

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Easter Seals Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 233 South Wacker Drive 2400 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60606-6410 F Name and address of principal officer: Randall Rutta same as C above	D Employer identification number 36-2171729 E Telephone number 312-726-6200 G Gross receipts \$ 87,583,897. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.easterseals.com		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1938		M State of legal domicile: OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>Headquarters ONLY for this return. See Schedule O.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	355
6	Total number of volunteers (estimate if necessary)	6	34
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	83,176.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-13,975.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	73,386,071.	62,854,568.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,721,822.	6,547,818.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,021,311.	2,573,100.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,053,218.	1,031,843.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,182,422.	73,007,329.
14	Benefits paid to or for members (Part IX, column (A), line 4)	27,506,029.	19,517,255.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	13,880,801.	13,487,066.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,720,241.	2,602,254.	2,787,804.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,378,810.	36,529,181.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,367,894.	72,321,306.
19	Revenue less expenses. Subtract line 18 from line 12	814,528.	686,023.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	34,184,470.	22,958,746.
22	Net assets or fund balances. Subtract line 21 from line 20	25,957,930.	20,378,266.
		8,226,540.	2,580,480.

Part II Signature Block

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

Sign Here	Signature of officer Le Monte G. Booker, Chief Financial Officer Type or print name and title	Date 6/25/15
Paid Preparer Use Only	Print/Type preparer's name Marek Rozowicz	Preparer's signature Date 6/25/15
		Check <input type="checkbox"/> if self-employed PTIN P01616027
Firm's name ▶ McGladrey LLP		Firm's EIN ▶ 42-0714325
Firm's address ▶ 1 S. Wacker Drive, Ste 800 Chicago, IL 60606		Phone no. 312-634-3400

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,956,993. including grants of \$ 14,850,700.) (Revenue \$) Easter Seals Senior Community Service Employment Program (SCSEP) is a work-based community service program for older workers, funded by the Department of Labor (DOL). Authorized by the Older American Act, the program provides subsidized, service-based training for low-income persons 55 or older, who are unemployed with poor employment prospects. SCSEP's mission is to promote economic self-sufficiency for older individuals seeking to achieve this goal. Program participants train at community nonprofits and government agencies, gaining skills to prepare them for employment.

(See Schedule O for additional program information)

4b (Code:) (Expenses \$ 2,556,920. including grants of \$) (Revenue \$) Easter Seals Project ACTION (ESPA) is a cooperative agreement (DC26-5309) funded by the Department of Transportation, Federal Transit Administration (FTA). Its mission is to promote universal access to transportation for people with disabilities of all ages under federal law and beyond by partnering with transportation providers, the disability community and others through the provision of training, technical assistance, outreach, and communication.

(See Schedule O for additional program information)

4c (Code:) (Expenses \$ 562,761. including grants of \$) (Revenue \$) Easter Seals and the National Association of Area Agencies on Aging jointly administer the National Center for Senior Transportation (NCST), a cooperative agreement (DC26-5308). The NCST staff work to educate on and expand awareness of the issues related to transportation options for older adults and the need for more of those options to be available in communities across the country. The program is distinct in its focus on community grant-making for the purpose of finding and testing best practices in senior transportation options. The partnership with the Eldercare Locator continues to make the NCST a resource to assist older adults who need a ride in their communities or information about transportation in general.

(See Schedule O for additional program information)

4d Other program services (Describe in Schedule O.) (Expenses \$ 30,892,998. including grants of \$ 4,666,555.) (Revenue \$ 6,637,044.)

4e Total program service expenses 50,969,672.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section 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?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process 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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **See Schedule O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Le Monte G. Booker, Chief Financial Officer - (312)726-6200**
233 South Wacker Drive, Ste 2400, Chicago, IL 60606-6410

