# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Dep: Inter	artment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t			Open to Public Inspection
			ar year, or tax year beginning and	ending		<u> </u>
В	Check if applicat	C Name o	forganization		D Employer identific	ation number
	Addr chan	EAC	INC.			
	Nam		usiness as		23-717560	9
	initia returi	Number		Room/suite	E Telephone number	
	Final		,	200	(516) 539	-0150
	returi termi ated	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,376,547.
	Amer	nded CADD	EN CITY, NY 11530		H(a) is this a group ret	· · · · ·
	App  tion		nd address of principal officer: NEELA MUKHERJEE-LOC	KEL	for subordinates?	
	pend		ENTIN ROOSEVELT BLVD, SUITE 200, G		H(b) Are all subordinates inc	
1	Tax-ex	empt status:			1 • •	st. See instructions
	Webs		NETWORK . ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Year		State of legal domicile: NY
	art I					
	T i		e the organization's mission or most significant activities: ${f SEE}$ .	SCHEDU	LE O	
ခ်			· · · · ·			
Activities & Governance	2	Check this bo	x If the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	ets.
Ver	3				3	24
မီ	4		ependent voting members of the governing body (Part VI, line 1b)			24
ళ	5		of individuals employed in calendar year 2023 (Part V, line 2a)			594
itie:	6		of volunteers (estimate if necessary)			205
žŪV	7 2	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
Ř	. a		business taxable income from Form 990-T, Part I, line 11			0.
—	<u> </u>	<u>Hot anolatoa</u>			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		27,151,696.	28,620,805.
Вечепие	9		ce revenue (Part VIII, line 2g)	[······	3,078,845.	3,483,565.
Iev	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		446,470.	113,891.
	12		- add lines 8 through 11 (must equal Part VII), column (A), line 12)	(,	30,677,011.	32,218,261.
•	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)	1	0.	0.
	1		compensation, employee benefits (Part IX, column (A), lines 5-10)		22,853,453.	24,339,186.
Expenses	169		undraising fees (Part IX, column (A), line 11e)		<u></u>	0.
Den	h		ng expenses (Part IX, column (D), line 25) 613, 84	16.		
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,579,441.	7,743,511.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,432,894.	32,082,697.
	19		expenses, Subtract line 18 from line 12		244,117.	135,564.
28		110101100 1000			ginning of Gurrent Year	End of Year
Assets or	20	Total assets (F	Part X, line 16)		19,286,883.	20,515,645.
Asse	21	•	(Part X, line 26)	······	12,956,702.	14,764,445.
Net	22		fund balances. Subtract line 21 from line 20		6,330,181.	5,751,200.
		Signature		<u></u>		0,.01/2001
1 10 1000			declare that I have examined this return including accompanying schedules	and stateme	ints and to the best of my l	nowledge and belief it is

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

Sign Here	Signature of officer NEELA MUKHERJEE-LOCKEL, PH Type or print name and title	RESIDENT	······································	Date 11/14/	24	
Paid	Print/Type preparer's name DAVID ROTTKAMP	Preparer's signature	Date	Check If self-employed	PTIN P0130346	8
Preparer	Firm's name GRASSI & CO. CPA':	S P.C.		Firm's EIN 11-	3266576	
Use Only	Firm's address 750 THIRD AVENUE,	28TH FLOOR				
	NEW YORK, NY 1001	7		Phone no. 212-	661-6166	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) EAC, INC. 23-7175609 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	OUR MISSION IS TO RESPOND TO HUMAN NEEDS WITH PROGRAMS THAT PROTECT
	CHILDREN, PROMOTE HEALTHY FAMILIES AND COMMUNITIES, HELP SENIORS AND
	EMPOWER INDIVIDUALS TO TAKE CONTROL OF THEIR LIVES.
	EMPOWER INDIVIDUALS TO TAKE CONTROL OF THEIR LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:         ) (Expenses \$ 16,658,209.         including grants of \$ ) (Revenue \$ 2,606,381.
	BEHAVIORAL HEALTH & CRIMINAL JUSTICE PROGRAMS FOCUS ON BUILDING
	WELLNESS AND SELF-SUFFICIENCY AS INDIVIDUALS BEGIN TO MANAGE THEIR
	HEALTH CONDITIONS WHILE ALSO NAVIGATING THE COMPLEX REQUIREMENTS OF
	PUBLIC SYSTEMS. PROGRAM SERVICES INCLUDE DRUG TESTING, CASE MANAGEMENT
	VIA TREATMENT ALTERNATIVES FOR SAFE COMMUNITIES (TASC), TASC MENTAL
	HEALTH DIVERSION, OFFENDER RE-ENTRY SERVICES, ABUSIVE PARTNER
	INTERVENTION PROGRAMS, ALCOHOL EDUCATION, SECURE REMOTE ALCOHOL
	MONITORING OR COMMUNITY RE-ENTRY ASSISTANCE NETWORK (CRAN) SERVICES;
	HEALTH HOME CARE COORDINATION; EMPLOYMENT/VOCATIONAL SUPPORTS; HARM
	REDUCTION; AND TREATMENT SERVICES TO INDIVIDUALS WITH BEHAVIORAL
	HEALTH, SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES WHO HAVE HAD
	CONTACT WITH OR ARE OTHERWISE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM.
4b	
	SENIORS AND INCAPACITATED PERSONS: PROGRAM SERVICES INCLUDE CASE
	MANAGEMENT, IN-HOME, ANCILLARY, AND RESPITE SERVICES TO OLDER ADULTS;
	SENIOR COMMUNITY SERVICE CENTERS PROVIDE SENIORS WITH A VARIETY OF
	ACTIVITIES SUCH AS SOCIALIZATION, RECREATION, HEALTH PROMOTION,
	EDUCATIONAL PROGRAMS, AND CONGREGATE MEALS; SENIOR HEALTH PROMOTION
	BRINGS EXERCISE AND WELLNESS PROGRAMS; MEALS ON WHEELS FIGHTS HUNGER BY
	PROVIDING NUTRITIOUS MEALS AND SUPPORTIVE SERVICES THAT MAKE IT
	POSSIBLE FOR SENIORS TO MAINTAIN INDEPENDENCE IN THEIR HOMES; AND
	COMMUNITY GUARDIANSHIP MANAGES THE PERSONAL AND/OR FINANCIAL AFFAIRS OF
	AN INDIVIDUAL WHO CANNOT MANAGE FOR THEMSELVES.
	(Code: ) (Expenses \$ 2,748,131. including grants of \$ ) (Revenue \$ 367,108.
4c	
4c	FAMILY & COMMUNITY SERVICES: OUR FAMILY & COMMUNITY SERVICES PROGRAMS
4c	FAMILY & COMMUNITY SERVICES: OUR FAMILY & COMMUNITY SERVICES PROGRAMS HELP OUR NEIGHBORS PAY BILLS, RESOLVE FAMILY AND BUSINESS CONFLICTS AND
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4d	HELP OUR NEIGHBORS PAY BILLS, RESOLVE FAMILY AND BUSINESS CONFLICTS ANDNAVIGATE THROUGH OBSTACLES THAT HINDER SELF-SUFFICIENCY. PROGRAMSERVICES INCLUDE THE HOME ENERGY ASSISTANCE PROGRAM (HEAP) AND THEWEATHERIZATION REFERRAL AND PACKAGING PROGRAM (WRAP) WHICH PROVIDESLOW-INCOME HOUSEHOLDS WITH WEATHERIZATION SERVICES TO MAKE HOMES MOREENERGY EFFICIENT AND REDUCE HEATING COSTS; THE LONG ISLAND DISPUTERESOLUTION CENTER, SURROGATE DECISION-MAKING AND RESTORATIVE JUSTICEPROGRAMS WHICH PROVIDE CONFLICT RESOLUTION INTERVENTIONS THAT HELPINDIVIDUALS, FAMILIES, BUSINESSES, AND THE COMMUNITY AT LARGE TORESOLVE A WIDE RANGE OF DISPUTES, EDUCATION, REHABILITATION, ANDSUPPORT ENFORCEMENT (ERASE) AND PROJECT SUPPORT ARE EARLY INTERVENTIONOther program services (Describe on Schedule O.)(Expenses \$ 3,662,293. including grants of \$ ) (Revenue \$ 76,801.)Total program service expenses27,816,715.
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Form	990 (2023) EAC, INC. 23-7175	609	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5		5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<b>--</b>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u		11a	х	
h	Part VI			
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?			<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
		4 44		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>^</u>
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			<b>v</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
00000			990	(2023)
332003	12-21-23	rorm	330	(2023)

