

Return of Organization Exempt From Income Tax

2022

Department of the Treasury Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 20, 2022, and ending

Part A: Organization information including name, address, website, and tax-exempt status.

Part B: Governance and activities including board composition and volunteer statistics.

Part C: Revenue and expenses table with columns for Revenue, Expenses, and Net Assets or Fund Balances.

Part D: Signature block for the preparer and officer, including dates and titles.

Part E: Header information including Form 990 (2022), OMB No. 1545-0047, and BAA For Paperwork Reduction Act Notice.

1 Briefly describe the organization's mission: PROVIDING "HELP, HOPE, ANSWERS" FOR VETERANS AND PEOPLE WITH ALL TYPES OF DISABILITIES. Check if Schedule O contains a response or note to any line in this Part III.

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
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,182,834. Including grants of \$) (Revenue \$ 14,422,290.)
 ECI/INFANT DEVELOPMENT PROGRAM - PROVIDES PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, EDUCATION AND MEDICAL CONSULTATION AND SOCIAL SERVICES TO CHILDREN (AGES BIRTH TO THREE YEARS) WITH DISABILITIES AND THEIR FAMILIES.

4b (Code:) (Expenses \$ 2,196,272. Including grants of \$) (Revenue \$ 2,441,317.)
 RESPITE CARE PROGRAM - PROVIDES RESPITE CARE REIMBURSEMENT IN HOMES AND OTHER RESPITE SERVICES. RESPITE CARE IS AVAILABLE TO ANY AGE AND DISABILITY.

4c (Code:) (Expenses \$ 2,164,815. Including grants of \$) (Revenue \$ 2,147,463.)
 VETERANS - ASSIST VETERANS AND THEIR FAMILIES BUILD THE LIVES THEY WANT AFTER THEY FINISH THEIR MILITARY SERVICE THROUGH CASE MANAGEMENT, COUNSELING AND OTHER SERVICES.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
 (Expenses \$ 3,690,053. Including grants of \$) (Revenue \$ 3,181,070.)
 4e Total program service expenses 22,233,974.

Part IV Checklist of Required Schedules

1	2	3	4	5	6	7	8	9	10	11	a	b	c	d	e	f	11a	11b	11c	11d	11e	11f	12a	12b	13	14a	b	15	16	17	18	18	19	20a	20a	20b	21	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	a	b	c	d	e	f	11a	11b	11c	11d	11e	11f	12a	12b	13	14a	b	15	16	17	18	18	19	20a	20a	20b	21	
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	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.	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.	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	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.	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.	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	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.	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.	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. 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. 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. 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.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	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.	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	Did the organization maintain an office, employees, or agents outside of the United States?	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. 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. 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. 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. 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. 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.	20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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.																					

Part IV Checklist of Required Schedules (continued)

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.

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.

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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.

25b 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.

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.

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.

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.

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.

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.

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.

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.

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.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b 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.

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.

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.

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1b and 19? Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

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.	282
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?	X
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		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X
4a		If "Yes," enter the name of the foreign country.	
b		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	
6a		Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	
6b		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?	
a		Did the organization notify the donor of the value of the goods or services provided?	X
b		If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	
c		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X
d		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X
e		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	
f		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	
g		Did the organization receive a contribution of tax-exempt interest received or accrued during the year?	
h		Did the organization licensed to issue qualified health plans in more than one state?	
i		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.	
j		Enter the amount of reserves on hand.	
k		Did the organization receive any payments for indoor tanning services during the tax year?	X
14a		Did the organization receive any payments for indoor tanning services during the tax year?	X
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	
15		Is the organization subject to the section 4960 tax on payments of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	X
16		Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	X
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 VII 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 VII.

