PUBLIC DISCLOSURE COPY

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)

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ 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): 141 W. JACKSON BLVD.

Room/suite: 1400A

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60604

D Employer identification number: 36-2171729

E Telephone number: (312) 726-6200

G Gross receipts $ 50,783,800

F Name and address of principal officer: KENDRA DAVENPORT
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.EASTERSEALS.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1938

M State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
EMPOWERING PEOPLE THROUGH ESSENTIAL DISABILITY AND COMMUNITY SERVICES SO THEY CAN THRIVE.

2 Check this box ☐ 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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	57
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,500
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	50,170,619	39,482,526
	9	Program service revenue (Part VIII, line 2g)	5,662,700	5,938,200
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,391,100	1,381,100
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	739,781	711,374
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,964,200	47,513,200
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,086,104	16,012,071
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,244,100	8,152,001
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,663,172	1,995,310
	b	Total fundraising expenses (Part IX, column (D), line 25) 9,594,907		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,488,241	21,542,146
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	58,481,617	47,701,528
	19	Revenue less expenses. Subtract line 18 from line 12	(517,417)	(188,328)
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	40,858,900	43,851,300
	21	Total liabilities (Part X, line 26)	12,238,500	10,384,100
	22	Net assets or fund balances. Subtract line 21 from line 20	28,620,400	33,467,200

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

Glenda F. Oakley — Signature of officer — Date 7/2/2026

GLENDA F OAKLEY, CFO — Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LU ANN TRAPP	LU ANN TRAPP	06/29/2026		P01506476

Firm's name: PLANTE & MORAN, PLLC — Firm's EIN: 33-1498605

Firm's address: 10 SOUTH RIVERSIDE PLAZA 9TH FLOOR, CHICAGO, IL 60606 — Phone no.: (312) 207-1040

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

EASTERSEALS EMPOWERS PEOPLE SO THEY CAN THRIVE. WE MAKE A LASTING DIFFERENCE IN THE LIVES OF 1.5 MILLION PEOPLE EACH YEAR BY PROVIDING ESSENTIAL SERVICES TO CHILDREN AND ADULTS WITH DISABILITIES, OLDER ADULTS, VETERANS, AND THEIR FAMILIES. OUR NATIONAL NETWORK OF AFFILIATES IS TRUSTED TO PROVIDE PROGRAMS CUSTOMIZED TO MEET THE NEEDS OF EACH COMMUNITY WE SERVE FROM COAST TO COAST -

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** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 16,891,801 including grants of $ 14,420,571) (Revenue $ 3,060,396)

PROGRAM DEVELOPMENT: FUNDING, LEADERSHIP, AND ASSISTANCE TO PROVIDE SERVICES FOR CHILDREN AND ADULTS WITH AUTISM AND OTHER DISABILITIES. PRIMARY SERVICES ARE MEDICAL REHABILITATION, JOB TRAINING AND EMPLOYMENT, INCLUSIVE CHILDCARE, ADULT DAY SERVICES, AND CAMPING AND RECREATION. BUILDING FROM EASTERSEALS' EXPERTISE, EASTERSEALS IS FOCUSING ON THREE SERVICE AREAS OF CRITICAL IMPORTANCE: EARLY INTERVENTION, WORKFORCE DEVELOPMENT AND ADULT SERVICES.

(SEE SCHEDULE O FOR ADDITIONAL PROGRAM INFORMATION)

4b (Code:) (Expenses $ 8,516,023 including grants of $ 269,200) (Revenue $ 1,542,887)

PUBLIC HEALTH EDUCATION: CREATING A PUBLIC AWARENESS ABOUT INDIVIDUALS LIVING WITH DISABILITIES AND THE ISSUES THEY FACE THROUGH MULTI-MEDIA PUBLIC EDUCATION CAMPAIGNS, COMMUNITY ADVOCACY, AND BY PROVIDING UP-TO-DATE RESOURCES ABOUT DISABILITIES, DISABILITY AWARENESS, OPPORTUNITIES, UNIVERSAL DESIGN, AND OTHER RELEVANT TOPICS. THE PRIMARY FOCUS IS ON YOUNG CHILDREN, OLDER ADULTS, PEOPLE LIVING WITH AUTISM, AND MILITARY SERVICE MEMBERS AND VETERANS WITH DISABILITIES.

4c (Code:) (Expenses $ 4,400,500 including grants of $ 1,322,300) (Revenue $ 797,259)

FUNDRAISING ADVISORY: TRAINING AND CONSULTATION WITH EASTERSEALS' 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.

4d Other program services (Describe on Schedule O.)

(Expenses $ 2,967,623 including grants of $ 0) (Revenue $ 537,658)

4e Total program service expenses 32,775,947

Part IV Checklist of Required Schedules

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

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

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

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	1a	62		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	✔	
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)?		4a		✔
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	17		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			✔
6	Did the organization have members or stockholders?	6		✔	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✔	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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 on Schedule O*	9			✔

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?	10a	✔	
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?	10b	✔	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on 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*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

