/										
Forr	, 990-T	E	xempt Organization Bus (and proxy tax und	sine	ss Income	Tax Re	eturn	·	OMB	lo 1545-0047
	20	For cal	(and proxy tax und	ei 5e	*	10	lin		2	019
	17	roi ca	Go to www irs gov/Form990T for in	etructio	, and ending	mation U		۱, ا	_	0 13
	artment of the Treasury nal Revenue Service	•	Do not enter SSN numbers on this form as it may				01(c)(3)	5	501(c)(3) C	ublic Inspection for Organizations Only
A [Check box if address changed		Name of organization (hanged	and see instructions)			D Employer identification number (Employees' trust, see instructions)		fication number st, see
В	xempt under section	Print	Easter Seals, Inc.						36-217	
Х	X 501(c)(3)) of Number, street, and room or suite no. If a P.O box, see instructions.								ted busin struction:	ess activity code s)
	408(e)220(e)	Турс	141 W. Jackson Blvd. , No. 1400A							
	408A		City or town, state or province, country, and ZIP of Chicago, IL 60604	r foreig	n postal code			51114	0	
C B	ook value of all assets	l	F Group exemption number (See instructions.)	<u> </u>				1		
at	end of year 19,588,	810.	G Check organization type ► X 501(c) corp	poration	501(c) trust		401(a)	trust		Other trust
			tion's unrelated trades or businesses.	1	Describ	e the only (o	r fırst) un	related		
tr	ade or business here 🕽	Unre	elated mailing list rental income		If only on	e, complete F	Parts I-V	If more	than on	e,
de	escribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedu	le M for each	addition	al trade	or	
	usiness, then complete									
			oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?		► L	Yes	s <u>x</u>	No
	enter the name a		Information of the parent corporation.		Talan	hone numbe	r > 3°	12-726	5-6200	<u> </u>
			de or Business Income		(A) Income		Expenses	T	0200	(C) Net
1a			63,211.	Т	(1.)	1				·
	Less returns and allow		c Balance ▶	1c	63,211			İ	-	
2	Cost of goods sold (S			2		÷ -				/
3	Gross profit Subtract	t line 2 fr	om line 1c	3	63,211	. 1			/	63,211.
4 a	Capital gain net incon	ne (attac	h Schedule D)	4a				مر	<u></u>	
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				$\overline{}$		
C	Capital loss deduction			4c		ļ <u>'</u>	<u>, </u>			
5	, ,	•	thip or an S corporation (attach statement)	5		 / /				
6	Rent income (Schedu		on (Cabadula E)	7						
7 7 8	Unrelated debt-financ		ne (Schedule E) nd rents from a controlled organization (Schedule F)	8						
ัง วัง	•		on 501(c)(7), (9), or (17) organization (Schedule G)			<u> </u>				
10	Exploited exempt activ			10		1				
3	Advertising income (S	•	•	11						
5 12	Other income (See ins	struction	s, attach schedule)	1/2						
<u>13</u>	Total. Combine lines	3 throu	gh 12	13	63,211					63,211.
<u>Pa</u>			t Taken Elsewhere (See instructions for)				
Ž —			e directly connected with the unrelated busin	ess inc	come)			F I		
2 14 2 15	•	icers, dii	ectors, and trustees (Schedule K)	<u></u>				14		1,114.
5 15 16	Salaries and wages Repairs and mainten	2000	RECEIVE	<u>.U</u>				15 16		1,111.
מן 17	Bad debts	iance	100		SS			17		
18	Interest (attach sche	dule) (se	se instructions) SS AUG 03 20	20	280-8			18		
19	Taxes and licenses				黑			19		
20	Depreciation (attach	Form 45	Schedule A and elsewhere on return	UT	20					
21	Less depreciation cla	aimed or	Schedule A and elsewhere on teturn		21a			21b		
22	•							22		
23	Contributions to defe		mpensation plans					23		
24	Employee benefit pro		hadula IX					24 25		220.
25 26	Excess exempt exper	-						25 26		
20 27	Other deductions (at				See Stateme	ent 2		40 27		60,871.
28	Total deductions A				-			28		62,205.
29			scome before net operating loss deduction. Subtrac-	t line 28	from line 13			29		1,006.
39/	,		oss arising in tax years beginning on or after hanua				-		_	
	(see instructions)	-	· 1	スと	See Stateme	ent 3	1	80		0.
31	Unrelated business t	axable ır	ncome Subtract line 30 from line 29	7			<u> </u>	81	_	1,006.
9237	01 01-27-20 LHA FO	r Paper	work Reduction Act Notice, see instructions.	•				ı	Form	990-T (2019)