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year.	16	
1b	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.	16	
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? c 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.	8a 8b	X X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. b Other officers or key employees of the organization. SEE SCHEDULE O.	15a 15b	X X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. NONE

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.
 SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ELLEN SPARKER 4888 LOOP CENTRAL, SUITE 200 HOUSTON TX 77081 713/838-9050

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** 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)						(D) Reportable compensation from the organization (MISC/1099-NEC)	(E) Reportable compensation from related organizations (MISC/1099-NEC)	(F) Estimated amount of compensation from the organization and related organizations
		Former highest compensated employee	Key employee	Officer	Individual trustee	Individual director	Trustee			
(1) DENA DAY PROGRAM DIRECTOR	40		X				0	0	0	
(2) ELISE HOUGH CEO	60			X			0	0	0	
(3) SONIA SALAS ASST PROGRAM DIR.	40		X				0	0	0	
(4) BRADLEY ELGIN CEO	50			X			0	0	0	
(5) LEANNE ARMEL TEAM MANAGER	40		X				0	0	0	
(6) COLLEEN O'BRIEN DIRECTOR	0						0	0	0	
(7) MICK CANTU DIRECTOR	0			X			0	0	0	
(8) BUTCH BOUCHARD SECRETARY	0				X		0	0	0	
(9) ELIZABETH DELUCA PRESIDENT	0					X	0	0	0	
(10) DR. ROCHELLE DY DIRECTOR	0			X			0	0	0	
(11) KATHERINE DOWDELL DIRECTOR	0			X			0	0	0	
(12) DONNA PERILLO VICE PRESIDENT	0			X			0	0	0	
(13) DR. ALOYSIA SCHWABE DIRECTOR	0			X			0	0	0	
(14) DAN KROLL DIRECTOR	0			X			0	0	0	

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	0
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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)	(B)	(C)
Name and business address	Description of services	Compensation

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.	
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.	
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.	

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	5
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1b	Subtotal	1,234,334.
c	Total from continuation sheets to Part VII, Section A	0.
d	Total (add lines 1b and 1c)	1,234,334.

(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the organization (M-21099)	Reportable compensation from related organizations (MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(15) GENNY WINTER	0	Treasurer	0.	0.	0.
(16) MICHAEL PETERS	0	Director	0.	0.	0.
(17) MISHA McCLURE	0	Director	0.	0.	0.
(18) FIONA GUINN	0	Director	0.	0.	0.
(19) CLARK VARNER	0	Director	0.	0.	0.
(20) MAC DELAUP	0	Director	0.	0.	0.
(21) KRISTEN HABICH	0	Director	0.	0.	0.
(22) DIRECTOR	0		0.	0.	0.
(23)					
(24)					
(25)					

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 sections 512-514
12,908,124.			
Contributions, Gifts, Grants, and Other Similar Amounts			
1a	Federated campaigns		
1b	Membership dues		
1c	Fundraising events	568,341.	
1d	Related organizations		
1e	Government grants (contributions)	10,294,693.	
1f	All other contributions, gifts, grants, and similar amounts not included above	2,045,090.	
1g	Noncash contributions included in lines 1a-1f	93,687.	
h	Total. Add lines 1a-1f.	12,908,124.	
Program Service Revenue			
2a	ECL/INFANT	6,395,611.	
2b	RESPIRE CARE	2,401,708.	
2c	CAMP & CASE MANAGEMENT	418,609.	
2d	CHILDREN'S THERAPY	308,571.	
2e	CAROLINE SCHOOL	177,968.	
2f	All other program service revenue	90,406.	
g	Total. Add lines 2a-2f.	9,792,873.	
3	Investment income (including dividends, interest, and other similar amounts)	131,067.	
4	Income from investment of tax-exempt bond proceeds		
5	Royalties		
6a	Gross rents		
6b	Less: rental expenses		
6c	Rental income or (loss)		
7a	Gross amount from sales of assets other than inventory		
7b	Less: cost of other basis and sales expenses		
7c	Gain or (loss)		
d	Net gain or (loss)		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)	630,358.	
8b	Less: direct expenses	62,017.	
c	Net income or (loss) from fundraising events	568,341.	
9a	Gross income from gaming activities		
9b	Less: direct expenses		
c	Net income or (loss) from gaming activities		
10a	Gross sales of inventory, less returns and allowances		
10b	Less: cost of goods sold		
c	Net income or (loss) from sales of inventory		
Miscellaneous Revenue			
11a	MISCELLANEOUS	23,463.	
b		23,463.	
c	UNREALIZED LOSS	-581,674.	
d	All other revenue	-581,674.	
e	Total. Add lines 11a-11d	-558,211.	
12	Total revenue. See instructions	22,842,194.	568,341.