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

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

GLENDA OAKLEY, 141 W. JACKSON BLVD, SUITE 1400A, CHICAGO, IL 60604, (312) 726-6200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KENDRA DAVENPORT	50.0									
PRESIDENT & CEO	0.3			✔				548,547	0	11,222
(2) GLENDA OAKLEY	50.0									
CFO & HUMAN RESOURCES	0.3			✔				257,733	0	8,501
(3) THEODORE THOMPSON	50.0									
SVP, GOVERNMENT RELATIONS	0.0				✔			243,528	0	21,815
(4) MARK HECHINGER	50.0									
CHIEF ADMINISTRATION OFFICER & COUNSEL	0.0			✔				231,166	0	26,376
(5) DANA BUNKE	50.0									
SVP, DIRECT RESPONSE AND INTEGRATED FUNDRAISING	0.0				✔			211,509	0	36,923
(6) MARCIA TRAXLER	50.0									
SVP, NETWORK ADVANCEMENT	0.0				✔			218,464	0	25,545
(7) SHARON WATSON	50.0									
SVP, CORPORATE & FOUNDATION RELATIONS	0.0				✔			217,078	0	16,182
(8) THOMAS DAVIES	50.0									
VP, INFORMATION TECHNOLOGY	0.0					✔		181,018	0	24,814
(9) JUDY SHANLEY	50.0									
AVP, EDUCATION & YOUTH TRANSITION	0.0					✔		176,595	0	23,996
(10) KATHERINE WALLACE	50.0									
VP, BRAND MARKETING	0.0					✔		154,668	0	27,558
(11) MEREDITH MANSFIELD	50.0									
AVP, DATA AND INFORMATION MANAGEMENT	0.0					✔		172,826	0	5,787
(12) AIMEE BERNIARD	50.0									
VP, DEVELOPMENT OPERATIONS	0.0					✔		149,283	0	5,434
(13) TRACY GARNER	50.0									
CHIEF OPERATING OFFICER	0.0			✔				76,554	0	2,070
(14) GENEVIEVE WINTER	3.0									
BOARD CHAIR	0.3	✔		✔				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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) CATHERINE ALICIA GEORGES	3.0									
IMMEDIATE PAST CHAIR	0.0	✔		✔				0	0	0
(16) ERHARDT PREITAUER	3.0									
FIRST VICE CHAIR	0.0	✔		✔				0	0	0
(17) WANDA HILL	3.0									
SECOND VICE CHAIR	0.0	✔		✔				0	0	0
(18) CRAIG ERLICH	3.0									
TREASURER	0.3	✔		✔				0	0	0
(19) JOAN ROCKEY	3.0									
SECRETARY	0.0	✔		✔				0	0	0
(20) TETIANA ANDERSON	3.0									
BOARD MEMBER	0.0	✔						0	0	0
(21) RORY COOPER	3.0									
BOARD MEMBER	0.0	✔						0	0	0
(22) MARK BERRYHILL	3.0									
BOARD MEMBER	0.0	✔						0	0	0
(23) MAUREEN BEAUREGARD	3.0									
BOARD MEMBER	0.0	✔						0	0	0
(24) MARK BERTRAND	3.0									
BOARD MEMBER	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,838,969	0	236,223
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,838,969	0	236,223

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 23

			Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✔
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*	4	✔	
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*	5		✔

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
EAGLECOM, IN, 2300 YONGE STREET, SUITE 1700, BOX 2416, TORONTO, ONTARIO, MP4 1E4, CA	DRTV PRODUCTION & CONSULTING	3,579,170
PRODUCTION SOLUTIONS, INC., 1953 GALLOWS ROAD, SUITE 500, VIENNA, VA 22182	PRINTING/PRODUCTIONS	2,928,178
RR DONNELLEY, 7810 SOLUTION CENTER, CHICAGO, IL 60677	PRINTING/PRODUCTIONS	2,890,191
BLACKBAUD, PO BOX 930256, ATLANTA, GA 31193	DONOR MANAGEMENT SYSTEM	1,502,936
PERSONAL FUNDRAISING SERVICES, LLC, 10 SOUTH RIVERSIDE PLAZA, SUITE 875, CHICAGO, IL 60606	FUNDRAISING/CANVASSING	1,408,075

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 21

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	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	15,604,700				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,877,826				
	g	Noncash contributions included in lines 1a–1f	1g	$ 11,956				
	h	**Total.** Add lines 1a–1f			39,482,526			
Program Service Revenue				Business Code				
	2a	AFFILIATE MEMBERSHIP		541900	5,399,200	5,399,200		
	b	ESPAC FEES		541900	479,600	479,600		
	c	SALES & SERVICES TO AFFILIATES		541900	59,400	59,400		
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			5,938,200			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			781,400			781,400
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a	504,500				
	b	Less: rental expenses	6b	0				
	c	Rental income or (loss)	6c	504,500 / 0				
	d	Net rental income or (loss)			504,500			504,500
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	3,637,700 / 232,600				
	b	Less: cost or other basis and sales expenses	7b	3,270,600 / 0				
	c	Gain or (loss)	7c	367,100 / 232,600				
	d	Net gain or (loss)			599,700			599,700
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	DONOR LIST RENTAL		900099	206,874		3,500	203,374
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			206,874			
	12	**Total revenue.** See instructions			47,513,200	5,938,200	3,500	2,088,974

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	16,003,221	16,003,221		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,850	8,850		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,100,106	1,200,407	621,871	277,828
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	4,320,308	2,469,459	1,279,305	571,544
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	524,226	398,412	26,211	99,603
9 Other employee benefits	771,165	440,793	228,353	102,019
10 Payroll taxes	436,196	249,327	129,164	57,705
11 Fees for services (nonemployees):				
a Management				
b Legal	90,880		90,880	
c Accounting	116,695		116,695	
d Lobbying	180,000		180,000	
e Professional fundraising services. See Part IV, line 17	1,995,310			1,995,310
f Investment management fees	47,382		47,382	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	9,763,339	8,104,669	1,427,632	231,038
12 Advertising and promotion	200,941	200,941		
13 Office expenses	263,298	214,010	12,572	36,716
14 Information technology	2,337,171	1,980,634	301,231	55,306
15 Royalties				
16 Occupancy	1,187,878	732,002	450,554	5,322
17 Travel	229,976	154,584	21,698	53,694
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	259,543	207,134	3,801	48,608
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	328,734	200,420	90,910	37,404
23 Insurance	91,165	74,099	4,353	12,713
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINT MAIL PRODUCTION	5,955,545	18,945		5,936,600
b CREDIT CARD FEES	241,760	101,350	74,520	65,890
c BANK FEES	27,913	11,702	8,604	7,607
d BAD DEBT EXPENSE	4,988	4,988		
e All other expenses	214,938	0	214,938	0
25 **Total functional expenses.** Add lines 1 through 24e	47,701,528	32,775,947	5,330,674	9,594,907
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	9,740,400	3,803,800		5,936,600