# <u>23-7</u>175609 Page 3

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
54		34	х	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		31		- 23
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	30	Δ	1
	Check if Schedule O contains a response or pate to any line in this Part V			
		<u></u>	Yes	No
1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 122		162	
-	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a22			
b c				
C	(gambling) winnings to prize winners?	1c		

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EAC, INC.

Form 990 (2023)

Form	990 (2023) EAC, INC.		23-7175	609	Pa	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	594			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	<u> </u>
				3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a	X	
				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired			37
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9	•		
•	sponsoring organization have excess business holdings at any time during the year?	•••••		8		
9	Sponsoring organizations maintaining donor advised funds.			•		
	Did the sponsoring organization make any taxable distributions under section 4966?	•••••		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	11a	I			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against					
U		11b				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

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ra	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2		ra "No" i	respor	ารเ
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (				
<u>.</u>	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				т
1.	Enter the number of voting members of the governing hady at the and of the tay year	1	4	Yes	ł
Ia	Enter the number of voting members of the governing body at the end of the tax year	1a	프		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		-		
2			2		1
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th		-		-
Ŭ			3		
4	Did the organization make any significant changes to its governing documents since the prior Form				-
5	Did the organization become aware during the year of a significant diversion of the organization's as				-
6	Did the organization have members or stockholders?				-
7a					-
	more members of the governing body?		7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
~	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				ļ
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	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 boo	ly before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	on Schedule O how this was done		12c	Х	_
13	Did the organization have a written whistleblower policy?		13	Х	-
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а				X	-
b	, , , , , , , , , , , , , , , , , , , ,		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	taxable entity during the year?		<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
200	exempt status with respect to such arrangements?		16b		-
	tion C. Disclosure				-
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>				-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (section 501(c)(	3)s only)	availa	ı
	for public inspection. Indicate how you made these available. Check all that apply.				
40		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial	
~~	statements available to the public during the tax year.	a la sua al mana a mala			
20	State the name, address, and telephone number of the person who possesses the organization's bo MARITZA BAUER - $(516)$ , $539-0150$	oks and records			
	99 QUENTIN ROOSEVELT BLVD, SUITE 200, GARDEN CITY,	NY 11530			-
2000		111 11330	Form	990	,
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)11	L14 792240 009980000.NFP 2023.05000 EAC, INC			00	)
				~ ~ ~	

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Form 990 (	2023) EAC, INC.	23-7175609	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
•	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending v Ill of the organization's current officers, directors, trustees (whether individuals or organizations), requ	0	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cł		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	uau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	Individual trustee or director	Institutional trustee	-	nploy	st col	ar.	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) NEELA MUKHERJEE LOCKEL	40.00									
CEO		1		х				283,787.	Ο.	8,367.
(2) TANIA PETERSON CHANDLER	40.00									
COO		1		х				212,938.	Ο.	6,840.
(3) ROBERT STRICOFF	40.00									
CHIEF DEV OFFICER		1		х				156,837.	Ο.	35,175.
(4) LOUIS D'SOUZA	40.00									
CHIEF FINANCIAL OFFICER		1		х				149,529.	Ο.	20,924.
(5) SETH AZIZOLLAHOFF	40.00									
CHIEF HR OFFICER				Х				161,103.	0.	3,708.
(6) RACHEL LUGO	40.00									
DIVISION DIRECTOR OF FS & VS						X		125,934.	0.	17,822.
(7) CRYSTAL STANTON	40.00									
DIVISION DIRECTOR OF BH & CJS						X		115,973.	0.	17,242.
(8) ANDREA RAMOS-TOPPER	40.00									
DIVISION DIRECTOR						X		120,046.	0.	4,722.
(9) ZOE TURNER	40.00									
CLINICAL DIRECTOR						X		117,447.	0.	3,519.
(10) BIANCA EGNAL	40.00									
CLINICAL DIRECTOR						X		115,916.	0.	3,508.
(11) JOHN DURSO	5.00								•	•
CHAIR		Х		Х				0.	0.	0.
(12) GERI A GREGOR, CPA	5.00								0	0
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(13) THOMAS BOERUM	5.00			37				0	0	0
TREASURER	E 00	Х		Х		-		0.	0.	0.
(14) DONNA BACON	5.00			v				0.	0.	0
SECRETARY	5.00	Х		Х				0.	0.	0.
(15) DAVID PASELTINER, ESQ	5.00	х						0.	0.	0
COUNSEL (16) NOREEN CARRO	5.00	^						0.	0.	0.
DIRECTOR	J.00	x						0.	0.	0.
(17) SAMMY CHU	5.00	^				-		0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
		-77						0.	0.	Form <b>990</b> (2023)
332007 12-21-23										FUITI <b>VVV</b> (2023)