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kimberly Michel Board Member	3.00	X						0.	0.	0.
(19) Franklin A. Poff Board Member	3.00	X						0.	0.	0.
(20) Sandra J. Towey Board Member	3.00	X						0.	0.	0.
(21) Sandra L. Bouwman Former Board Member	3.00	X						0.	0.	0.
(22) The Hon. Josefina G. Carbonell Former Board Member	3.00	X						0.	0.	0.
(23) Rory A. Cooper, Ph.D. Former Board Member	3.00	X						0.	0.	0.
(24) Brian G. Dowling Former Board Member	3.00	X						0.	0.	0.
(25) Richard F. Vincent Former Board Member	3.00	X						0.	0.	0.
(26) James E. Williams, Jr. President & CEO	32.00 18.00			X				664,890.	358,018.	-174,487.
1b Sub-total								664,890.	358,018.	-174,487.
c Total from continuation sheets to Part VII, Section A								2,479,797.	49,830.	230,804.
d Total (add lines 1b and 1c)								3,144,687.	407,848.	56,317.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **35**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid, 11200 Waples Mill Rd., Ste 150, Fairfax, VA 22030	Professional Fundraiser/Printing	7,266,211.
RR Donnelley, 7810 Solution Center, Chicago, IL 60677-7008	Printing	5,249,321.
Innerworkings, 7503 Solution Center, Chicago, IL 60677-7005	Printing	2,640,106.
Blackbaud PO Box 930256, Atlanta, GA 31193-0256	Professional Fundraiser/Printing	1,279,418.
Merkle Response Services 100 Jamison Court, Hagerstown, MD 21740	Process Direct Mail	973,663.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **35**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 28,478.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 1,065,774.					
	e Government grants (contributions)	1e 21,107,618.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 40,652,698.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		62,854,568.				
	Program Service Revenue	2 a Affiliate Membership	Business Code 541900	3,314,911.	3,314,911.		
b Government Contract Revenue		541900	2,361,649.	2,361,649.			
c Affiliate Sales & Services		541900	854,493.	854,493.			
d Affiliate Misc Revenue		541900	16,765.	16,765.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			6,547,818.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		234,673.			234,673.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		16,677,179.	237,816.				
		b Less: cost or other basis and sales expenses	14,337,681.	238,887.			
		c Gain or (loss)	2,339,498.	-1,071.			
	d Net gain or (loss)			2,338,427.		2,338,427.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Donor List Rental	900099	942,617.		83,176.	859,441.		
	b						
	c						
	d All other revenue	900099	89,226.	89,226.			
	e Total. Add lines 11a-11d		1,031,843.				
12 Total revenue. See instructions.		73,007,329.	6,637,044.	83,176.	3,432,541.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,385,924.	19,385,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	121,151.	121,151.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,180.	10,180.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,212,252.	1,285,742.	543,485.	383,025.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,201,620.	6,525,070.	1,003,229.	1,673,321.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	587,514.	402,051.	79,615.	105,848.
9 Other employee benefits	699,221.	478,495.	94,753.	125,973.
10 Payroll taxes	786,459.	538,194.	106,574.	141,691.
11 Fees for services (non-employees):				
a Management				
b Legal	314,630.	266,863.	12,873.	34,894.
c Accounting	66,923.	56,763.	2,738.	7,422.
d Lobbying	20,826.	17,664.	852.	2,310.
e Professional fundraising services. See Part IV, line 17	2,787,804.			2,787,804.
f Investment management fees	18,075.	3,926.	14,149.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,527,141.	4,696,464.	216,200.	614,477.
12 Advertising and promotion	877,832.	746,169.	20,695.	110,968.
13 Office expenses	512,828.	436,433.	38,357.	38,038.
14 Information technology	1,067,736.	912,504.	45,635.	109,597.
15 Royalties				
16 Occupancy	1,560,868.	1,148,033.	197,771.	215,064.
17 Travel	772,671.	659,945.	44,234.	68,492.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	1,124.	1,124.		
19 Conferences, conventions, and meetings	779,764.	690,872.	47,774.	41,118.
20 Interest	115,203.	51,366.	32,804.	31,033.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	299,470.	225,937.	27,451.	46,082.
23 Insurance	62,189.	45,740.	7,880.	8,569.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Print Mail Production	24,200,644.	12,115,362.		12,085,282.
b				
c				
d				
e All other expenses	331,257.	147,700.	94,324.	89,233.
25 Total functional expenses. Add lines 1 through 24e	72,321,306.	50,969,672.	2,631,393.	18,720,241.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	24,031,134.	12,030,502.	0.	12,000,632.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,706,289.	1	790,685.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,477,572.	3	5,037,293.
	4 Accounts receivable, net	3,511,498.	4	3,537,794.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	108,848.
	9 Prepaid expenses and deferred charges	188,864.	9	171,323.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,431,273.		
	b Less: accumulated depreciation	10b 957,673.	632,401.	10c 473,600.
	11 Investments - publicly traded securities	19,897,641.	11	10,074,816.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	200,000.	14	200,000.
	15 Other assets. See Part IV, line 11	2,570,205.	15	2,564,387.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,184,470.	16	22,958,746.	
Liabilities	17 Accounts payable and accrued expenses	11,538,166.	17	12,372,977.
	18 Grants payable	3,835,992.	18	3,481,221.
	19 Deferred revenue		19	9,941.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,450,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,133,772.	25	4,514,127.
	26 Total liabilities. Add lines 17 through 25	25,957,930.	26	20,378,266.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-1,749,104.	27	-7,601,422.
	28 Temporarily restricted net assets	8,196,133.	28	8,331,132.
	29 Permanently restricted net assets	1,779,511.	29	1,850,770.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,226,540.	33	2,580,480.	
34 Total liabilities and net assets/fund balances	34,184,470.	34	22,958,746.	

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	73,007,329.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,321,306.
3	Revenue less expenses. Subtract line 2 from line 1	3	686,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,226,540.
5	Net unrealized gains (losses) on investments	5	-2,550,891.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,781,192.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,580,480.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,918,200.	78,924,500.	74,276,558.	73,386,071.	62,854,568.	375,359,897.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	85,918,200.	78,924,500.	74,276,558.	73,386,071.	62,854,568.	375,359,897.
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)						
6 Public support. Subtract line 5 from line 4.						375,359,897.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	85,918,200.	78,924,500.	74,276,558.	73,386,071.	62,854,568.	375,359,897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	276,600.	371,400.	604,612.	373,910.	234,673.	1,861,195.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,437,200.	718,610.	972,465.	948,667.	4,076,942.
11 Total support. Add lines 7 through 10						381,298,034.
12 Gross receipts from related activities, etc. (see instructions)					12	35,122,905.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.44 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a 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 2014 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	98.70	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.47	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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 .		