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	
	2	Savings and temporary cash investments		2,890,200	2	3,834,900
	3	Pledges and grants receivable, net		4,321,600	3	1,636,200
	4	Accounts receivable, net		417,400	4	609,200
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		531,300	9	1,163,700
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,555,600			
	b	Less: accumulated depreciation	10b 879,800	985,000	10c	675,800
	11	Investments—publicly traded securities		24,958,500	11	26,058,700
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		200,000	14	200,000
	15	Other assets. See Part IV, line 11		6,554,900	15	9,672,800
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		40,858,900	16	43,851,300
Liabilities	17	Accounts payable and accrued expenses		4,469,700	17	2,846,200
	18	Grants payable		855,900	18	655,500
	19	Deferred revenue		62,000	19	11,900
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			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		6,850,900	25	6,870,500
	26	**Total liabilities.** Add lines 17 through 25		12,238,500	26	10,384,100
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		20,619,400	27	25,364,500
	28	Net assets with donor restrictions		8,001,000	28	8,102,700
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		28,620,400	32	33,467,200
	33	Total liabilities and net assets/fund balances		40,858,900	33	43,851,300

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	47,513,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,701,528
3	Revenue less expenses. Subtract line 2 from line 1	3	(188,328)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,620,400
5	Net unrealized gains (losses) on investments	5	2,177,700
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,857,428
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,467,200

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	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. ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	✔	

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 dotted line)	(C) Position (Check all that apply) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(25) BOB EDMONDS BOARD MEMBER	3.0 0.0	✓						0	0	0
(26) GLENN HENDERSON BOARD MEMBER	3.0 0.0	✓						0	0	0
(27) JUAN OTERO BOARD MEMBER	3.0 0.0	✓						0	0	0
(28) POOJA RAHMAN BOARD MEMBER	3.0 0.0	✓						0	0	0
(29) KAVEH SAFAVI BOARD MEMBER	3.0 0.0	✓						0	0	0
(30) KELLY SCHNEIDER BOARD MEMBER	3.0 0.0	✓						0	0	0
(31) GREG SEXTON BOARD MEMBER	3.0 0.0	✓						0	0	0
(32) MARK WHITLEY BOARD MEMBER	3.0 0.0	✓						0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	**Employer identification number**
EASTER SEALS, INC	36-2171729

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1–10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	56,014,213	53,108,539	47,496,861	50,170,619	39,482,526	246,272,758
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	56,014,213	53,108,539	47,496,861	50,170,619	39,482,526	246,272,758
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						246,272,758

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	56,014,213	53,108,539	47,496,861	50,170,619	39,482,526	246,272,758
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	867,368	1,150,200	1,452,400	1,456,800	1,285,900	6,212,668
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	472,522	454,961	323,439	219,947	203,374	1,674,243
11 **Total support.** Add lines 7 through 10						254,159,669

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 28,020,378

13 **First 5 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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . **14** 96.90 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . **15** 97.28 %

16a **33 1/3% support test—2025.** 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 . . . ☑

b **33 1/3% support test—2024.** 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 . . . ☐

17a **10%-facts-and-circumstances test—2025.** 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 . . . ☐

b **10%-facts-and-circumstances test—2024.** 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 . . . ☐

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 . . . ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for 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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	**3c**		

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 (*explain in* ***Part VI***). **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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally 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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	

Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1)	472,522	454,961	323,439	219,947	203,374	1,674,243
Total	472,522	454,961	323,439	219,947	203,374	1,674,243

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
EASTER SEALS, INC	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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990) (Rev. 1-2025)**

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		$ 13,802,431	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 1,668,316	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 1,520,672	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 943,146	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (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
		$	

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

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

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

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

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

Name of organization: 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 information once. See instructions.) $

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

If the organization answered "Yes" on 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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on 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" on 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	**Employer identification number (EIN)**
EASTER SEALS, INC	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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 EINs 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-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50084S **Schedule C (Form 990) 2025** Created 7/1/25

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 (grassroots lobbying)	88,542	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	47,401	
c Total lobbying expenditures (add lines 1a and 1b)	135,943	
d Other exempt purpose expenditures	47,701,528	
e Total exempt purpose expenditures (add lines 1c and 1d)	47,837,471	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000	

IF the amount on line 1e, column (a) or (b), is:	**THEN 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? ☐ **Yes** ☐ **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)** 2022	**(b)** 2023	**(c)** 2024	**(d)** 2025	**(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	341,000	106,324	182,856	135,943	766,123
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	170,500	53,162	91,428	88,542	403,632

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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 not be 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 campaign activity 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 carry over to the reasonable estimate of nondeductible lobbying and political expenditures 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)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: 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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

b If the organization elected, as permitted under FASB 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 on Form 990, Part VIII, line 1 $

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

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

a Revenue included on 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 make 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 program
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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **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" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 _____ %
c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		345,000	99,600	245,400
d Equipment		1,210,600	780,200	430,400
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				675,800

Part VII **Investments—Other Securities**

Complete if the organization answered "Yes" on 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. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII **Investments—Program Related**

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

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

Part IX **Other Assets**

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST	1,699,200
(2) CHARITABLE REMAINDER TRUSTS	1,403,800
(3) LEASE ASSET	5,417,500
(4) POSTAGE ESCROW	365,100
(5) PENSION ASSET	787,200
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	9,672,800

Part X **Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	0
(3) ANNUITIES PAYABLE	452,400
(4) LEASE LIABILITIES	6,418,100
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	6,870,500

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	62,265,400
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,177,700		
b	Donated services and use of facilities	2b	12,201,400		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	14,379,100
3	Subtract line **2e** from line **1**			3	47,886,300
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	47,382		
b	Other (Describe in Part XIII.)	4b	(420,482)		
c	Add lines **4a** and **4b**			4c	(373,100)
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	47,513,200