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Form 990 (2023) EAC , INC	•								23-7175	609 i	-age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from from related								Reportable compensation	(F) Estima amoun othe	t of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from t organiza and rela organiza	ation he ation ated
(18) BERT J. CUNNINGHAM MEMBER AT LARGE	5.00	x						0.	0.		0.
(19) DIANNA JACOB	5.00	21							0.		
MEMBER AT LARGE		х						0.	0.		Ο.
(20) MICHAEL LOFRUMENTO, ESQ	5.00										
MEMBER AT LARGE		Х						0.	0.		0.
(21) RICHARD KESSEL	5.00										
MEMBER AT LARGE		Х						0.	0.		0.
(22) BOB NYSTROM	5.00										•
DIRECTOR	<b>_ _ _ _ _ _ _ _ _ _</b>	Х						0.	0.		0.
(23) BRUCE A. WATTERSON DIRECTOR	5.00	x						0.	0.		0.
(24) CARMINE INSERRA	5.00										
DIRECTOR		Х						0.	0.		0.
(25) CATHY STANTON	5.00										-
DIRECTOR	<b>F</b> 00	Х						0.	0.		0.
(26) JAMES LACARRUBBA	5.00	x						0	0		0
DIRECTOR		A						0.	0.	121,8	$\frac{0}{227}$
1b Subtotal c Total from continuation sheets to Part VI								0.	0.	121,0	0.
d Total (add lines 1b and 1c)								1,559,510.	0.	121,8	
2 Total number of individuals (including but n										/	
compensation from the organization						,			·		13
										Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su										. V	
and related organizations greater than \$150	,		•							4 X	_
5 Did any person listed on line 1a receive or a										5	x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	<u> </u>	or su	icn į	<u>pers</u>	on .				5	21
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compensa	tion from	
the organization. Report compensation for											
(A)								(B)		(C)	
Name and business								Description of s	ervices (	Compensati	on
MAUZONE KOSHER PRODUCTS L			_								
3301 20TH AVENUE, ASTORIA	A, NY 11	10	5				_	CATERING		327,3	342.
TECH HELP GROUP, INC. P.O. BOX 482, NESCONSET,	NV 1176	7					-	IT SUPPORT		319,5	20
FACTORY DIRECT BUS SALES		/					-	II SUFFORI		519,5	20.
202 TERMINAL DRIVE, PLAIN		Y	11	80	3			VEHICLES		247,5	542.
QUALITY FOOD CATERING					-					/	
611 OLD COUNTRY ROAD, WES	TBURY,	NY	1	15	90		k	CATERING		188,5	589.
TCI TECHNOLOGIES, 436 WILLIS AVENUE, SUITE											
1, WILLISTON PARK, NY 11596 IT SUPPORT 147,195.											
2 Total number of independent contractors (including but not limited to those listed above) who received more than											
\$100,000 of compensation from the organiz		<b>T 3 7</b>		<u> </u>	5	-		THO		000	
SEE PART VII, SECTION	A CONT	ΤN	UΑ	Τ.Τ	ON	5	нĽ	ETS		Form <b>990</b>	(2023)
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Inductor, Worker, Orders, Brocker, Horizor, Dreaded, House, Horizor, Dreaded, Brocker, Horizor, Dreaded, Hours, Dreaded, Hours	Form 990 EAC, INC									23-717	5609
Name and title         Average bour per werk (itst any) related organizations below instruction		rustees, Key Er	nplo	yee	s, a	nd H	ligh	est (	Compensated Employe	es (continued)	
Indices         (check all that apply)         compensation from related organizations (W2/1989-MISC)         and out of other compensation from related organizations (W2/1989-MISC)           1217 KIM M. CLESINK/KI, E80 DIRECTOR         5.00 X         X         0         0.         0.         0.           1231 DIRECTOR         5.00 X         X         0         0.         0.         0.         0.           1231 SAUGE J, PERABAR, ES0 DIRECTOR         5.00 X         X         0         0.         0.         0.           1231 SAUGE J, PERABAR, ES0 DIRECTOR         5.00 X         X         0         0.         0.         0.           1231 SAUGE J, PERABAR, ES0 DIRECTOR         X         1         1         1         0.         0.         0.	(A)	(B)			(0	C)			(D)	(E)	(F)
per (01st arry hours for related organizations below below (01st arry related organizations below (01st arry below (01st arry related organizations (W2/1098-MISC)         from the organization (W2/1098-MISC)         from the organization (W2/1098-MISC)         other organization (W2/1098-MISC)         other organization (W2/1098-MISC)           (27) KIN M. CLESINKEKI, EQ DIRECTOR         5.00         X         I         0         0.         0.           (27) KIN M. CLESINKEKI, EQ DIRECTOR         5.00         X         I         0         0.         0.           (27) LOID A BRUNO         5.00         X         I         0         0.         0.         0.           (23) LOID A BRUNO         5.00         X         I         I         0.         0.         0.           131 RAUL MYGAN, ESQ         5.00         X         I         I         0.         0.         0.           131 RAUL MYGAN, ESQ         5.00         X         I         I         0.         0.         0.           131 RAUL MYGAN, ESQ         5.00         X         I         I         I         0.         0.         0.           131 RAUL MYGAN, ESQ         5.00         X         I         I         I         I         I         I         I         I         I	Name and title										
Week Included         Week Included         Image of the second se		hours	(cl	hecł	all :	that	app	ly)	compensation		
Idia tary related organizations below ine         information ing         information informations below ine         informations informatinformating informations informations informations informations											
(27) KIM M. CIESINKSKI, ESQ       5.00       x       0.			5				loyee				
(27) KIM M. CIESINKSKI, ESQ       5.00       x       0.			irecto				emp			(W-2/1099-MISC)	
(27) KIM M. CIESINKSKI, ESQ       5.00       x       0.			e or d	tee			sated		(W-2/1099-1015C)		
(27) KIM M. CIESINKSKI, ESQ       5.00       x       0.			ruste	l trus		/ee	npen				
(27) KIM M. CIESINKSKI, ESQ       5.00       x       0.			dual t	Itiona		nploy	stcol	5			organizations
(27) KIM M. CIESINKSKI, ESQ       5.00       x       0.			Indivi	Institu	Office	Key ei	Highe	Forme			
(23) LISA MIRABILE       5.00       x       0.       0.       0.       0.         DIRECTOR       5.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.	(27) KIM M. CIESINKSKI, ESQ	5.00			-		_				
(23) LISA MIRABILE       5.00       x       0.       0.       0.       0.         DIRECTOR       5.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.	DIRECTOR		х						0.	Ο.	0.
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(23) LOUIS A BRUNO       5.00       x       0.	DIRECTOR		x						0.	0.	0.
DIRECTOR X 0. 0. 0. 0. (30) M. ALLAN HYMAN, ESQ 5.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. (31) FERTARA, ESQ 5.00 DIRECTOR X 0. 0. 0. (33) STEPHEN LAMAGNA, ESQ 5.00 DIRECTOR X 0. 0. 0. (34) TOCHI IRGU-MALIZE 5.00 DIRECTOR X 0. 0. 0. (34) TOCHI IRGU-MALIZE 5.00 DIRECTOR 0. 0. (34) TO		5.00									
(30) M. ALLAN HYMAN, ESQ     5.00     x     0.     0.     0.       DIRECTOR     5.00     x     0.     0.     0.       DIRECTOR     5.00     x     0.     0.     0.       (33) SAMUEL J, FERRARA, ESQ     5.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       (33) STEPHEN LAMAGNA, ESQ     5.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       (34) TOCH IROKU-MALIZE     5.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.			x						n	٥	n
DIRECTOR     X     0.     0.     0.     0.       131 PAU NAPOLI     5.00     X     0.     0.     0.       01RECTOR     X     0.		5 00			-				· · ·	0.	U•
(31) PAUL NAPOLI     5.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       S31 STEPHEN LAMAGNA, ESQ     5.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       DIRECTOR     DIRECTOR     DIRECTOR     DIRECTOR     0.     0.       DIRECTOR     DIRECTOR     DIRECTOR     DIRECTOR     DIRECTOR     DIRECTOR	•	5.00	v						0	0	0
DIRECTOR     X     0.     0.     0.     0.       (32) SAUUEL J. FERRARA, ESQ     5.00     X     0.     0.     0.       (33) STEPHEN LAMAGNA, ESQ     5.00     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       DIRECTOR     DIRECTOR     DIRECTOR     DIRECTOR     DIRECTOR       DIRECTOR		<u> </u>	^	-	-		-		U•	U •	U•
(32) SANUEL J. FERRARA, ESQ     5.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		5.00	v						0	0	
DIRECTOR     X     0.     0.     0.     0.       (33) STEPHEN LAMAGNA, ESQ     5.00     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       Image: Construction of the state of the sta			A						0.	0.	0.
(33) STEPHEN LAMAGNA, ESQ     5.00     x     0.     0.     0.       (34) TOCHI IROKU-MALIZE     5.00     x     0.     0.     0.       IRRETOR     X     0.     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     0.     0.     0.       IRRETOR     IRRETOR     IRRETOR     0.     0.     0.		5.00								•	
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(34) TOCHI IROKU-MALIZE     5.00     X     0.0.0.0.       DIRECTOR     X     0.0.0.0.		5.00								_	
DIRECTOR     X     0     0.     0.     0.     0.       Image: Strategy of the str			Х						0.	0.	0.
	(34) TOCHI IROKU-MALIZE	5.00									
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332201 04-01-23