		Business Code	
12	Total revenue. See instructions	22,842,194.	568,341.
Miscellaneous Revenue			
11a	MISCELLANEOUS	23,463.	
b		23,463.	
c	UNREALIZED LOSS	-581,674.	
d	All other revenue	-581,674.	
e	Total. Add lines 11a-11d	-558,211.	
Other Revenue			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)	630,358.	
8b	Less: direct expenses	62,017.	
c	Net income or (loss) from fundraising events	568,341.	
9a	Gross income from gaming activities		
9b	Less: direct expenses		
c	Net income or (loss) from gaming activities		
10a	Gross sales of inventory, less returns and allowances		
10b	Less: cost of goods sold		
c	Net income or (loss) from sales of inventory		
Program Service Revenue			
2a	ECL/INFANT	6,395,611.	
2b	RESPIRE CARE	2,401,708.	
2c	CAMP & CASE MANAGEMENT	418,609.	
2d	CHILDREN'S THERAPY	308,571.	
2e	CAROLINE SCHOOL	177,968.	
2f	All other program service revenue	90,406.	
g	Total. Add lines 2a-2f.	9,792,873.	
3	Investment income (including dividends, interest, and other similar amounts)	131,067.	
4	Income from investment of tax-exempt bond proceeds		
5	Royalties		
6a	Gross rents		
6b	Less: rental expenses		
6c	Rental income or (loss)		
7a	Gross amount from sales of assets other than inventory		
7b	Less: cost of other basis and sales expenses		
7c	Gain or (loss)		
d	Net gain or (loss)		

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, 9b, 9c, and 10b of Part VIII.				
	(A)	(B)	(C)	(D)
	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1				
2				
3				
4				
5				
6	530,217.	355,245.	174,972.	0.
7	14,533,197.	14,132,678.	23,341.	0.
8	1,305,048.	1,227,555.	49,689.	27,804.
9				
10	1,077,319.	1,049,583.	741.	26,995.
11				
12				
13	408,808.	352,138.	15,079.	41,591.
14				
15				
16	630,360.	599,848.	14,428.	16,084.
17	89,483.	73,362.	8,598.	7,523.
18				
19				
20	1,609.		1,609.	
21	110,862.	99,935.	2,487.	8,440.
22	16,779.	10,769.	6,010.	
23	76,831.	73,596.	1,049.	2,186.
24				
25	23,264,308.	22,233,974.	357,632.	672,702.
26				

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.

2 Grants and other assistance to domestic individuals. See Part IV, line 22.

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.

6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).

7 Other salaries and wages.

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).

9 Other employee benefits.

10 Payroll taxes.

11 Fees for services (nonemployees):

a Management

b Legal

c Accounting

d Lobbying

e Professional fundraising services. See Part IV, line 17.

f Investment management fees.

g Other (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O).

h Advertising and promotion.

i Office expenses.

j Information technology.

k Royalties.

l Occupancy.

m Travel.

n Payments of travel or entertainment expenses for any federal, state, or local public officials.

o Conferences, conventions, and meetings.

p Interest.

q Payments to affiliates.

r Depreciation, depletion, and amortization.

s Insurance.

t Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 24e, column (A), amount, list line 24e expenses on Schedule O).

a ASSISTANCE TO INDIVIDUALS

b PROFESSIONAL & IT FEES

c MILEAGE REIMBURSEMENT

d TELEPHONE

e All other expenses.

f Total functional expenses. Add lines 1 through 24e.