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	57,418,600
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,201,400		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	(2,436,946)		
e	Add lines **2a** through **2d**			2e	9,764,454
3	Subtract line **2e** from line **1**			3	47,654,146
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	47,382		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	47,382
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	47,701,528

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 XIII

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	

SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE

(a) Description	(b) Amount
CHANGE IN VALUE OF SPLIT INTEREST	- 653,100
ROUNDING	18
GAIN ON LEASE MODIFICATION	356,200
LOSS ON SALE OF FIXED ASSET	- 123,600

SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990

(a) Description	(b) Amount
PENSION LIABILITY ADJUSTMENTS	- 2,204,700
ROUNDING	354
GAIN ON LEASE MODIFICATION	- 356,200
LOSS ON SALE OF FIXED ASSET	123,600

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EASTER SEALS, INC

Employer identification number: 36-2171729

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of nongovernment grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1	PERSONAL FUNDRAISING SERVICES, 10 SOUTH RIVERSIDE PLAZA, SUITE 875, PMB 175, CHICAGO, IL 60606	CANVASSING		✔	1,749,027	1,408,075	340,952
2	BRUCE NAMEROW DBA INTERACTIVE STRATEGIES LLC, 1133 CONNECTICUT AVE NW, SUITE 600, WASHINGTON, DC 20036	DIGITAL MARKETING		✔	390,868	95,235	295,633
3	NNE MARKETING, 1666 MASSACHUSETTS AVENUE, LEXINGTON, MA 02420	(SEE STATEMENT)		✔	0	492,000	(492,000)
4							
5							
6							
7							
8							
9							
10							
Total	. . . . .				2,139,895	1,995,310	144,585

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, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (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" on 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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.

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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 3	DIRECT MAIL GENERAL FUNDRAISING CONSULTANT

SCHEDULE I (Form 990)

(Rev. December 2024)

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" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: 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" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AARP 601 E. STREET N.W., WASHINGTON, DC 20049	52-0794300	501(C)(3)	3,066,268				DISABILITY SERVICES
(2) (SEE STATEMENT)	81-0232125	501(C)(3)	2,797,506				DISABILITY SERVICES
(3) EASTERSEALS OREGON 237 NE BROADWAY #100, PORTLAND, OR 97232	93-0386885	501(C)(3)	2,384,853				DISABILITY SERVICES
(4) EASTERSEALS NEW JERSEY 241 FORSGATE DR, JAMESBURG, NJ 08831	22-1508591	501(C)(3)	2,121,211				DISABILITY SERVICES
(5) EASTERSEALS ALABAMA PO BOX 20320, MONTGOMERY, AL 36120-0320	63-0320188	501(C)(3)	1,215,695				DISABILITY SERVICES
(6) (SEE STATEMENT)	23-2823542	501(C)(3)	874,539				DISABILITY SERVICES
(7) GOODWILL EASTERSEALS MIAMI VALLEY 660 SOUTH MAIN STREET, DAYTON, OH 45402-2708	31-0537112	501(C)(3)	539,381				DISABILITY SERVICES
(8) EASTERSEALS SOUTHERN GEORGIA 1906 PALMYRA ROAD, ALBANY, GA 31701-1598	58-1915733	501(C)(3)	269,791				DISABILITY SERVICES
(9) (SEE STATEMENT)	13-5506808	501(C)(3)	234,769				DISABILITY SERVICES
(10) EASTERSEALS METROPOLITAN CHICAGO 1939 W. 13TH ST, CHICAGO, IL 60608	36-2169153	501(C)(3)	199,882				DISABILITY SERVICES
(11) EASTERSEALS BLAKE FOUNDATION 7750 E. BROADWAY, STE A200, TUCSON, AZ 85710	86-0093224	501(C)(3)	64,287				DISABILITY SERVICES
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 53

3 Enter total number of other organizations listed in the line 1 table . . . 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) (Rev. 12-2024)**

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SCSEP PARTICIPANT SUPPORTIVE SERVICES	80	8,850	0	N/A	N/A
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(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
(12) EASTERSEALS CENTRAL TEXAS 2324 RIDGEPOINT DR, SUITE F1, AUSTIN, TX 78754	75-0808811	501(C)(3)	145,040				DISABILITY SERVICES
(13) EASTERSEALS MASSACHUSETTS 18 CHESTNUT ST, STE 200, WORCESTER, MA 01608	04-2103867	501(C)(3)	87,005				DISABILITY SERVICES
(14) EASTERSEALS COLORADO 393 SOUTH HARLAN STREET, SUITE 250, LAKEWOOD, CO 80226	84-0412575	501(C)(3)	134,211				DISABILITY SERVICES
(15) EASTERSEALS BLUEGRASS 2050 VERSAILLES RD., LEXINGTON, KY 40504-1499	61-0444712	501(C)(3)	129,720				DISABILITY SERVICES
(16) EASTERSEALS SOUTHERN CALIFORNIA 1063 MCGAW, SUITE 100, IRVINE, CA 92614	94-3068149	501(C)(3)	126,426				DISABILITY SERVICES
(17) EASTERSEALS ARC OF NORTHEAST INDIANA 4919 COLDWATER ROAD, FORT WAYNE, IN 46825	35-0998711	501(C)(3)	110,525				DISABILITY SERVICES
(18) EASTERSEALS GREATER HOUSTON 4888 LOOP CENTRAL DRIVE, SUITE 200, HOUSTON, TX 77081	74-1238418	501(C)(3)	107,675				DISABILITY SERVICES
(19) EASTERSEALS MIDWEST 11933 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146	43-0979927	501(C)(3)	105,091				DISABILITY SERVICES
(20) EASTERSEALS SERVING DC MD VA, INC 1420 SPRING STREET, SILVER SPRING, MD 20910	53-0212296	501(C)(3)	86,920				DISABILITY SERVICES
(21) EASTERSEALS NORTH GEORGIA 53 PERIMETER CENTER EAST, SUITE 550, ATLANTA, GA 30319	58-1919768	501(C)(3)	96,305				DISABILITY SERVICES
(22) EASTERSEALS UCP NORTH CAROLINA & VIRGINIA INC. 5171 GLENWOOD AVENUE # 211, RALEIGH, NC 27612-3266	56-0670676	501(C)(3)	86,043				DISABILITY SERVICES
(23) EASTERSEALS SOUTH FLORIDA 1475 N.W. 14TH AVENUE, MIAMI, FL 33125	59-0722783	501(C)(3)	84,457				DISABILITY SERVICES
(24) EASTERSEALS SOUTHWEST HUMAN DEVELOPMENT 2850 NORTH 24TH STREET, PHOENIX, AZ 85008	86-0407179	501(C)(3)	84,193				DISABILITY SERVICES
(25) GOODWILL EASTERSEALS MINNESOTA 1270 ENERGY LANE, ST PAUL, MN 55108	41-0706171	501(C)(3)	70,600				DISABILITY SERVICES
(26) EASTERSEALS OF MAHONING, TRUMBULL AND COLUMBIANA COUNTIES 299 EDWARDS STREET, YOUNGSTOWN, OH 44502	34-6004377	501(C)(3)	61,250				DISABILITY SERVICES