	<u>1 990 (</u>		, INC.					23-7175	609 Page <b>9</b>
Pa	rt VII	Statement of Rev	/enue						
		Check if Schedule O c	ontains a re	sponse	or note to any lin		(D)	(0)	
						<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						rotarrovende	function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		a					
Gra				lb					
ts, (		Fundraising events		lc	410,212.				
ilar İlar		Related organizations		d	05 400 500				
ns,		Government grants (contril		le	27,432,589.				
er (	f	All other contributions, gifts, g			770 004				
ĕŧ		similar amounts not included a		lf	778,004.				
ont	-	Noncash contributions included in li	_	l <b>g</b> \$		28 620 805			
<u> 0</u>	h	Total. Add lines 1a-1f				28,620,805.			
			a		Business Code	2 492 565	2 402 565		
ice	2 a	PROGRAM / CLIENT FEE	5		624310	3,483,565.	3,483,565.		
ue v	b								
n S Ven	c								
grai Rev	d								
Program Service Revenue	e								
	•	All other program service r				3,483,565.			
	<u> </u>	Total. Add lines 2a-2f Investment income (includi				5,405,505.			
	3								
	4	Income from investment of			roceeds				
	5	Royalties	-						
	J			Real	(ii) Personal				
	6 a	Gross rents		2,000.					
			6b	<i>,</i> 0.					
				2,000.					
		Net rental income or (loss)		-		82,000.			82,000.
		Gross amount from sales of		urities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
venue	с		7c						
	d	Net gain or (loss)							
Other Re	8 a	Gross income from fundraisin	g events (no	t					
₹		including \$4	10,212.	of					
		contributions reported on I	,						
		Part IV, line 18							
		Less: direct expenses			158,286.				
		Net income or (loss) from f				-75,511.			-75,511.
	9 a	Gross income from gaming							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from g		rities					
	10 a	Gross sales of inventory, le							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from s	ales UI INVe	nory	Business Code				
sn	11 a				240.1000 0046				
Miscellaneous Revenue	b								
ella Wer	c								
Be	d	All other revenue			900099	107,402.			107,402.
Σ	e	Total. Add lines 11a-11d				107,402.			
		Total revenue. See instruction				32,218,261.		0.	113,891.