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).

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	3,030,769.	2,825,842.
2	Savings and temporary cash investments	239,825.	52,001.
3	Pledges and grants receivable, net	409,166.	856,598.
4	Accounts receivable, net	2,546,786.	2,126,203.
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		
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)		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		2,615,740.
10a	Land, buildings, and equipment: cost or other basis	380,965.	
	Complete Part VI of Schedule D	10a	
	Less: accumulated depreciation	10b	327,780.
11	Investments - publicly traded securities	69,964.	53,185.
12	Investments - other securities. See Part IV, line 11.		
13	Investments - program-related. See Part IV, line 11.		
14	Intangible assets		
15	Other assets. See Part IV, line 11.	154,875.	91,622.
16	Total assets. Add lines 1 through 15 (must equal line 33).	11,028,108.	12,927,371.
Liabilities			
17	Accounts payable and accrued expenses	641,324.	1,522,092.
18	Grants payable		
19	Deferred revenue	1,284,719.	3,108,568.
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		
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		
23	Secured mortgages and notes payable to unrelated third parties	383,240.	
24	Unsecured notes and loans payable to unrelated third parties		
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.		
26	Total liabilities. Add lines 17 through 25.	2,309,283.	4,630,660.
Net Assets or Fund Balances			
27	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
27	Net assets without donor restrictions	6,737,088.	5,986,174.
28	Net assets with donor restrictions	1,981,737.	2,310,537.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
29	Capital stock or trust principal, or current funds		
30	Paid-in or capital surplus, or land, building, or equipment fund		
31	Retained earnings, endowment, accumulated income, or other funds		
32	Total net assets or fund balances	8,718,825.	8,296,711.
33	Total liabilities and net assets/fund balances	11,028,108.	12,927,371.

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)	22,842,194.
2	Total expenses (must equal Part IX, column (A), line 25)	23,264,308.
3	Revenue less expenses. Subtract line 2 from line 1	-422,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	8,718,825.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	8,296,711.

Part XII Financial Statements and Reporting

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

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 _____

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

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? Yes No

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? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain _____

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? Yes No

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. Yes No

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EASTER SEATS OF GREATER HOUSTON, INC.

74-1238418

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 or organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
 - 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)(v).
 - 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).
 - 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, memberships, 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 generally must 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 integrated with, or Type III non-functionally integrated supporting 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1						
2						
3						
4						
5						
6						
Total. Add lines 1 through 3.						
Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7						
8						
9						
10						
11						
12						
13						
Total support. Add lines 7 through 10.						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	%

- 16a 33-1/3% support test—2022. 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.
- 16b 33-1/3% support test—2021. 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—2022. 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.
- 17b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
- 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	10909471	11711470	24971573	12996576	12960889	73,549,979
2						
3		9,073,257	8,931,651	8,892,387	9,792,873	36,690,168
4						0
5						0
6	10909471	20784727	33903224	21888963	22753762	110240147
7a						
b						
c						
8						
Total	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	10909471	20784727	33903224	21888963	22753762	110240147
10a						
b	5,407	2,152	56,666	88,432	152,657	
c						
11						
12						
13						
14	10909471	20790134	33905376	21945629	22842194	110392804

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	99.86%
16	Public support percentage for 2021 Schedule A, Part III, line 15	99.93%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	0.14%
18	Investment income percentage from 2021 Schedule A, Part III, line 17	0.07%

19a **33-1/3% support tests--2022.** 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.

19b **33-1/3% support tests--2021.** 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	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
3b	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.
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
4b	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.
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
5b	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?
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
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).
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.
9b	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.
9c	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.
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.
10b	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.)

Part IV Supporting Organizations (continued)

Table with 3 columns (11a, 11b, 11c) and 1 row. Question 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? b A family member of a person described on line 11a above? 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.