(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
(27) EASTERSEALS SOUTHWEST FLORIDA 350 BRADEN AVENUE, SARASOTA, FL 34243-2096	59-0638490	501(C)(3)	60,500				DISABILITY SERVICES
(28) EASTERSEALS WASHINGTON 200 WEST MERCER STREET, STE 210E, SEATTLE, WA 98119	91-0575956	501(C)(3)	56,522				DISABILITY SERVICES
(29) EASTERSEALS MORC 1105 N. TELEGRAPH ROAD, WATERFORD, MI 48328	38-1402860	501(C)(3)	39,841				DISABILITY SERVICES
(30) EASTERSEALS NORTHEAST CENTRAL FLORIDA, INC. 1219 DUNN AVENUE, DAYTONA BEACH, FL 32114	59-0722785	501(C)(3)	39,088				DISABILITY SERVICES
(31) EASTERSEALS NEBRASKA 12565 WEST CENTER ROAD, STE 100, OMAHA, NE 68144	47-0457872	501(C)(3)	35,535				DISABILITY SERVICES
(32) EASTERSEALS DUPAGE & FOX VALLEY 830 SOUTH ADDISON ROAD, VILLA PARK, IL 60181-1153	36-2476388	501(C)(3)	32,024				DISABILITY SERVICES
(33) EASTERSEALS SOUTHWESTERN INDIANA 3701 BELLEMEADE AVENUE, EVANSVILLE, IN 47714	35-0909982	501(C)(3)	30,112				DISABILITY SERVICES
(34) EASTERSEALS REHABILITATION CENTER 2203 BABCOCK, SAN ANTONIO, TX 78229-4498	74-1653179	501(C)(3)	29,805				DISABILITY SERVICES
(35) EASTERSEALS WESTERN AND CENTRAL PENNSYLVANIA 875 GREENTREE ROAD, PITTSBURGH, PA 15220	25-0965215	501(C)(3)	29,203				DISABILITY SERVICES
(36) EASTERSEALS FLORIDA 2010 CROSBY WAY, WINTER PARK, FL 32792	59-0637848	501(C)(3)	29,081				DISABILITY SERVICES
(37) EASTERSEALS NORTHERN CALIFORNIA 2820 SHADELANDS DRIVE, BUILDING 5, STE 200, WALNUT CREEK, CA 94598	84-1839186	501(C)(3)	27,850				DISABILITY SERVICES
(38) EASTERSEALS EAST GEORGIA 1500 WRIGHTSBORO ROAD, AUGUSTA, GA 30904-2441	58-1918315	501(C)(3)	25,956				DISABILITY SERVICES
(39) EASTERSEALS WISCONSIN 1468 N HIGH POINT RD, STE 202, MIDDLETON, WI 53562	39-0824877	501(C)(3)	25,102				DISABILITY SERVICES
(40) EASTERSEALS CROSSROADS REHABILITATION CENTER 4740 KINGSWAY DRIVE, INDIANAPOLIS, IN 46205-1521	35-0869058	501(C)(3)	24,000				DISABILITY SERVICES
(41) EASTERSEALS JOLIET REGION, INC. 212 BARNEY DRIVE, JOLIET, IL 60435	36-2300706	501(C)(3)	18,587				DISABILITY SERVICES
(42) EASTERSEALS LOUISIANA 935 GRAVIER STREET, SUITE 720, NEW ORLEANS, LA 70112	72-0694376	501(C)(3)	18,514				DISABILITY SERVICES

(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
(43) EASTERSEALS WEST VIRGINIA 1305 NATIONAL ROAD, WHEELING, WV 26003-5780	62-1266942	501(C)(3)	17,662				DISABILITY SERVICES
(44) EASTERSEALS TENNESSEE 500 WILSON PIKE CIRCLE, SUITE 228, BRENTWOOD, TN 37027	62-0504893	501(C)(3)	16,960				DISABILITY SERVICES
(45) EASTERSEALS CAPITAL REGION & EASTERN CONNECTICUT 100 DEERFIELD ROAD, WINDSOR, CT 06095-4207	06-0662138	501(C)(3)	16,355				DISABILITY SERVICES
(46) EASTERSEALS SOUTH CAROLINA P.O. BOX 5715, COLUMBIA, SC 29250	57-0342029	501(C)(3)	10,442				DISABILITY SERVICES
(47) EASTERSEALS SOUTHEASTERN PENNSYLVANIA 3975 CONSHOHOCKEN AVE, PHILADELPHIA, PA 19131	23-1352293	501(C)(3)	15,114				DISABILITY SERVICES
(48) EASTERSEALS IOWA 401 NORTHEAST 66TH AVE., DES MOINES, IA 50303	42-0707100	501(C)(3)	15,026				DISABILITY SERVICES
(49) EASTERSEALS SUPERIOR CALIFORNIA 3205 HURLEY WAY, SACRAMENTO, CA 95864-3898	94-1279800	501(C)(3)	12,281				DISABILITY SERVICES
(50) EASTERSEALS CENTRAL AND SOUTHEAST OHIO, INC. 3830 TRUEMAN COURT, HILLIARD, OH 43026	31-4379471	501(C)(3)	8,397				DISABILITY SERVICES
(51) EASTERSEALS ARKANSAS 3920 WOODLAND HEIGHTS ROAD, LITTLE ROCK, AR 72212-2495	71-0123680	501(C)(3)	7,080				DISABILITY SERVICES
(52) EASTERSEALS DELAWARE & MARYLAND'S EASTERN SHORE 61 CORPORATE CIRCLE, NEW CASTLE, DE 19720-2405	51-0066728	501(C)(3)	6,107				DISABILITY SERVICES
(53) EASTERSEALS REDWOOD 2901 GILBERT AVENUE, CINCINNATI, OH 45206	31-0873433	501(C)(3)	5,885				DISABILITY SERVICES