332009 12-21-23

Form **990** (2023)

	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	(ط) Fundraising expenses
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,	1 020 200		947 106	102 012
_	trustees, and key employees	1,039,208.		847,196.	192,012
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	18,961,122.	17,422,289.	1,336,546.	202,287
7	Other salaries and wages	10,901,122.	17,422,209.	I,330,340.	202,207
8	Pension plan accruals and contributions (include	468,559.	432,578.	31,990.	3 001
•	section 401(k) and 403(b) employer contributions)	1,931,019.	1,742,484.	181,868.	3,991 6,667
9 10	Other employee benefits	1,939,278.	1,704,543.	198,816.	35,919
10 11	Payroll taxes	1,555,270.	1,701,515.	150,010.	55,515
11 а	Fees for services (nonemployees): Management				
	Legal	54,166.	5,540.	48,626.	
	Accounting	71,250.	5,5100	71,250.	
	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,				
3	column (A), amount, list line 11g expenses on Sch 0.)	2,286,967.	1,860,366.	362,818.	63,783.
12	Advertising and promotion	, ,	, ,	,	
13	Office expenses	492,738.	386,886.	57,252.	48,600
14	Information technology				
15	Royalties				
16	Occupancy	2,379,255.	2,219,196.	140,295.	19,764
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	115,417.	48,708.	62,673.	4,036.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	151,179.	52,883.	98,296.	
23	Insurance	343,439.	301,413.	39,202.	2,824
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLIENT ASSISTANCE	1,225,613.	1,225,133.	140.	340
b	STAFF DEVELOPMENT	475,819.	363,751.	78,939.	33,129
c	BAD DEBT	88,093.		88,093.	· · , • •
d					
e	All other expenses	59,575.	50,945.	8,136.	494
25	Total functional expenses. Add lines 1 through 24e	32,082,697.	27,816,715.	3,652,136.	613,846
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)				

332010 12-21-23

# 11201114 792240 009980000.NFP

Form 990 (2023)

Form 990 (2023)

EAC, INC. Part IX Statement of Functional Expenses

		Check if Schedule O contains a response or not	e to anv	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			618,998.	1	471,510.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			10,492,077.	4	9,464,024.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				283,240.	9	196,495.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,812,839.			
	b	Less: accumulated depreciation		4,812,839. 2,725,558.	1,993,113.	10c	2,087,281.
	11					11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	5,899,455.	15	8,296,335.		
	16	Total assets. Add lines 1 through 15 (must equ	19,286,883.	16	20,515,645.		
	17	Accounts payable and accrued expenses			2,920,155.	17	2,792,937.
	18	Grants payable		18			
	19	Deferred revenue			1,857,147.	19	1,726,701.
	20	<b>—</b>				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	antial c	ontributor, or 35%			
lide		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir		699,916.	23	613,043.
	24	Unsecured notes and loans payable to unrelated	d third p	arties	1,843,172.	24	1,010,233.
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X			
		of Schedule D			5,636,312.	25	8,621,531.
	26	Total liabilities. Add lines 17 through 25			12,956,702.	26	14,764,445.
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions	4,476,297.	27	4,072,119.		
Bal	28	Net assets with donor restrictions	1,853,884.	28	1,679,081.		
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ľ.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Net	32	Total net assets or fund balances			6,330,181.	32	5,751,200.
	33	Total liabilities and net assets/fund balances			19,286,883.	33	20,515,645.

Form **990** (2023)

11201114 792240 009980000.NFP

Form 990 (2023)
Part X Balance Sheet EAC, INC.

Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)       1       32, 218, 261.         2       Total expenses (must equal Part X, column (A), line 25)       2       32, 082, 697.         3       135, 564.         4       4       6, 330, 181.         5       6         6       7         1       nvestment expenses.         7       8         6       0         7       8         6       7         1       14, 545.         9       0.         10       5, 751, 200.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XI         XIII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis		990 (2023) EAC, INC.	23-	7175609	Pa	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       32, 218, 261.         2       Total expenses (must equal Part IX, column (A), line 25)       2       32, 082, 697.         3       Revenue less expenses. Subtract line 2 from line 1       3       135, 564.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 330, 181.         5       Donated services and use of facilities       6       7         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5, 751, 200.         9       Other changes in net assets and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         16       Trees," 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 separ	Pa	t XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       32,082,697.         3       Revenue less expenses. Subtract line 2 from line 1       3       135,564.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,330,181.         5       Donated services and use of facilities       5       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5, 751, 200.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X         1       Yes, "check a box below to indicate whether the financial statements for the year were comp		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       32,082,697.         3       Revenue less expenses. Subtract line 2 from line 1       3       135,564.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,330,181.         5       Donated services and use of facilities       5       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5, 751, 200.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X         1       Yes, "check a box below to indicate whether the financial statements for the year were comp						
3       Revenue less expenses. Subtract line 2 from line 1       3       135,564.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,330,181.         5       Donated services and use of facilities       5       6         7       8       Prior period adjustments       8       -714,545.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, columm (B))       10       5,751,200.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X       I         b       Were the organization's	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6, 330, 181.         5       Net unrealized gains (losses) on investments       5         6       7         7       6         7       8         9       0ther changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       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, or both:       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       1nvestment expenses       7         8       Prior period adjustments       8       -714,545.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,751,200.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements and itde by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         b	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities         6       Investment expenses         7       Investment expenses         8       Prior period adjustments         9       Other changes in net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       "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       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,33	0,1	81.
7       Investment expenses       7         8       Prior period adjustments       8       -714,545.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,751,200.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8       -714,545.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,751,200.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	6	Donated services and use of facilities	6			
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Part XIII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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:</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> </ul>	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,751,200.         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Dother       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	8	Prior period adjustments	8	-71	<u>4,5</u>	<u>45.</u>
column (B))       10       5,751,200.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the construction of the const		column (B))	10	5,75	1,2	00.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	t XII Financial Statements and Reporting				
<ul> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 3b Were the organization's financial statements audited by an independent accountant? 4b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 5b Were the organization's financial statements audited by an independent accountant? 4b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, 5b Consolidated basis, or both: 5c Consolidated					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were addited basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis, or both:       2b       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
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? 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:		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		separate basis, consolidated basis, or both:				
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				
consolidated basis, or both:	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
X Separate basis Consolidated basis Both consolidated and separate basis		X 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,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?				2c	<u> </u>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			edule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?3a X		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2023)

SCHEDULE A	١
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(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2023	