Section B. Type I Supporting Organizations. Table with 2 columns (1, 2) and 2 rows. Question 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. Question 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations. Table with 2 columns (1, 2) and 1 row. Question 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations. Table with 3 columns (1, 2, 3) and 1 row. Question 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies 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? Question 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). Question 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.

Section E. Type III Functionally Integrated Supporting Organizations. Table with 3 columns (1, 2, 3) and 1 row. Question 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 its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Question 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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described 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. Question 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Table with 3 columns (2a, 2b, 3a, 3b) and 1 row. Question 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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described 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. Question 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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

1 Net short-term capital gain

2 Recoveries of prior-year distributions

3 Other gross income (see instructions)

4 Add lines 1 through 3.

5 Depreciation and depletion

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)

7 Other expenses (see instructions)

8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)

Section B – Minimum Asset Amount

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

b Average monthly cash balances

c Fair market value of other non-exempt-use assets

d **Total** (add lines 1a, 1b, and 1c)

e **Discount** claimed for blockage or other factors (explain in detail in Part VI):

2 Acquisition indebtedness applicable to non-exempt-use assets

3 Subtract line 2 from line 1d.

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

6 Multiply line 5 by 0.035.

7 Recoveries of prior-year distributions

8 **Minimum Asset Amount** (add line 7 to line 6)

Section C – Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, column A)

2 Enter 0.85 of line 1.

3 Minimum asset amount for prior year (from Section B, line 8, column A)

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

6 **Distributable Amount** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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	2	3	4	5	6	7	8	9	10
	Amounts paid to supported organizations to accomplish exempt purposes	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	Administrative expenses paid to accomplish exempt purposes of supported organizations	Amounts paid to acquire exempt-use assets	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	Other distributions (describe in Part VI). See instructions.	Total annual distributions. Add lines 1 through 6.	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	Distributable amount for 2022 from Section C, line 6	Line 8 amount divided by line 9 amount

Section E – Distribution Allocations (see instructions)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
	Distributable amount for 2022 from Section C, line 6	Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.	Excess distributions carryover, if any, to 2022	a From 2017	b From 2018	c From 2019	d From 2020	e From 2021	f Total of lines 3a through 3e	g Applied to underdistributions of prior years	h Applied to 2022 distributable amount	i Carryover from 2017 not applied (see instructions)	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	4 Distributions for 2022 from Section D, line 7: \$	a Applied to underdistributions of prior years	b Applied to 2022 distributable amount	c Remainder. Subtract lines 4a and 4b from line 4.	5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	7 Excess distributions carryover to 2023. Add lines 3j and 4c.	8 Breakdown of line 7:	a Excess from 2018	b Excess from 2019	c Excess from 2020	d Excess from 2021	e Excess from 2022																																																																									

Part VI

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

Schedule B
(Form 990)

Schedule of Contributors
PUBLIC DISCLOSURE COPY

2022

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Name of the organization
EASTER SEALS OF GREATER HOUSTON, INC.

Employer identification number
74-1238418

Organization type (check one):

Filers of:

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

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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

EASTER SEATS OF GREATER HOUSTON, INC.

Employer identification number

74-1238418

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		\$ 770,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,794,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,529,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

EASTER SEALS OF GREATER HOUSTON, INC.

Employer identification number
74-1238418

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.) \$ N/A

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	Transferor's name, address, and ZIP + 4	Relationship of transferor to transferee

EASTER SEATS OF GREATER HOUSTON, INC.

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 Are the organization's property, subject to the organization's exclusive legal control?
- 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?

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)
 - Protection of natural habitat
 - 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.

	2a	2b	2c	2d
a	Total number of conservation easements.			
b	Total acreage restricted by conservation easements.			
c	Number of conservation easements on a certified historic structure included in (a).			
d	Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.			