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	EASTERSEALS MONITORS THE VARIOUS GRANTS PROVIDED TO SUBRECIPIENTS THROUGH THE USE OF FINANCIAL AND NON-FINANCIAL MEASURES. FOR EXAMPLE, EACH SUBRECIPIENT MUST SUBMIT ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS TO ENSURE SOLVENCY AND THAT BASIC FINANCIAL THRESHOLDS ARE MET. FOR NON-FINANCIAL MEASURES, EASTERSEALS HAS MULTIPLE INTERACTIONS WITH SUBRECIPIENTS THROUGHOUT THE YEAR TO MONITOR PERFORMANCE AND TO MAKE RECOMMENDATIONS FOR INCORPORATING BEST PRACTICES INTO SUBRECIPIENTS' OPERATIONS.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EASTERSEALS-GOODWILL NORTHERN ROCKY MOUNTAIN 425 1ST AVE N, GREAT FALLS, MT 59401
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EASTERSEALS EASTERN PENNSYLVANIA 1501 LEHIGH STREET, SUITE 201, ALLENTOWN, PA 18103
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EASTERSEALS NEW YORK 40 WEST 37TH STREET, STE 503, NEW YORK, NY 10018

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EASTER SEALS, INC

Employer identification number: 36-2171729

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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 on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KENDRA DAVENPORT	(i)	529,647	0	18,900	10,500	722	559,769	0
	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	GLENDA OAKLEY	(i)	257,733	0	0	7,779	722	266,234	0
	CFO & HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
3	THEODORE THOMPSON	(i)	243,528	0	0	2,850	18,965	265,343	0
	SVP, GOVERNMENT RELATIONS	(ii)	0	0	0	0	0	0	0
4	MARK HECHINGER	(i)	231,166	0	0	7,325	19,051	257,542	0
	CHIEF ADMINISTRATION OFFICER & COUNSEL	(ii)	0	0	0	0	0	0	0
5	DANA BUNKE	(i)	211,509	0	0	6,816	30,107	248,432	0
	SVP, DIRECT RESPONSE AND INTEGRATED FUNDRAISING	(ii)	0	0	0	0	0	0	0
6	MARCIA TRAXLER	(i)	218,464	0	0	6,808	18,737	244,009	0
	SVP, NETWORK ADVANCEMENT	(ii)	0	0	0	0	0	0	0
7	SHARON WATSON	(i)	217,078	0	0	6,636	9,546	233,260	0
	SVP, CORPORATE & FOUNDATION RELATIONS	(ii)	0	0	0	0	0	0	0
8	THOMAS DAVIES	(i)	181,018	0	0	5,785	19,029	205,832	0
	VP, INFORMATION TECHNOLOGY	(ii)	0	0	0	0	0	0	0
9	JUDY SHANLEY	(i)	176,595	0	0	5,502	18,494	200,591	0
	AVP, EDUCATION & YOUTH TRANSITION	(ii)	0	0	0	0	0	0	0
10	KATHERINE WALLACE	(i)	154,668	0	0	4,888	22,670	182,226	0
	VP, BRAND MARKETING	(ii)	0	0	0	0	0	0	0
11	MEREDITH MANSFIELD	(i)	172,826	0	0	5,185	602	178,613	0
	AVP, DATA AND INFORMATION MANAGEMENT	(ii)	0	0	0	0	0	0	0
12	AIMEE BERNIARD	(i)	149,283	0	0	4,712	722	154,717	0
	VP, DEVELOPMENT OPERATIONS	(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS UPGRADES ARE PERMITTED ONLY FOR PRESIDENT & CEO, ON DOMESTIC FLIGHTS OF FIVE HOURS OR LONGER.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	HOUSING ALLOWANCE FOR CHICAGO APARTMENT RENTAL FOR CEO, $1,575 PER MONTH. THIS HOUSING ALLOWANCE IS REPORTED AS TAXABLE INCOME.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EASTER SEALS, INC

Employer identification number: 36-2171729

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	TRUST EARNED FOR MORE THAN 100 YEARS. WE ADDRESS THE EVOLVING NEEDS OF MORE THAN ONE IN FOUR AMERICANS WITH DISABILITIES THROUGH PUBLIC EDUCATION, POLICY AND ADVOCACY. THAT'S OUR IMPACT IN THOUSANDS OF COMMUNITIES ACROSS AMERICA. TO LEARN MORE, VISIT EASTERSEALS.COM OR FOLLOW OUR SOCIALS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EASTER SEALS, INC