**Open to Public** 

Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Nan	ne of t	the organizati	on	_					Employer	identification number
			EAC,	INC.					2	3-7175609
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	complete t	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5					llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv).(C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).		
7		-		•	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	oublic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par	-				
9					in section 170(b)(1)(A)(					
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40	X	university:			H					l
10	Δ	-		• • • •	than 33 1/3% of its supp				-	-
					t to certain exceptions; a					
				mplete Part III.)	(less section 511 tax) fro	on pusities	ses acqui	red by the or	Janization a	inter Julie 30, 1975.
11					ively to test for public sa	faty Saa	section 5(	<b>10</b> (a)(4)		
12	H	•	-	-	ively for the benefit of, to	•			urry out the	nurnoses of one or
		-	-	-	ed in section 509(a)(1) of	-			-	
					f supporting organization					
а		7			upervised, or controlled					aivina
				-	gularly appoint or elect a	•	-		•••••	
			-	complete Part IV, Se	• • • •	, ,				
b					l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
				-	anization vested in the sa			-		•
			•	t complete Part IV,		·			• • • •	
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organizatio	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.		
d		] Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requiremen	nt (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	۷.		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
		er the number		•						
g		vide the follow		n about the supporte		(iv) is the orm	anization listed	(u) Amount o	fmonoton	(vi) Amount of other
	(	organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			

	fails to qualify under the tests	s listed below, plea	ise complete Part I	II.)				
See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.							
See	ction B. Total Support				1			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi					<del>, , , , , , , , , , , , , , , , , , , </del>		
14	Public support percentage for 2023 (I					14	%	
15	Public support percentage from 2022					15	%	
<b>1</b> 6a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	and	
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2022. If the							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	0	•		•			
b	10% -facts-and-circumstances test	-	-				10% or	
	more, and if the organization meets the				• •			
	organization meets the facts-and-circl		•					
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							

Schedule A (Form 990) 2023

332022 12-21-23

EAC, INC.

Schedule A (Form 990) 2023

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

### Schedule A (Form 990) 2023

EAC, INC.

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		24530138.	25223116.	25697681.	27151969.	28620805.	131223709
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3837861.	2164722.	2482464.	3078845.	3483565.	15047457.
3	Gross receipts from activities that						
U	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6		28367999.	27387838.	28180145.	30230814.	32104370.	146271166
	Amounts included on lines 1, 2, and				001000110		
7 a	3 received from disgualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						146271166
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	28367999.	27387838.	28180145.	30230814.	32104370.	146271166
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					82,000.	82,000.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b					82,000.	82,000.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	659,336.			126,755.		2131435.
13	Total support. (Add lines 9, 10c, 11, and 12.)	29027335.	28237973.	28567952.	<u>30357569.</u>	32293772.	148484601
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here					-	
Sec	tion C. Computation of Public						
15	Public support percentage for 2023 (	line 8, column (f), d	livided by line 13, o	column (f))		15	98.51 %
	Public support percentage from 2022		•			16	98.03 %
	tion D. Computation of Inves					• •	
17	Investment income percentage for 20		•	ne 13. column (f))		17	.06 %
18	Investment income percentage from		- · · · · · · · · · · ·			18	<u> </u>
	33 1/3% support tests - 2023. If the						
194	more than 33 1/3%, check this box a	-					X
<b>۲</b>							
a	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che			•		•	
-	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins		
33202	3 12-21-23					Schedule A	A (Form 990) 2023

17 2023.05000 EAC, INC.

EAC,	IN
------	----

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

Yes No

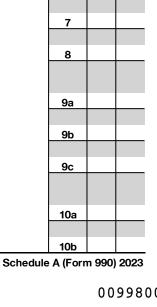
# Part IV Supporting Organizations

(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.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified 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.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2	023 n <b>g Organiz</b> a		INC.
Part IV	Supporti	ng Organiza	ations /	continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

supervised	<u>1. or controllea the si</u>	upporting organization.	
Section C. T	ype II Supportir	ng Organizations	

Yes No 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 1 the supported organization(s).

)C	tion D. All Type III Supporting Organizations
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior
	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?
	eC

- 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).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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.
- 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.

Yes No 2a 2b 3a 3b

No Yes

1

2

3

prior tax

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1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	•
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Orgonizations

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

23-7175609 Page 6

Schedule A (Form 990) 2023 EAC, INC.

3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2023 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			

1

2

**Current Year** 

(iii) Distributable

Amount for 2023

Schedule A (Form 990) 2023

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

Amounts paid to perform activity that directly furthers exempt purposes of supported

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years b Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

Schedule A	(Form	990	202

Section D - Distributions

2

10 Line

Section E

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

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, Part VI 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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

EAC,

INC.

32028 12-21-23		Schedule A (Form 990) 202
023 AMOUNT: \$	107,402.	
022 AMOUNT: \$	126,755.	
021 AMOUNT: \$	387,807.	
020 AMOUNT: \$	850,135.	
019 AMOUNT: \$	659,336.	
ISCELLANEOUS II	NCOME	

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

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

2023

Employer identification number

······		
	EAC, INC.	23-7175609
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3) (enter number) organization	

	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set in the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless to the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unle

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

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

	B (Form 990) (2023)		Page <b>2</b>
Name of c	organization		Employer identification number
EAC,	INC.		23-7175609
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	NYC HEALTH AND HOSPITALS 125 WORTH STREET NEW YORK, NY 10013	\$5,006,2	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2	NASSAU COUNTY OFA 60 CHARLES LINDBERGH BOULEVARD UNIONDALE, NY 11553	\$3,517,1	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3	SUFFOLK COUNTY DSS 3085 VETERANS MEMORIAL HWY RONKONKOMA, NY 11779	\$ 2,525,0	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4	NYS DIV OF CRIMINAL JUSTICE SERVICES 80 SOUTH SWAN ST ALBANY, NY 12210	\$2,464,6	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5	TOWN OF HEAMPSTEAD ONE WASHINGTON STREET HEMPSTEAD, NY 11550	\$ <u>1,558,8</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6	NYC MAYORS OFFICE CJ           1         CENTER STREET	\$1,416,3	(Complete Part II for
323452 12-20	<u>NEW YORK, NY 10007</u> 6-23		noncash contributions.) Schedule B (Form 990) (2023)