- 3 Number of states where property subject to conservation easement is located
- 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

- 1 a 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.	\$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			
1 Land	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
2 Buildings			
3 Leasehold improvements			
4 Equipment			
5 Other			
		23,885.	23,885.
		282,506.	267,093.
		74,574.	36,802.
			37,772.
			15,413.
			0.
			53,185.

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

Part VI Land, Buildings, and Equipment

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a(i)	X
3a(ii)	X
3b	

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

1a Beginning of year balance	1,236,575.	1,214,999.	1,132,407.	1,432,407.	1,432,407.
b Contributions			82,592.		
c Net investment earnings, gains, and losses	-174,402.	21,576.			
d Grants or scholarships					
e Other expenditures for facilities and programs				300,000.	
f Administrative expenses					
g End of year balance	1,062,173.	1,236,575.	1,214,999.	1,132,407.	1,432,407.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Explain the arrangement in Part XIII.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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.

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?

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

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

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):

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

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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 of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY SECURITIES	1,681,006.	COST
(2) MUTUAL FUNDS	1,135,073.	COST
(3) GOVERNMENT BONDS	1,490,101.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	4,306,180.	N/A

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 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

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.

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 Supplemental Information.

1	Total expenses and losses per audited financial statements	23,264,308.	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		2a
	b Prior year adjustments		2b
	c Other losses		2c
	d Other (Describe in Part XIII.)		2d
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	23,264,308.	3
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
	b Other (Describe in Part XIII.)		4b
	c Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	23,264,308.	5

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 revenue, gains, and other support per audited financial statements	22,842,194.	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments		2a
	b Donated services and use of facilities		2b
	c Recoveries of prior year grants		2c
	d Other (Describe in Part XIII.)		2d
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	22,842,194.	3
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
	b Other (Describe in Part XIII.)		4b
	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	22,842,194.	5

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.

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
2022
Open to Public Inspection

EASTER SEATS OF GREATER HOUSTON, INC.
Name of the organization

Employer identification number
74-1238418

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 non-government 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.

1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.

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.
TX

Page 2 **Part III 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.

Revenue	1	Gross receipts	630,358.	(a) Event #1 WALK WITH ME (event type)	(b) Event #2 (event type)	(c) Other events (total number) NONE	(d) Total events (add column (a) through column (c))	Direct Expenses						
								4	5	6	7	8	9	
	2	Less: Contributions												
	3	Gross income (line 1 minus line 2)	630,358.											
	4	Cash prizes												
	5	Noncash prizes	35,517.											
	6	Rent/ratality costs	21,000.											
	7	Food and beverages	3,500.											
	8	Entertainment	2,000.											
	9	Other direct expenses												
	10	Direct expense summary. Add lines 4 through 9 in column (d)	62,017.											
	11	Net income summary. Subtract line 10 from line 3, column (d)	568,341.											

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.

Revenue	1	Gross revenue <th rowspan="2">(a) Bingo <th rowspan="2">(b) Pull tabs/instant bingo/progressive bingo <th rowspan="2">(c) Other gaming <th rowspan="2">(d) Total gaming (add column (a) through column (c)) <th colspan="3">Direct Expenses</th> </th></th></th></th>	(a) Bingo <th rowspan="2">(b) Pull tabs/instant bingo/progressive bingo <th rowspan="2">(c) Other gaming <th rowspan="2">(d) Total gaming (add column (a) through column (c)) <th colspan="3">Direct Expenses</th> </th></th></th>	(b) Pull tabs/instant bingo/progressive bingo <th rowspan="2">(c) Other gaming <th rowspan="2">(d) Total gaming (add column (a) through column (c)) <th colspan="3">Direct Expenses</th> </th></th>	(c) Other gaming <th rowspan="2">(d) Total gaming (add column (a) through column (c)) <th colspan="3">Direct Expenses</th> </th>	(d) Total gaming (add column (a) through column (c)) <th colspan="3">Direct Expenses</th>	Direct Expenses							
							2	3	4	5	6			
	2	Cash prizes												
	3	Noncash prizes												
	4	Rent/ratality costs												
	5	Other direct expenses												
	6	Volunteer labor												
	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:

10 a 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 _____ Address _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$ _____

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

SCHEDULE J
(Form 990)

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
2022
Open to Public Inspection

Part I Questions Regarding Compensation

EASTER SEATS OF GREATER HOUSTON, INC.