			e) Easter Seals, Inc.	36-2171729	Р	Page 2
	Part	t Iff	Total Unrelated Business Taxable Income			
	32	fotal	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	3/2	1,0	06.
	33		ints paid for disallowed fringes	33		
	34	Charr	table contributions (see instructions for limitation rules) Stat 5 \ Stat 6	34	_	0.
	35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subject line 34 from the sum of lines 32 and 33	35	1,0	06.
	36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	86	1,0	06.
	37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	·_	
	38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1.0	00.
	39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 -		
	•		the smaller of zero or line 37			0.
	Pard		Tax Computation	1		
t	40		nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
	41		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1		
	71		Tax rate schedule or Schedule D (Form 1041)	-[-]		
	42	Prov	tax. See instructions	42		
	43	-	ative minimum tax (trusts only)	43		
	44		n Noncompliant Facility Income. See instructions	7		
	45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
ı	Part		Tax and Payments	49 1		<u> </u>
1			in tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	 		
	_		credits (see instructions)	1		
	b		al business credit. Attach Form 3800	11		
	ن م		· · · · · · · · · · · · · · · · · · ·	11		
	d			-		
			credits. Add lines 46a through 46d act line 46e from line 45	46e		0.
	47		· · · · · · · · · · · · · · · · · · ·	48		.
	48			49		0.
	49		tax. Add lines 47 and 48 (see instructions)	50		0.
	50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 50		<u> </u>
	51 a	-	ents: A 2018 overpayment credited to 2019	f \		
			estimated tax payments			
			eposited with Form 8868			
			n organizations: Tax paid or withheld at source (see instructions)	. 1		
	e		p withholding (see instructions)			
	Ŧ	_	for small employer health insurance premiums (attach Form 8941)			
	9		credits, adjustments, and payments: Form 2439			
			Form 4136 Other Total ▶ 51g	<u> </u>		
	52		payments. Add lines 51a through 51g	152		
	53		ated tax penalty (see instructions). Check if Form 2220 is attached	53		
	54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
	55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid the amount of line 55 you want: Credited to 2020 estimated tax	56		
	Part		the amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	136 1		
	57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	 	Yes	No
	٠,		I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	F	168	140
			N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		here	N Torri 114, Report of Foreign Bank and Financial Accounts. If Tes, enter the hance of the foreign country	ļ-	-	X
	58		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<u>x</u>
	30		s," see instructions for other forms the organization may have to file.	F	_	-
	59		the amount of tax-exempt interest received or accrued during the tax year > \$	1		
		Т	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowleds	ge and belief, it is true,		
	Sign	- 1	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	 		
	Here	·	$(A \cap A \cap$	y the IRS discuss this re preparer shown below		h
				ructions)? X Yes		No
			Print/Type preparer's name Preparer's signature Date Check if	PTIN		لتنني
	Daid		colf- amplayed	1		
	Paid		Parature 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P01247672		
	•	oarei Onb		42-071432	25	
	USÐ	Only	1 S. WACKER DRIVE, STE 800			
			Firm's address CHICAGO, IL 60606 Phone no. 31	2-634-3400		
			11 mane max			

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold Su	ubtract	line 6	1		
3 Cost of labor	3			from line 5 Enter here	and in l	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		_	property produced or a	cquirec	for resale) apply to		<u></u>	
5 Total. Add lines 1 through 4b	5			the organization?			_		х
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty ——	/) 	
1 Description of property									
(1)	-								
(2)						·			
(3)									
(4)									
		ed or accrued				2(a) Dadiustiana dusati		and with the seasons of	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	y conne ind 2(b)	ected with the income in (attach schedule)	1
(1)									
(2)	· · · · · · · ·								
(3)				-					
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	(0)	3. Deductions directly cor to debt-finan		pperty	
Description of debt-fit	nanced property			financed property	(a)	Streight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)							_		
(2)								•	
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%			+		
(2)				%			\top		
(3)			1	%					
(4)				%	-				
			•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				▶	l	(0.
Total dividends-received deductions in	cluded in columi	1 8							0.