Name of c	organization	E	mployer identification number
EAC,	INC.		23-7175609
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SUFFOLK COUNTY DEPT. OF PROBATION 100 EAST AVENUE YAPHANK, NY 11980	\$ <u>1,125,21</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NASSAU COUNTY DSS 60 CHARLES LINDBERGH BOULEVARD UNIONDALE, NY 11553	\$940,31	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BROOKLYN DISTRICT ATTORNEY'S OFFICE 350 JAY STREET BROOKLYN, NY 11201	- \$\$935,13	Person     X       Payroll
(a) No. 10	(b) Name, address, and ZIP + 4 SUFFOLK COUNTY DEPT. OF HEALTH SERVICES 3500 SUNRISE HWY, STE 124 GREAT RIVER, NY 11739	(c) Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	NASSAU COUNTY DHS 60 CHARLES LINDBURGH BLVD, STE 200 UNIONDALE, NY 11553	- \$\$588,08	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll On Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page **2** 

	B (Form 990) (2023)		Page <b>3</b>
Name of o	organization		Employer identification number
EAC,	INC.		23-7175609
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

323453 12-26-23

Name of o	rganization			Employer identification number		
EAC, I	INC.			23-7175609		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entricharitable, etc., contributions of <b>\$1,000 or l</b>	v For organizations	t total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of trans	sferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee		
323454 12-26	-23	I		Schedule B (Form 990) (2023		

27 2023.05000 EAC, INC.

SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

# Political Campaign and Lobbying Activities

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

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nan	ne of organization				Emplo	over identification number
	EAC, IN					23-7175609
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c) o	r is a section 52	?7 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3)	).		
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		\$	
	Enter the amount of any excise tax					
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
4a	Was a correction made?					Yes No
	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	anization is exempt unde	er section 501(c), e	except section 5	501(c)	(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt function	on activities	\$	
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for sec	tion 527		
	exempt function activities				\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
					\$	
	Did the filing organization file Form					
5	Enter the names, addresses, and er	· ·		-		
	made payments. For each organizat	· · · · · · · · · · · · · · · · · · ·				
	contributions received that were pro				eparate	segregated fund or a
	political action committee (PAC). If a	additional space is needed, prov	Ide information in Part IV	/.		
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

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Open to Public Inspection

Schedule C (Form 990) 2023	EAC,	INC.				175609 Page 2
Part II-A Complete if the orga	anizatio	n is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).						
A Check if the filing organizat	ion belong	gs to an affi	iated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of exces	s lobbying e	expenditures).			
B Check if the filing organization	ion check	ed box A ar	nd "limited control" pro	visions apply.		
		oying Exper eans amou	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influe	ence publ	ic opinion (	arassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin		•				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f_Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
not over \$500,000,	(0) 10.		the amount on line 1e.			
over \$500,000 but not over \$1,000,	000		0 plus 15% of the exce	ass over \$500.000		
over \$1,000,000 but not over \$1,50			0 plus 10% of the exce			
over \$1,500,000 but not over \$17,0	<i>.</i>		0 plus 5% of the exce			
over \$17,000,000,	00,000,	\$1,000,0		<u>33 0vci ψ1,000,000.</u>		
g Grassroots nontaxable amount (ent	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zero	,		ine 1i, did the organiza			
reporting section 4911 tax for this y					]	Yes No
	<u>our:</u>	4-Vear Ave	eraging Period Under	Section 501(h)	L	
(Some organizations the		a section 5		nave to complete all o	of the five columns be	elow.
	Lobb	oying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2020	<b>(b)</b> 2021	<b>(c)</b> 2022	<b>(d)</b> 2023	<b>(e)</b> Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

EAC, INC.

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k	<b>)</b>
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
<ul> <li>f Grants to other organizations for lobbying purposes?</li> </ul>		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	v		63	3,120.
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>		x		,1200
		X		
			63	3,120.
j Total. Add lines 1c through 1i		x	0.5	,120.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		A		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(o)(	5) or coo	tion	
		5), OI SEC	uon	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Part III-B Complete if the organization is exempt under section 501(c)(4), section				<u>.</u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OR	(b) Part I	II-A, line	3, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
<ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex</li> </ul>		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part II-	A, lines 1 ar	nd 2 (see	
PART $I-A$ , LINE 1:				
VE CONTRACT WITH A LOBBYIST ON BEHALF OF EAC NETWORK	FOR THE	E PRIM	ARY	
PURPOSE OF REPRESENTING OUR INTEREST IN STATEWIDE GRA	NTS ANI	)		

INITIATIVES AND LOBBYIST FOR NEW YORK CITY INITIATIVES

Schedule C (Form 990) 2023

332043 11-06-23

11201114 792240 009980000.NFP

SCHEDULE D Form 990) Department of the Treasury Internal Revenue Service	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	al Financial Statement nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ttach to Form 990. 0 for instructions and the latest inform	2b.		OMB No. 1545-0047 <b>2023</b> Open to Public Inspection
Name of the organizat	ion EAC, INC.			Emp	ployer identification numbe 23-7175609
	ations Maintaining Donor Advise an answered "Yes" on Form 990, Part IV, lin		s or Ac	cour	
		(a) Donor advised funds	(t	<b>5)</b> Fun	nds and other accounts
1 Total number at e	nd of year				
	f contributions to (during year)				
3 Aggregate value of	f grants from (during year)				
4 Aggregate value a	t end of year				
6 Did the organizati for charitable purp	on's property, subject to the organization's on inform all grantees, donors, and donor a poses and not for the benefit of the donor o rate benefit?	dvisors in writing that grant funds can be r donor advisor, or for any other purpose	e used on conferrir	nly ng	
	ation Easements. Complete if the org				
Preservatio	servation easements held by the organization of land for public use (for example, recrean of natural habitat of open space through 2d if the organization held a qualif	tion or education) Preservation of Preservatio	of a certif	ied his	important land area storic structure tion easement on the last
day of the tax yea	<b>.</b> .		[		Held at the End of the Tax Yea
a Total number of c	onservation easements		[	2a	
<b>b</b> Total acreage res	ricted by conservation easements		[	2b	
c Number of conse	vation easements on a certified historic stru	ucture included on line 2a		2c	
d Number of conse	vation easements included on line 2c acqu	ired after July 25, 2006, and not			
on a historic struc	ture listed in the National Register		[	2d	
3 Number of conserver	vation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organiz	ation	during the tax
4 Number of states	where property subject to conservation eas	en en en de la casta al			

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	

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

8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	No No
	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 features to the examination's financial statements that describes the	

balan	ce sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
orgar	nization's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art Historical Treasures or Other Similar Assets

		rganizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Co	mplete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the orga	inization 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 set	rvice,
	provide the following amounts relating to these items.	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

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31 2023.05000 EAC, INC.