Employer identification number
74-1238418

<p>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.</p>		<p><input type="checkbox"/> First-class or charter travel</p> <p><input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments</p> <p><input type="checkbox"/> Discretionary spending account</p>
<p>1b</p>	<p>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.</p>	<p><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</p> <p><input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Payments for business use of personal residence</p>
<p>2</p>	<p>Did the organization require substantiation prior to reimbursing or allowing the items checked on line 1a? If "Yes," complete Part III to explain.</p>	<p><input type="checkbox"/> Compensation committee</p> <p><input checked="" type="checkbox"/> Independent compensation consultant</p> <p><input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p>
<p>3</p>	<p>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.</p>	<p><input checked="" type="checkbox"/> Compensation committee</p> <p><input type="checkbox"/> Independent compensation consultant</p> <p><input checked="" type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p>
<p>4</p>	<p>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:</p>	<p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p>
<p>5</p>	<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p>	<p>a The organization?</p> <p>b Any related organization?</p>
<p>6</p>	<p>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:</p>	<p>a The organization?</p> <p>b Any related organization?</p>
<p>7</p>	<p>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.</p>	<p>a The organization?</p> <p>b Any related organization?</p>
<p>8</p>	<p>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)?</p>	<p>a The organization?</p> <p>b Any related organization?</p>
<p>9</p>	<p>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<p>a The organization?</p> <p>b Any related organization?</p>

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

Schedule J (Form 990) 2022

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

Part III Supplemental Information

Schedule M (Form 990) 2022

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

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	X
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.	29	Yes	No
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded			
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other	43,811	RENTAL VALUE	
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archaeological artifacts			
25	Other (MEDICAL EQUIP)	4,616	FMV	
26	Other (IT EQUIP)	8,100	FMV	
27	Other (PROF SERVICES)	12,700	FMV	
28	Other			

Part I Types of Property	
Name of the organization Department of the Treasury Internal Revenue Service	EASTER SEALS OF GREATER HOUSTON, INC. 74-1238418 Employer identification number
Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection
SCHEDULE M (Form 990) Noncash Contributions	

Part II Supplemental Information

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

Schedule M (Form 990) 2022 EASTER SEALS OF GREATER HOUSTON, INC.

74-1238418

Page 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CAMPS AND CASE MANAGEMENT - CAMPS PROVIDE RESPIRE FOR FAMILIES AND RECREATION AND EDUCATION FOR CHILDREN WITH DISABILITIES. CASE MANAGEMENT SERVICES ASSIST FAMILIES IN ACCESSING NEEDED RESOURCES.

CHILDREN'S THERAPY PROGRAM PROVIDES PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY FOR CHILDREN WITH DISABILITIES - AGES 3+.

BRIDGING APPS - PROVIDES ASSISTIVE TECHNOLOGY LAB AVAILABLE FOR ALL FAMILY MEMBERS TO EXPLORE CURRENT TECHNOLOGIES. BRIDGINGAPPS BRIDGES THE GAP BETWEEN TECHNOLOGY AND PEOPLE WITH DISABILITIES.

CAROLINE SCHOOL - DAY PROGRAM FOR CHILDREN WITH SEVERE DISABILITIES.

DISASTER RELIEF - ASSIST DISABILITY AND VETERAN FAMILIES WITH RECOVERY FROM COVID-19, WINTER STORM AND OTHER DECLARED DISASTERS THROUGH FINANCIAL ASSISTANCE AND CASE MANAGEMENT.