Employer identification number: 36-2171729

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	SUPPLEMENTING THE THREE SERVICE AREAS ARE THE FOLLOWING PROGRAMS: SCSEP - EASTERSEALS 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. IN ADDITION, EASTERSEALS 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 MORE EMPLOYABLE. EASTERSEALS SCSEP PARTICIPANTS PROVIDED COMMUNITY SERVICE TO LOCAL NOT-FOR-PROFIT AND GOVERNMENT AGENCIES THROUGH THEIR TRAINING ASSIGNMENTS. CTAA/NCMM - EASTERSEALS IS A SUBCONTRACTOR TO THE COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA ON THIS FIVE-YEAR NATIONAL TECHNICAL ASSISTANCE CENTER FUNDED THROUGH A COOPERATIVE AGREEMENT WITH THE US DEPARTMENT OF TRANSPORTATION, FEDERAL TRANSIT ADMINISTRATION. EASTERSEALS IS A CRITICAL PARTNER CHARGED WITH CARRYING OUT THE NCMM MISSION: TO FACILITATE COMMUNITIES TO ADOPT TRANSPORTATION STRATEGIES AND MOBILITY OPTIONS THAT EMPOWER PEOPLE TO LIVE INDEPENDENTLY AND ADVANCE HEALTH, ECONOMIC VITALITY, SELF-SUFFICIENCY, AND COMMUNITY. THROUGH UNIVERSALLY DESIGNED TECHNICAL ASSISTANCE, EASTERSEALS: -ASSISTS STATES, REGIONS, AND LOCAL COMMUNITIES TO ADDRESS TRANSPORTATION CHALLENGES, SOLVE PROBLEMS, AND BUILD CAPACITY TO COORDINATE RESOURCES THROUGH MOBILITY MANAGEMENT. -SUPPORTS FTA'S COORDINATING COUNCIL ON ACCESS AND MOBILITY (CCAM). -DEVELOPS AND DELIVERS TRAINING, PRODUCTS, AND INFORMATIONAL MATERIALS; AND -FACILITATES A NATIONAL COMMUNITY OF PRACTICE FOR MOBILITY MANAGEMENT PROFESSIONALS. NCMM STAFF PROVIDED VARYING LEVELS OF TECHNICAL ASSISTANCE, INCLUDING INTENSE AND TARGETED TECHNICAL ASSISTANCE THROUGH WORKSHOPS AND PRESENTATIONS AND LESS-INTENSE TA THROUGH ONLINE MODES. NOTABLE OUTCOMES INCLUDED: TRANSPORTATION/PAC & NADTC - EASTERSEALS TRANSPORTATION GROUP STAFF ADMINISTERS TWO FEDERAL COOPERATIVE AGREEMENTS AND A FEE-FOR-SERVICE CONSULTING BUSINESS. THE TRANSPORTATION GROUP FOCUSES ON FIVE MAJOR AREAS: TECHNICAL ASSISTANCE ACTIVITIES, GRANTS MANAGEMENT; DEVELOPMENT AND DELIVERY OF RESOURCES, TRAINING PROGRAMS, AND OUTREACH INITIATIVES. BELOW ARE THE SUMMARIES FOR EACH OF THE TRANSPORTATION GROUP'S PROGRAMS/PROJECTS. EASTERSEALS PROJECT ACTION CONSULTING (ESPAC) PROVIDES FEE-FOR-SERVICE TECHNICAL ASSISTANCE, TRAINING, AND GRANT MANAGEMENT FOR SERVICE PROVIDERS ACROSS THE UNITED STATES. OUR GOAL IS TO HELP TRANSPORTATION AND/OR DISABILITY SERVICE PROVIDERS, SCHOOLS, DEPARTMENTS OF TRANSPORTATION, TRANSIT ASSOCIATIONS, TRAVEL TRAINING ASSOCIATIONS, HUMAN SERVICE AGENCIES, STATES, REGIONAL AGENCIES, TRIBAL NATIONS, COMMUNITIES AND OTHERS DEVELOP CUSTOMIZED SOLUTIONS TO IMPROVE MOBILITY FOR ALL INDIVIDUALS. EASTERSEALS PROJECT ACTION CONSULTING OFFERS CUSTOMIZED TRAINING AND TECHNICAL ASSISTANCE TO FIT EVERY AGENCY'S SCHEDULE AND EACH COMMUNITY'S NEEDS. STAFF HAVE THE EXPERTISE TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON THE AMERICANS WITH DISABILITIES ACT, RURAL AND TRIBAL TRANSPORTATION MANAGEMENT, LEADERSHIP DEVELOPMENT, STRATEGIC PLANNING, PUBLIC ENGAGEMENT, COMMUNITY COALITION BUILDING, AND MANY OTHER ACCESSIBLE TRANSPORTATION TOPICS. THE NATIONAL AGING AND DISABILITY TRANSPORTATION CENTER (NADTC) IS OPERATED THROUGH A COOPERATIVE AGREEMENT FUNDED BY THE U.S. DEPARTMENT OF TRANSPORTATION, FEDERAL TRANSIT ADMINISTRATION (FTA). ITS MISSION IS TO PROMOTE THE AVAILABILITY AND ACCESSIBILITY OF TRANSPORTATION OPTIONS THAT MEET THE NEEDS OF OLDER ADULTS AND PEOPLE WITH DISABILITIES, AND CAREGIVERS. STAFF IS RESPONSIBLE FOR: INFORMATION,