Section B. Type I Supporting Organizations

	Yes	No
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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 .		
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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	
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	
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	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

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

Schedule A, Part III, Line 12

Included in line 12: 1)list rental payments from other not-for-profits totaling \$859,441 and 2)payment for training services or publications \$89,226. Combined the total equals \$948,667.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>17,303,219.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,573,824.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	29,021.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	294,759.													
c	Total lobbying expenditures (add lines 1a and 1b)	323,780.													
d	Other exempt purpose expenditures	71,997,526.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	72,321,306.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	314,700.	294,170.	381,630.	323,780.	1,314,280.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	28,600.	24,030.	22,312.	29,021.	103,963.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 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?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, 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) 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.

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	595,300.	681,400.	537,400.	524,900.	485,800.
b Contributions	92,000.		142,900.	13,900.	39,100.
c Net investment earnings, gains, and losses	400.	-85,200.	2,100.	-600.	1,800.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	900.	900.	-1,000.	800.	1,800.
g End of year balance	686,800.	595,300.	681,400.	537,400.	524,900.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 99.72 %
- c Temporarily restricted endowment .28 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		49,923.	19,380.	30,543.
d Equipment		1,381,350.	938,293.	443,057.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				473,600.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Perpetual Trusts	1,165,839.
(2) Charitable Lead Trusts	202,020.
(3) Charitable Remainder Trusts	1,196,528.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,564,387.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll Related Liability	35,812.
(3) Deferred Rent	580,464.
(4) Gift Annuity Liability	767,210.
(5) Bank Line of Credit	3,014,018.
(6) Capital Lease	116,623.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,514,127.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	80,738,475.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,550,891.
b	Donated services and use of facilities	2b	10,286,716.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,735,825.
3	Subtract line 2e from line 1	3	73,002,650.
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	4,679.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,679.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	73,007,329.

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

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

1	Total expenses and losses per audited financial statements	1	86,384,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,286,716.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,781,192.
e	Add lines 2a through 2d	2e	14,067,908.
3	Subtract line 2e from line 1	3	72,316,627.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,679.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,679.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	72,321,306.

Part XIII Supplemental Information.

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

Part V, line 4:

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

Part X, Line 2:

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

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

Part XIII Supplemental Information (continued)

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

Easter Seals files Form 990 in the U.S. federal jurisdiction and the state of Illinois. Easter Seals is generally no longer subject to examination by the Internal Revenue Service for years before 2011.

Part XII, Line 2d - Other Adjustments:

Pension liability adjustments other than net periodic benefit cost	3,781,192.
--	------------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Asia & Pacific	0	0	Program Services	Program Exchange	16,549.
North America	0	0	Grant to Recipient	N/A	10,180.
North America	0	0	Program Services	Online Community Software	3,521.
North America	0	0	Program Services	Professional Survey	2,999.
North America	0	0	Program Services	Postage	45.
3 a Sub-total	0	0			33,294.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			33,294.

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

Schedule F (Form 990) 2014

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2:

In 2014, Easter Seals Inc. granted \$10,180 to one non-U.S. disability service organization that is closely associated with Easter Seals and its mission to support their efforts to improve and advance services for people with disabilities and their families. There is an established relationship and history of collaboration. Eligibility was limited to those non-US organizations with close mission, service, and operational ties to Easter Seals Inc. and with a history of collaboration on best practice advocacy, service delivery and operational issues and activities.

Part II, Line 1:

The grant is recorded based on accrual accounting.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Russ Reid - 11200 Waples Mill Rd, Ste 150, Fairfax, VA	Fundraising		X	10,721,598.	1,091,854.	9,629,744.
Infocision Management Corp - PO Box 932441, Cleveland, OH	Fundraising		X	1,522,365.	1,005,845.	516,520.
Merkle Inc. - PO Box 64897, Baltimore, MD 21264-4897	Fundraising		X	313,187.	140,453.	172,734.
Strategic Fundraising, Inc - 2625 Momentum Place, Chicago,	Fundraising		X	23,104.	23,968.	-864.
Phyllis Freedman - 1625 16th St NW, #401, Washington, DC	Fundraising		X	0.	10,845.	-10,845.
Blackbaud - PO Box 930256, Atlanta, GA 31193-0256	Fundraising		X	0.	239,000.	-239,000.
The Sharpe Group - 855 Ridge Lake Blvd, Ste 300, Memphis,	Fundraising		X	0.	2,000.	-2,000.
The Stelter - 10435 New York Ave, Des Moines, IA 50322	Fundraising		X	0.	144,885.	-144,885.
The Osbourne Group - 100 S. Bedford Rd, Ste 340, Mt.	Fundraising		X	0.	103,753.	-103,753.
Mobile Accord - 2150 W 29th Ave Ste 200, Denver, CO	Fundraising		X	0.	25,201.	-25,201.
Total				12,580,254.	2,787,804.	9,792,450.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(i) Name of Fundraiser: Russ Reid

(i) Address of Fundraiser:

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

(i) Name of Fundraiser: Infocision Management Corp

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

Part IV Supplemental Information (continued)

(i) Name of Fundraiser: Strategic Fundraising, Inc

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

(i) Name of Fundraiser: Phyllis Freedman

(i) Address of Fundraiser: 1625 16th St NW, #401, Washington, DC 20009

(i) Name of Fundraiser: The Sharpe Group

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

(i) Name of Fundraiser: The Osbourne Group

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

(i) Name of Fundraiser: Mobile Accord

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

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

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

Each of these business partners provide strategic input on Easter Seals Inc. fundraising initiatives impacting affiliates nationwide. The Osbourne Group works directly with our affiliates, primarily through the Easter Seals Academy, but also through direct consultation, on advancement of relationship-based fundraising best practices, particularly around Presidents' Council and major gifts.

