year

Total. Add amounts in column (f). See the instructions for where to report