Schedule F - Interest, A	Annuities, Roya	Ities, and	Rents	From Co	ntrolle	d Organiza	tion	S (see in:	struction	ns)	
	T T	1		Controlled O						<u>/</u>	
1 Name of controlled organizate	Name of controlled organization 2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5	
<u>(1)</u>		-	···-				 				
(2)						_				<u> </u>	
(3)					İ						
(4)		j									
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8 Net unrelated inco (see instruction		9 Total	of specified payr made	nents	10 Part of coluin the controllingross	mn 9 tha ing orgai s income	nization's		eductions directly connected h income in column 10	
(1)										 : - -	
(2)											
(3)											
(4)											
						Add colum Enter here and line 8, c		9 1, Part I, A)	ŀ	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals		^	E047 \ '-	. (0)	<u> </u>		_	0.		0.	
Schedule G - Investme		Section 8	501(c)(7	'), (9), or (17) Org	ganization					
(see instr	ription of income			2. Amount of	ıncome	3 Deduction		4 Set-		5 Total deductions and set-asides	
41)				-		(attach sched	ule)	(attach s	schedule)	(col 3 plus col 4)	
(1)								-			
(2)											
(3)											
(1)				Enter here and o Part I, line 9, co	on page 1, lumn (A)			l		Enter here and on page 1, Part I, line 9, column (8)	
Totals			•		0.					0.	
Schedule I - Exploited I		Income	, Other	Than Adv	ertisin	g Income				1	
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expidirectly columns with procuping of unrelations business	nnected fuction lated	4 Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colui		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)								<u> </u>			
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Parti, col (B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertising	0.	Instructions	0.]						0.	
Part I Income From F				hatchilos	Racic						
	——————	orted on		Solidated	Dasis			, <u>-</u>			
1. Name of periodical	2 Gross advertising income		Direct tising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circulat income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				_							
(3)											
(4)											
Totals (carry to Part II, line (5))	•	0.	c							0.	
										= 000 T (0040	

Form 990-T (2019) Easter Seals, Inc. Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		- :-	·				
(3)							
(4)		-					
Totals from Part I	▶	0.	0.	مي د د ر	: -		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.			A fact of the	0.

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

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

Form 990-T (2019)

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Footnotes	Statement 1
Net Operating Loss Adjustment - Repeal of 512(A)(7)	
12/31/18 Income With 512(A)(7) 512(A)(7) Parking Fringe Retroactively Repealed - NOL Used	34,282.
on 12/31/18 Return	23,707.
12/31/18 Loss Sustained Without 512(A)(7)	10,575.

Form 990-T		Other Deducti	ions	Statement 2
Description	n			Amount
	— s from third party & contracted servi		al program	8,432 2,385
Miscellane		ces		780
	ction expenses (to	increase or main	ntain donors)	49,274
Total to F	orm 990-T, Page 1,	line 27		60,871
	Net	Operating Loss I	Deduction	Statement 3
	Nec		——————————————————————————————————————	Deacement 3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/18	10,575.	0.	10,575.	10,575.
NOL Carryo	ver Available This	Year .	10,575.	10,575.
Form 990-T	Net	Operating Loss I	Deduction	Statement 4
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/12	24,988.	0.	24,988.	24,988.
12/31/13	17,863.	0.	17,863.	17,863.
12/31/14	13,975.	0. 0.	13,975.	13,975.
12/31/15 12/31/16	8,448. 9,356.	0.	8,448. 9,356.	8,448. 9,356.
12/31/17	7,493.	0.	7,493.	7,493.
NOL Carryo	ver Available This	Year	82,123.	82,123.
Form 990-T		Contributions	3	Statement 5
Description	n/Kind of Property	Method Used t	to Determine FMV	Amount
Charitable	Contributions	N/A		4,988,139
Total to Fo	orm 990-T, Page 2,	line 34		4,988,139

Form 990-T	Contributions Summary		Statement 6
Qualified Contributions Qualified Contributions			
Carryover of Prior Years For Tax Year 2014 For Tax Year 2015 For Tax Year 2016 For Tax Year 2017 For Tax Year 2018	4,860,489 22,975,074		
Total Carryover Total Current Year 10% C	Contributions	27,835,563 4,988,139	
Total Contributions Avai Taxable Income Limitatio		32,823,702 0	_
Excess Contributions Excess 100% Contribution Total Excess Contributio	· 	32,823,702 0 32,823,702	_
Allowable Contributions			 0
Total Contribution Deduc	tion		0