Part IV Supplemental Information *(continued)*

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals New York 29 W. 36th Street, 4th floor New York, NY 10018	13-5596808	501(c)(3)	3,779,160.	0.			Disability Services
Easter Seals New Jersey 25 Kennedy Blvd., Suite 600 East Brunswick, NJ 08816	22-1508591	501(c)(3)	2,971,381.	0.			Disability Services
Easter Seals Goodwill Northern Rocky Mountain - 425 1st Avenue North - Great Falls, MT 59401-2507	81-0232125	501(c)(3)	2,276,718.	0.			Disability Services
Easter Seals Capital Region & Eastern Connecticut - 100 Deerfield Road - Windsor, CT 06095-4207	06-0662138	501(c)(3)	1,684,574.	0.			Disability Services
Easter Seals Oregon 5757 Southwest Macadam Avenue Portland, OR 97239	93-0386885	501(c)(3)	1,643,359.	0.			Disability Services
Goodwill Easter Seals Miami Valley 660 South Main Street Dayton, OH 45402	31-0537112	501(c)(3)	1,301,082.	0.			Disability Services

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **62.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals Alabama 5960 East Shirley Lane Montgomery, AL 36117	23-7070631	501(c)(3)	1,037,005.	0.			Disability Services
Goodwill Easter Seals of the Gulf Coast - 2448 Gordon Smith Drive - Mobile, AL 36617	63-0363472	501(c)(3)	673,514.	0.			Disability Services
Easter Seals Foundation 233 S. Wacker Drive, Ste 2400 Chicago, IL 60606	26-1207337	501(c)(3)	518,036.	0.			Disability Services
Easter Seals Southern California 1570 E. 17th Street Santa Ana, CA 92705-4734	94-3068149	501(c)(3)	382,585.	0.			Disability Services
Easter Seals New Hampshire 555 Auburn Street Manchester, NH 03103	02-0272825	501(c)(3)	265,759.	0.			Disability Services
Easter Seals Massachusetts 484 Main Street Worcester, MA 01608-1817	04-2103867	501(c)(3)	254,881.	0.			Disability Services
Easter Seals Bay Area 391 Taylor Blvd., Suite 250 Pleasant Hill, CA 94523	94-3120231	501(c)(3)	222,500.	0.			Disability Services
Easter Seals Delaware & Maryland's Eastern Shore - 61 Corporate Circle - New Castle, DE 19720-2439	51-0066728	501(c)(3)	185,633.	0.			Disability Services
Easter Seals Washington 200 West Mercer Street, Ste 210E Seattle, WA 98119	91-0575956	501(c)(3)	153,319.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals Greater Houston 4500 Bissonnet, Suite 340 Bellaire, TX 77401-3006	74-1238418	501(c)(3)	124,041.	0.			Disability Services
Easter Seals Serving DC MD VA, Inc 1420 Spring Street Silver Spring, MD 20910	53-0212296	501(c)(3)	122,638.	0.			Disability Services
Easter Seals Southwest Human Development - 2850 North 24th Street - Phoenix, AZ 85008	86-0407179	501(c)(3)	118,717.	0.			Disability Services
Easter Seals Metropolitan Chicago 1939 West 13th Street, Suite 300 Chicago, IL 60608-1226	36-2169153	501(c)(3)	117,797.	0.			Disability Services
Easter Seals Michigan 2399 E. Walton Blvd. Auburn Hills, MI 48326	38-1402860	501(c)(3)	114,482.	0.			Disability Services
Easter Seals of Central Illinois 507 East Armstrong Avenue Peoria, IL 61603-3197	37-0686250	501(c)(3)	107,552.	0.			Disability Services
Easter Seals Florida 520 N. Semoran Blvd., Suite 280 Orlando, FL 32807	59-0637848	501(c)(3)	94,574.	0.			Disability Services
Easter Seals Southeastern Pennsylvania - 3975 Conshohocken Avenue - Philadelphia, PA 19131-5484	23-1352293	501(c)(3)	94,387.	0.			Disability Services
Easter Seals TriState 2901 Gilbert Avenue Cincinnati, OH 45206	31-0873433	501(c)(3)	90,598.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals North Texas 1424 Hemphill Street Fort Worth, TX 76104-4703	75-0827419	501(c)(3)	82,519.	0.			Disability Services
Easter Seals Colorado 5755 West Alameda Avenue Lakewood, CO 80226-3500	84-0412575	501(c)(3)	61,145.	0.			Disability Services
Easter Seals UCP North Carolina & Virginia Inc. - 5171 Glenwood Avenue, Suite 400 - Raleigh, NC 27612-3266	56-0670676	501(c)(3)	49,549.	0.			Disability Services
Easter Seals Coastal Fairfield County - 120 Holcomb Street - Hartford, CT 06112	06-0653197	501(c)(3)	48,528.	0.			Disability Services
Easter Seals Western and Central Pennsylvania - 2525 Railroad Street - Pittsburgh, PA 15222	25-0965215	501(c)(3)	48,066.	0.			Disability Services
Easter Seals South Florida 1475 NW 14th Avenue Miami, FL 33125-1692	59-0722783	501(c)(3)	47,343.	0.			Disability Services