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EASTER SEALS, INC

Employer identification number: 36-2171729

Return Reference - Identifier	Explanation
	REFERRAL AND TECHNICAL ASSISTANCE ACTIVITIES (I.E., TOLL-FREE, PERSON-CENTERED INFORMATION AND REFERRAL AND TARGETED TECHNICAL ASSISTANCE); TRAINING PROGRAMS (I.E., ONLINE COURSES, WEBINARS); GRANT ADMINISTRATION (COMMUNITY GRANT PROGRAMS); OUTREACH INITIATIVES (I.E., NEWSLETTERS, PRESENTATIONS AT CONFERENCES, BLOGS, AND MAINTENANCE OF WEBSITE); SOCIAL MEDIA ENGAGEMENT (I.E., FACEBOOK, LINKEDIN, TWITTER), RESOURCE DEVELOPMENT (I.E., TRENDS REPORTS, TOOLKITS, INFORMATION BRIEFS ON SPECIFIC TOPICS OF INTEREST); SURVEYS AND RESEARCH SPECIFIC TO TRANSPORTATION FOR OLDER ADULTS, PEOPLE WITH DISABILITIES, AND CAREGIVERS; AS WELL AS OVERSIGHT AND TECHNICAL ASSISTANCE FOR FTA'S ICAM AND HSCR GRANTEES.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES $2,967,623 INCLUDING GRANTS OF $0)(REVENUE $537,658) OTHER PROGRAM SERVICES - PROFESSIONAL EDUCATION AND TRAINING: ACTIVITIES TO IMPROVE THE KNOWLEDGE, SKILLS, AND CRITICAL JUDGMENT OF AFFILIATE STAFF, VOLUNTEERS, CAREGIVERS, AND OTHER HEALTH AND EDUCATION PROFESSIONALS.
FORM 990, PART VI, LINE 1A - GOVERNING BODY	LIFETIME MEMBERS, HONORARY MEMBERS AND BOARD FELLOWS ARE MEMBERS OF THE BOARD OF DIRECTORS, BUT DO NOT HAVE VOTING RIGHTS.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	EASTER SEALS, INC. EXISTS TO SUPPORT THE INTERESTS OF AFFILIATE EASTERSEALS ORGANIZATIONS WHICH CONSIST OF TWO (2) CLASSES: AFFILIATES AND PROVISIONAL AFFILIATES. AFFILIATES ARE REPRESENTED ON THE BOARD AND HAVE APPROVAL RIGHTS OVER AMENDMENTS AFFECTING CERTAIN PROVISIONS OF THE BYLAWS OF EASTER SEALS, INC. IN ADDITION, THE BYLAWS OF EASTER SEALS, INC. PROVIDE FOR 3 AFFILIATE CEO VOTING SEATS ON THE BOARD.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE MEMBERS OF THE BOARD OF EASTER SEALS, INC. ARE NOMINATED BY A NOMINATING COMMITTEE OF THE BOARD AND ELECTED BY THE BOARD AS PROVIDED IN THE BYLAWS. THE NOMINATING COMMITTEE IS APPOINTED BY THE CHAIR OF THE BOARD OF EASTER SEALS, INC. AND SHALL CONTAIN AT LEAST 5 MEMBERS, INCLUDING 2 AFFILIATE CEO'S AND 2 AFFILIATE CHIEF VOLUNTEER OFFICERS WHO ARE NOT MEMBERS OF THE BOARD OF EASTER SEALS, INC.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE AFFILIATES OF EASTER SEALS, INC. ARE RESERVED CERTAIN POWERS UNDER THE BYLAWS OF THE ORGANIZATION WHICH REQUIRE THEIR APPROVAL OF ANY AMENDMENT TO SUCH BYLAWS WHICH ADDRESS: - ESTABLISHMENT OR MODIFICATION OF AFFILIATION FEE FORMULA - CHANGES TO THE AFFILIATION AGREEMENT RELATED TO CERTAIN STANDARDS OF AFFILIATION - ELIMINATION OR ALTERATION OF THE PROVISION OF THE BYLAWS PROVIDING FOR 3 AFFILIATE CEO SEATS ON THE BOARD - CHANGES TO THE SECTION OF THE BYLAWS WHICH ESTABLISH THE ABOVE APPROVAL RIGHTS AND ANY OTHER MATTER FOR WHICH THE BOARD SEEKS APPROVAL OF THE AFFILIATES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	1) CONFLICT OF INTEREST FORMS WERE SENT OUT AND COMPLETED BY BOARD MEMBERS AND KEY 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE EVALUATES THE PERFORMANCE AND REVIEWS AND ESTABLISHES THE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF EASTERSEALS. THE COMMITTEE ALSO REVIEWS COMPENSATION OF KEY EXECUTIVE TEAM MEMBERS. COMPARABLE COMPENSATION DATA, PREPARED BY SEVERAL OUTSIDE SOURCES, IS SHARED WITH THE COMMITTEE TO ASSIST THEM IN THEIR DECISION-MAKING. THE COMMITTEE'S DECISIONS ARE FORMALLY DOCUMENTED IN MINUTES.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	PRESIDENT & CEO, COMPLETED FOR 2025 AND GOALS ESTABLISHED FOR 2026

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: EASTER SEALS, INC

Employer identification number: 36-2171729

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	EASTERSEALS, 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.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
OTHER FEES	9,763,339	8,104,669	1,427,632	231,038
Total	**9,763,339**	**8,104,669**	**1,427,632**	**231,038**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

(a) Description	(b) Amount
PENSION LIABILITY ADJUSTMENT	2,204,700
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	653,100
ROUNDING	- 372
TOTAL	**2,857,428**

SCHEDULE R (Form 990)

(Rev. January 2025)

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

OMB No. 1545-0047

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) EASTER SEALS FOUNDATION (26-1207337) 141 W. JACKSON BLVD., SUITE 1400A, CHICAGO, IL 60604	SUPPORTS EASTER SEALS, INC.	IL	501(C)(3)	12 TYPE I	EASTER SEALS, INC.	✔	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		✔
b	Gift, grant, or capital contribution to related organization(s)	**1b**		✔
c	Gift, grant, or capital contribution from related organization(s)	**1c**		✔
d	Loans or loan guarantees to or for related organization(s)	**1d**		✔
e	Loans or loan guarantees by related organization(s)	**1e**		✔
f	Dividends from related organization(s)	**1f**		✔
g	Sale of assets to related organization(s)	**1g**		✔
h	Purchase of assets from related organization(s)	**1h**		✔
i	Exchange of assets with related organization(s)	**1i**		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		✔
o	Sharing of paid employees with related organization(s)	**1o**		✔
p	Reimbursement paid to related organization(s) for expenses	**1p**		✔
q	Reimbursement paid by related organization(s) for expenses	**1q**		✔
r	Other transfer of cash or property to related organization(s)	**1r**		✔
s	Other transfer of cash or property from related organization(s)	**1s**		✔

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													