HOUSING INITIATIVE - WORKS ONE-ON-ONE WITH PEOPLE WITH DISABILITIES TO HELP BREAK THROUGH NUMEROUS FINANCIAL, ATTITUDINAL AND PHYSICAL BARRIERS TO HOME OWNERSHIP AND PROVIDE FINANCIAL COACHING.

TRANSITION - SERVICES AND SUPPORT FOR PEOPLE WITH DISABILITIES INCLUDING VOCATIONAL TRAINING, JOB SKILLS BUILDING, SUPPORTED EMPLOYMENT AND JOB PLACEMENT.

EASTER SEALS OF GREATER HOUSTON, INC. Name of the organization	
74-1238418 Employer identification number	
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 the latest information.	Department of the Treasury Internal Revenue Service (Form 990)
OMB No. 1545-0047 2022 Open to Public Inspection	

Name of the organization

EASTER SEATS OF GREATER HOUSTON, INC.

Employer identification number

74-1238418

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HIGH SCHOOL HIGH TECH - PRESENTS HIGH SCHOOL STUDENTS WITH DISABILITIES A MIX OF LEARNING EXPERIENCES THAT PROMOTE CAREER EXPLORATION IN THE FIELDS OF SCIENCE, ENGINEERING AND TECHNOLOGY. PROVIDES MENTORING PROGRAM FOR AT-RISK STUDENTS.

ADULT PROGRAM PROVIDES RECREATIONAL EVENTS FOR ADULTS WITH DISABILITIES.

TOY TECH PROGRAM - PROVIDES A SPECIAL ADAPTED TOY AND EQUIPMENT LENDING LIBRARY, YOGA, PET THERAPY, DANCE AND GYMBOREE FOR CHILDREN WITH DISABILITIES AGES BIRTH TO THIRTEEN.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

COMMITTEES HAVE NO AUTHORITY TO ACT ON BEHALF OF GOVERNING BODY, THEREFORE

DOCUMENTATION OF MEETINGS IS NOT MAINTAINED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COPIES ARE PROVIDED TO GOVERNING BODY FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST STATEMENT IS SIGNED ANNUALLY BY OFFICERS, DIRECTORS AND

EMPLOYEES. ANY DEEMED CONFLICT OF INTEREST IS REVIEWED BY THE GOVERNING BODY AND

NECESSARY ACTION IS TAKEN.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

GOVERNING BODY REVIEWS COMPARABLE COMPENSATION FOR THE CURRENT MARKET.

RECOMMENDATIONS ARE MADE AND APPROVED BY THE GOVERNING BOARD FOR COMPENSATION

CHANGES FOR THE CEO.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

REVIEW AND COMPARABILITY OF VARIOUS NON-PROFIT AND FOR-PROFIT SALARY SURVEYS FOR

SIMILAR POSITIONS BROKEN DOWN BY REVENUE AND EMPLOYEE RANGES -

AVAILABLE UPON REQUEST.

GOVERNING DOCUMENTS, POLICIES, TAX RETURN AND AUDITED FINANCIAL STATEMENTS ARE

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AND CFO.

WRITTEN DOCUMENTATION PROVIDED FOR SUBSTANTIATION - PROCEDURES ARE FOLLOWED FOR CEO

DISCUSSION AND APPROVAL BY INDEPENDENT GOVERNING BODY IN EXECUTIVE SESSION -

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((

Employer identification number 74-1238418	FASTER SEATS OF GREATER HOUSTON, INC.
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Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN) 74-1238418

Type or print

EASTER SEATS OF GREATER HOUSTON, INC.

Number, street, and room or suite number, if a P.O. box, see instructions.

4888 LOOP CENTRAL #200

File by the due date for filing your return. See instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

HOUSTON, TX 77081

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

The books are in the care of EILEEN SPARKER 4888 LOOP CENTRAL, SUITE 200, HOUSTON TX 77081

Telephone No. 713/838-9050 Fax No. 713/838-9098

- If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2022 or
- tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	\$ 0.	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
3b	\$ 0.	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
3c	\$ 0.	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.