Easter Seals Central California 9010 Soquel Drive Aptos, CA 95003-4002	94-1497580	501(c)(3)	43,132.	0.			Disability Services
Easter Seals South Carolina PO Box 5715 Columbia, SC 29250	57-0342029	501(c)(3)	41,784.	0.			Disability Services
Easter Seals Northern Ohio 2173 N. Ridge Road, Suite G Lorain, OH 44055	31-4380051	501(c)(3)	35,011.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals Superior California 3205 Hurley Way Sacramento, CA 95864-3898	94-1279800	501(c)(3)	34,692.	0.			Disability Services
Easter Seals Southeast Wisconsin 2222 S. 114th Street West Allis, WI 53227	39-0816849	501(c)(3)	34,380.	0.			Disability Services
Easter Seals Nevada 6200 West Oakey Blvd. Las Vegas, NV 89146	94-2815686	501(c)(3)	33,560.	0.			Disability Services
Easter Seals Iowa P.O. Box 5168 Des Moines, IA 50305	42-0707100	501(c)(3)	29,006.	0.			Disability Services
Easter Seals Arkansas 3920 Woodland Heights Road Little Rock, AR 72212-2495	71-0123680	501(c)(3)	25,285.	0.			Disability Services
Easter Seals Hawaii 710 Green Street Honolulu, HI 96813-2119	99-0075235	501(c)(3)	25,045.	0.			Disability Services
Easter Seals Blake Foundation 7750 E. Broadway, Suite A200 Tucson, AZ 85710	86-0093224	501(c)(3)	24,989.	0.			Disability Services
Easter Seals Volusia and Flagler Counties - Ellen Black Center - P.O. Box 9117 - Daytona Beach, FL 32120	59-0722785	501(c)(3)	24,295.	0.			Disability Services
Easter Seals Eastern Pennsylvania 1501 Lehigh Street, Suite 201 Allentown, PA 18103	23-2823542	501(c)(3)	23,769.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals Midwest 13545 Barrett Parkway, Suite 300 Ballwin, MO 63021	43-0827160	501(c)(3)	22,642.	0.			Disability Services
Easter Seals Tennessee 750 Old Hickory Blvd., #2-260 Brentwood, TN 37027	62-0504893	501(c)(3)	22,044.	0.			Disability Services
Easter Seals Central and Southeast Ohio - 3830 Trueman Court - Hilliard, OH 43026	31-4379471	501(c)(3)	21,417.	0.			Disability Services
Easter Seals Alaska 670 West Fireweed Lane, Suite 105 Anchorage, AK 99503	92-0018031	501(c)(3)	20,944.	0.			Disability Services
Easter Seals Joliet Region, Inc. 212 Barney Drive Joliet, IL 60435	36-2300706	501(c)(3)	19,606.	0.			Disability Services
Easter Seals Capper Foundation 3500 SW 10th Avenue Topeka, KS 66604-1904	48-0543745	501(c)(3)	18,331.	0.			Disability Services
Easter Seals West Georgia, Inc. PO Box 1690 Fortson, GA 31808	58-1919206	501(c)(3)	17,916.	0.			Disability Services
Easter Seals ARC of Northeast Indiana - 4919 Coldwater Road - Fort Wayne, IN 46825-5532	35-0998711	501(c)(3)	16,960.	0.			Disability Services
Easter Seals Rio Grande Valley, Texas - P.O. Box 489 - McAllen, TX 78505-0489	74-1233800	501(c)(3)	15,793.	0.			Disability Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easter Seals DuPage and the Fox Valley Region - 830 South Addison Avenue - Villa Park, IL 60181-1153	36-2476388	501(c)(3)	13,436.	0.			Disability Services
Easter Seals West Kentucky 801 N. 29th Street Paducah, KY 42001	31-1572931	501(c)(3)	12,064.	0.			Disability Services
Easter Seals Central Texas 1611 Headway Circle, Building 2 Austin, TX 78754	75-0808811	501(c)(3)	10,739.	0.			Disability Services
Easter Seals Rehabilitation Center of Greater Waterbury - 22 Tompkins Street - Waterbury, CT 06708-1496	06-0737391	501(c)(3)	9,544.	0.			Disability Services
Easter Seals Southwestern Indiana 3701 Bellemeade Avenue Evansville, IN 47714	35-0909982	501(c)(3)	8,638.	0.			Disability Services
Easter Seals Middle Georgia P.O. Box 847 Dublin, GA 31040-0847	58-1917053	501(c)(3)	8,150.	0.			Disability Services
Easter Seals Kentucky, Cardinal Hill Rehabilitation Hospital - 2050 Versailles Road - Lexington, KY 40504-1499	61-0444712	501(c)(3)	8,077.	0.			Disability Services
Easter Seals El Mirador 10 A-Van-Nu-Po Santa Fe, NM 87508-1461	74-2830135	501(c)(3)	5,301.	0.			Disability Services
Easter Seals Goodwill New Haven 432 Washington Avenue North Haven, CT 06473	23-7431264	501(c)(3)	5,093.	0.			Disability Services

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCSEP Participant Supportive Services	55	41,447.	0.		
Veteran Participant Support Services	38	63,155.	0.		
Ability First Staff Exchange Program	5	16,549.	0.		

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

Part I, Line 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) James E. Williams, Jr. President & CEO	(i)	542,989.	97,500.	24,401.	-127,821.	14,457.	551,526.	0.
	(ii)	292,378.	52,500.	13,140.	-68,908.	7,785.	296,895.	0.
(2) Randall Rutta Chief Strategy Officer	(i)	379,180.	0.	0.	47,166.	7,029.	433,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Le Monte G. Booker Chief Financial Officer	(i)	261,200.	25,000.	22,791.	8,336.	17,606.	334,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Stephen Bergman Chief Information Officer	(i)	237,113.	0.	0.	8,955.	17,606.	263,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Maureen Haller Sr Senior Vice President, Development	(i)	196,477.	0.	0.	13,077.	5,622.	215,176.	0.
	(ii)	49,830.	0.	0.	2,731.	1,406.	53,967.	0.
(6) Jennifer Bielat Sr Vice President, Integrated Mkt	(i)	204,472.	0.	0.	12,922.	233.	217,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Linda Mayo Sr Vice President	(i)	193,087.	2,500.	0.	0.	353.	195,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Patricia Jones Exec. Vice President, Aff. Services	(i)	258,775.	10,000.	0.	-45,163.	7,086.	230,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Katherine Beh Neas Sr Vice President, Govt Relations	(i)	197,197.	5,000.	0.	13,822.	17,606.	233,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Dorothy Moser Vice President, Human Resources	(i)	172,852.	3,000.	0.	46,531.	13,580.	235,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Jennifer Bartlett Vice President, Executive Office	(i)	163,471.	0.	0.	9,583.	6,489.	179,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Kristen Barnfield Vice President	(i)	147,682.	0.	0.	5,462.	12,766.	165,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 7:

James Williams, Jr. received a discretionary bonus based on a performance evaluation by the Executive Evaluation and Compensation Committee.

Le Monte G. Booker, Linda Mayo, Patricia Jones, Katherine Beh Neas, Dorothy Moser received discretionary bonuses that were awarded by the immediate supervisors with approval of President & CEO.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

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

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

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

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

- Identifying and serving young children at risk for developmental delays, autism and disabilities
- Assisting a new generation of veterans with special needs and disabilities, and their families, via Easter Seals Dixon Center providing opportunities for meaningful employment, access to education and healthcare/wellness
- Creating community-based services and family support for adults with disabilities and caregivers
- Building Easter Seals Brain Health Center to expand on the therapies we've always offered, while creating life-changing, 21st century

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

solutions for everyone

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

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

The U.S. Department of Labor Employment and Training Administration (DOLETA) administers SCSEP by awarding grants to 15 non-profit organizations (including Easter Seals, Inc.) and to each of 56 state and territorial governments. Easter Seals, a national SCSEP grantee since 2003 had nine affiliate organizations working as sub-recipients of SCSEP during its 2014 program year.

During program year 2014, Easter Seals served (2,515) participants and successfully trained many participants who were "most in need." Participants included (266) people over age 70; (1074) homeless or at-risk of homelessness; (764) with a disability; (300) were veterans; (321) participants had limited English proficiency; (529) tested with low literacy skills; and (1080) had an advanced education ranging from one year of college to doctoral degrees. (372) participants exited during the year for paid employment, with an average starting wage of (\$11.02) per hour, made possible through their participation in the SCSEP.

During this same period, Easter Seals SCSEP participants provided

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

(1,081,214) million hours of community service hours to local not-for-profit and government agencies through their training assignments. These community service hours greatly benefit local communities in addition to training SCSEP participants.

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

Staff conducted the business of our cooperative agreement in four major areas: training programs (e.g., in-person travel training, webinars, online courses), technical assistance activities (e.g., toll-free information and referral, tailored/targeted technical assistance to communities), outreach initiatives (e.g., newsletters, information briefs on specific topics of interest, presentations at conferences, maintenance of website, engagement with social media, online communities), and applied research (e.g., supported creation and fielding of surveys to produce reports on topics of interest, use findings of previous research to create information briefs related to accessible transportation).

Summary of ESPA Outputs January - December 2014

Total Individuals served: 27,338

Training, technical assistance and events: 15,187

- toll-free phone line information & referral: 7,172
- communities provided targeted technical assistance: 31
- follow-up with community leaders: 90
- training event participants: 2,953
- individuals who ordered materials: 457

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

- participants at conference sessions: 2,967

- partners & advisory committees supported: 1,517

Online venues (i.e., website, e-news, twitter, online communities):

12,151

- unique website visitors: 2,846

- e-news subscribers: 7,726

- online community members: 753

- Twitter followers: 826

Grant effectiveness (# persons served/#FTEs): 2,628/FTE - an increase of 238 people/FTE served, a 9% increase over 2013.

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

Staff conducted the business of our cooperative agreement in three major areas: training programs (e.g., webinars), technical assistance activities (e.g., toll-free information and referral, targeted technical assistance to communities), and outreach initiatives (e.g., newsletters, information briefs on specific topics of interest, presentations at conferences, maintenance of website, engagement with social media, online communities). In addition to the numbers below, the bulk of calls for help with transportation issues were routed to and handled through the Eldercare Locator managed by n4a, our NCST co-partner. A total of 24,795 customers received assistance through the Eldercare Locator. Also, 2,214 print copies of NCST materials were distributed throughout the year.

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

Summary of NCST Outputs January - December 2014

Total Individuals served: 8,778

Training, technical assistance and events: 2,746

- toll-free phone line information & referral: 639

- training event participants: 727

- participants at conference sessions: 1,380

Online venues (i.e., website, e-news, Twitter, online communities):

6,032

- unique website visitors: 1,557

- e-news subscribers: 3,420

- YouTube video accessed: 367

- online community members: 464

- Twitter followers: 224

Grant efficiency (grant revenue/# persons served): \$72.73/person

Grant effectiveness (# persons served/#FTEs): 5,164/FTE

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

Program Development: Building from Easter Seals' expertise, Easter Seals is focusing on four service areas of critical importance: young children, older adults, people living with autism, and military service members, veterans and military families. Funds, leadership, and assistance are directed to Easter Seals' affiliates and here at headquarters to provide services for children and adults with autism

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

and other disabilities through their centers. Primary services are medical rehabilitation, job training and employment, inclusive child care, early intervention, autism services, adult day services, and camping and recreation.

Expenses \$ 8,519,354. incl grants of \$ 1,867,565. Revenue \$ 4,477,666.

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

Expenses \$ 794,265. including grants of \$ 21,659. Revenue \$ 188,959.

Fundraising Advisory: Training and consultation with Easter Seals' affiliates to strengthen their relationships with donors and make the general public aware of the needs of children and adults with disabilities and their families.

Expenses \$ 6,472,220. incl grants of \$ 2,777,331. Revenue \$ 1,539,769.

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

Expenses \$ 1,810,182. including grants of \$ 0. Revenue \$ 430,650.

Public Health Education: Creating a public awareness about individuals living with disabilities and the issues they face through public relations, multi-media, integrated cross-channel public education campaigns, community advocacy, and on and offline engagement

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

opportunities. Providing up-to-date resources about disabilities, disability awareness, opportunities, and other relevant topics. Messaging and awareness driven primarily through two marketing efforts - Make the First Five Count, focused on early intervention and screening for all young children, and Easter Seals Dixon Center, emphasis on changing the conversation about our veterans and military families to drive more employment, education, health/wellness and community reintegration supports and opportunities. Expenses \$ 13,296,977. including grants of \$ 0. Revenue \$ 0.

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

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

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

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

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

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

-Recommend policy

-Overrule policy

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

-Amend articles of incorporation

-Ratify certain by-laws

-Repeal or amend by-laws

Form 990, Part VI, Section B, line 11:

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

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

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

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

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

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

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

documented in minutes.

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

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

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

Easter Seals, upon request, will provide copies of any of the following documents to the general public for the same period of disclosure as set forth in IRC section 6104(d): 1) Form 1023, 2) Form 990, 3) Form 990-T, 4) governing documents, 5) conflict of interest policy, and 6) financial statements. Additionally, the prior three years of Forms 990 and the financial statements are available on the Easter Seals Inc. website (www.easterseals.com).

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

Pension liability adjustments other than net periodic benefit cost	-3,781,192.
--	-------------

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Easter Seals Inc.

Employer identification number

36-2171729

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

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

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

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

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

Schedule R (Form 990) 2014

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Easter Seals Foundation	B	518,036.	Cash
(2) Easter Seals Foundation	C	1,065,774.	Cash
(3) Easter Seals Foundation	O	477,184.	Cash
(4)			
(5)			
(6)			

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

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

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

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Easter Seals Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 233 South Wacker Drive, No. 2400 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60606-6410	D Employer identification number (Employees' trust, see instructions.) 36-2171729 E Unrelated business activity codes (See instructions.) 511140
--	---	----------------------	--	---

C Book value of all assets at end of year 22,958,746.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

H Describe the organization's primary unrelated business activity. ▶ **Unrelated mailing list rental income**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Le Monte G. Booker, Chief Financia** Telephone number ▶ **(312)726-6200**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 83,176.			
b Less returns and allowances			
c Balance ▶	1c 83,176.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 83,176.		83,176.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 83,176.		83,176.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		2,189.
16 Repairs and maintenance	16		2.
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21	44.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		44.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		408.
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) See Statement 1	28		94,508.
29 Total deductions. Add lines 14 through 28	29		97,151.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-13,975.
31 Net operating loss deduction (limited to the amount on line 30) See Statement 2	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-13,975.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-13,975.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34		35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2013 overpayment credited to 2014	44a	
b 2014 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here	Signature of officer _____ Date _____		Chief Financial Officer _____ Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name Marek Rozowicz		Preparer's signature _____ Date _____		
Paid Preparer Use Only	Firm's name McGladrey LLP		Check <input type="checkbox"/> if self-employed		PTIN P01616027
	Firm's address 1 S. Wacker Drive, Ste 800 Chicago, IL 60606		Firm's EIN 42-0714325		
			Phone no. 312-634-3400		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total		0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
				0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business 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)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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 (carry to Part II, line (5))		0.	0.			0.

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

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		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2014

Name Easter Seals Inc.		Employer identification number 36-2171729
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	-13,975.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	-13,975.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	-13,975.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	-13,975.
6	Alternative tax net operating loss deduction (see instructions) Statement 3	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a
b	Multiply line 8a by 25% (.25)	8b
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c
9	Subtract line 8c from line 7. If zero or less, enter -0-	9
10	Multiply line 9 by 20% (.20)	10
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11
12	Tentative minimum tax. Subtract line 11 from line 10	12
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2014)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	-13,975.
2 ACE depreciation adjustment:			
a	AMT depreciation	2a	
b ACE depreciation:			
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	-13,975.

Form 990-T	Other Deductions	Statement	1
<u>Description</u>		<u>Amount</u>	
	Direct fees from third party to run list rental program		27,328.
	Prof fees & contracted services		866.
	Supplies		5.
	Teleconference		41.
	Postage & shipping		4.
	Occupancy		273.
	Printing, publications & media		47.
	Travel & transportation		21.
	Miscellaneous		253.
	Mail production expenses (to increase or maintain donors)		65,670.
Total to Form 990-T, Page 1, line 28			94,508.

Form 990-T	Net Operating Loss Deduction			Statement	2
<u>Tax Year</u>	<u>Loss Sustained</u>	<u>Loss Previously Applied</u>	<u>Loss Remaining</u>	<u>Available This Year</u>	
12/31/12	24,988.	0.	24,988.	24,988.	
12/31/13	17,863.	0.	17,863.	17,863.	
NOL Carryover Available This Year			42,851.	42,851.	

Form 4626	Alternative Minimum Tax NOL Deduction			Statement	3
<u>Tax Year</u>	<u>Loss Sustained</u>	<u>Loss Previously Applied</u>	<u>Loss Remaining</u>		
12/31/12	24,988.	0.	24,988.		
12/31/13	17,863.	0.	17,863.		
AMT NOL Carryover Available this Year			42,851.		

2014 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2014, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> For tax years ending on or after December 31, 2014. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
--	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.

Name: Easter Seals Inc.

B Enter your mailing address.
 If you have an address change or this is a first return, check this box.
 C/O: _____

Mailing address: 233 South Wacker Drive, No. 240

City: Chicago State: IL ZIP: 60606-6410

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
36-2171729

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. See Statement 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
511140

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1	-13,975.00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
3 Base income or loss. Add Lines 1 and 2.	3	-13,975.00

STOP	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input checked="" type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. <input type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.	4	.00
5 Business income or loss. Subtract Line 4 from Line 3.	5	.00
6 Total sales everywhere. This amount cannot be negative.	6	_____
7 Total sales inside Illinois. This amount cannot be negative.	7	_____
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	_____
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	.00
10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.	10	.00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	.00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	-13,975.00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	.00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	.00
16 Investment credits. Attach Form IL-477.	16	.00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	0.00

Attach your payment and Form IL-990-T-V here.

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	<u>-13,975.00</u>
19	Income Tax. Fiscal filers - See instructions. Corporations: multiply Line 18 by 7% (.07). Trusts: multiply Line 18 by 5% (.05).	19	<u>.00</u>
20	Recapture of investment credits. Attach Schedule 4255.	20	<u>.00</u>
21	Income tax before credits. Add Lines 19 and 20.	21	<u>.00</u>
22	Income tax credits. Attach Schedule 1299-D.	22	<u>.00</u>
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23	<u>0.00</u>

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	<u>.00</u>
25	Net income tax from Line 23.	25	<u>.00</u>
26	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26	<u>.00</u>
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	<u>.00</u>
28	Payments		
	a Credit from prior year overpayments.	28a	<u>.00</u>
	b Total estimated payments.	28b	<u>.00</u>
	c Form IL-505-B (extension) payment.	28c	<u>.00</u>
	d Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T.	28d	<u>.00</u>
	e Gambling withholding. Attach Form(s) W-2G.	28e	<u>.00</u>
29	Total payments. Add Lines 28a through 28e.	29	<u>.00</u>
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	<u>.00</u>
31	Amount to be credited to a subsequent period. See instructions.	31	<u>.00</u>
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	<u>.00</u>

33 **Complete to direct deposit your refund**

Routing Number _____	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account Number _____		

34	Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34	<u>.00</u>
----	--	----	------------

► If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer	Date	Chief Financial Officer	Title	Phone	Check this box if the Department may discuss this return with the preparer shown in this step. <input checked="" type="checkbox"/>
Signature of preparer	Date	42-0714325	Preparer's Social Security number or firm's FEIN	312-634-3400	
McGladrey LLP	Preparer's firm name (or yours, if self-employed)	Chicago, IL 60606	Address	Phone	

► If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

► If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

498022 01-16-15

Form IL-990-T	Nature of Trade or Business	Statement	1
---------------	-----------------------------	-----------	---

Unrelated mailing list rental income

To Form IL-990-T, Page 1