Sche	dule <u>D</u> (Form 990) 2023 EAC , IN						-717560		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (	Other Si	imilar As	sets <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that n	nake signif	ficant use c	f its		
	collection items (check all that apply).								
а	Public exhibition	c	Loan or ex	change program	า				
b	Scholarly research	e	e 🗌 Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they further	the organization	's exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or other	similar ass	sets			_
_	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered "Ye	es" on Forr	m 990, Parl	IV, line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						<b>—</b>		٦
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				A		
							Amour	11	
C.	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	Yes		
	Did the organization include an amount on F				•				_ No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds Complete in								
		(a) Current year	(b) Prior year	(c) Two years		Three years	back (e) Fou	r vears	hack
10	Beginning of year balance					Three yours		r youro	buok
1a h	Contributions								
0	Net investment earnings, gains, and losses								
с А	Grants or scholarships								
e	Other expenditures for facilities								
C									
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		i e (line 1a. column (	a)) held as:					
- a	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
c	Term endowment	%							
•	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that are held a	and administered	d for the				
	organization by:	5						Yes	No
	(i) Unrelated organizations?						3a(i)		
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, F	Part X, line	e 10.			
	Description of property	<b>(a)</b> Cost or o basis (investr		st or other s (other)	(c) Accu depreo		( <b>d</b> ) Boo	ok valu	е
1a	Land		6	50,000.			65	0,0	00.
b	Buildings			57,403.	1,27	7,849.			
	Leasehold improvements			33,173.	23	2,425.	23	3,1	
d	Equipment			72,263.	1,21	5,284.	7	9,4	
<u>e</u>	Other								
	Add lines 1a through 1e. (Column (d) must e		X. line 10c. colum	n (B))	<u></u>	<u></u>	2,08	7 <u>,</u> 2	81.

Schedule D (Form 990) 2023

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Part VII Investments - Other S	Securities
--------------------------------	------------

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

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

#### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING RIGHT OF USE ASSETS	7,988,542.
(2) SECURITY DEPOSIT	301,793.
(3) INVESTMENT IN CORPORATE STRATEGIES	6,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	8,296,335.
Part X Other Liabilities	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	8,621,531.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	8,621,531.

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 ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 EAC , INC .		23-	7175609 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	32,218,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	32,218,261.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	32,218,261.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		ber Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1			1	32,082,697.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	32,082,697.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	32,082,697.
Pa	rt XIII Supplemental Information			

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

PART X, LINE 2:

EAC	HAS	DETE	RMINED	THAT	THERE	ARE 1	NO MA'	<b>TERIA</b>	L UNCE	RTAIN	TAX	POSIT	IONS	ГНАТ
REQU	JIRE	RECO	GNITIO	NORI	DISCLO	SURE 1	IN TH	E FINZ	ANCIAL	STATI	EMENT	S. EA	CIS	
SUB	JECI	TOR	OUTINE	AUDI	TS BY	TAXIN	G JUR	ISDIC	rions;	HOWE\	/ER,	THERE	ARE	
CURE	RENT	LY NO	AUDIT:	S FOR	ANY T.	AX PEI	RIODS	IN PI	ROGRES	S. EAG	C BEL	IEVES	THAT	IT
IS 1	10 I	ONGER	SUBJE	ст то	INCOM	E TAX	EXAM	INATI	ONS FO	R TAX	YEAR	S PRI	OR TO	
2020	).													

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivities		DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if th	e	2023
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest informatior			Inspection ntification number
Name of the organization	EAC, IN	с.				-	7175	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li			
required to	complete this part	t						
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	tions email solicitations tations licitations on have a written o		tion of tion of fundra (incluc	non-g gover aising ling of	overnment grants nment grants events ficers, directors, trust	tees, or	Yes	s 🔲 No
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursuation organization.	ant to	agreei	ments under which th	ne fundraiser	is to be	9
(i) Name and addres or entity (func		(ii) Activity	or cor	ustody	(iv) Gross receipts from activity	<b>(v)</b> Amoun to (or retain fundrais listed in c	ied by) ser	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total			I	1				
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt	from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

 Schedule G (Form 990) 2023
 EAC , INC .
 23-7175609
 Part Part II

 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 BUILDING BRIDGES GALA	(b) Event #2 GOLF FOR GOOD	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	301,401.	191,586.		492,987
	2	Less: Contributions	272,601.	137,611.		410,212
	3	Gross income (line 1 minus line 2)	28,800.	53,975.		82,775
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
"	8	Entertainment				
	9	Other direct expenses		83,695.		158,286
ŀ	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			<u>158,286</u> -75,511
	-	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	<b>(c)</b> Other gaming	(d) Total gaming (add col. (a) through col. (d
T						
		Cash prizesNoncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
L	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
		Direct expense summary. Add lines 2 throug	ıh 5 in column (d)			
	7					
		Net gaming income summary. Subtract line	7 from line 1, column (d)			

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

Name	Sch	edule G (Form 990) 2023	EAC,	INC.		23-7	7175609	Page
to administer charitable gaming? indicate the preventage of gaming activity conducted in: it indicates the preventage of gaming activity conducted in: it is indicate the part of the person who prepares the organization's gaming/Special events books and records. Name Address  55 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  56 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  57 Mane and address of the third party.  58 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  59 If 'Yes,' enter the amount of gaming revenue received by the organization  50 Gaming meanager information:  50 Name  60 Gaming manager information:  51 Director/officer  52 Director/officer  53 Director/officer  54 If employee  55 Independent contractor  55 Independent contractor  55 Independent contractor  55 Independent contractor  55 Jif 'Yes,' enter mane and address of the third party:  55 Director/officer  55 Independent contractor  55 Jif 'Yes,' enter mane and address of the third party:  55 Director/officer  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address of the third party:  55 Jif 'Yes,' enter mane and address at the two to be distributions from the gaming proceeds to  55 Jif 'Yes,' enter mane and address at laws to be distribution from the gaming proceeds to  56 Jif 'Yes,' enter mane and order state law to be distributed to other seem for gaming ind (v)	11	Does the organization conduct	gaming activ	ties with nonmemb	ers?		Yes	
	12	<b>c</b>						
		to administer charitable gaming	?				Yes	
b An outside facility       13b         4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name	13							
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name Address 55 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  56 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  57 In Yes, "enter name and address of the third party.  58 Address 6 Gaming manager information:  59 Description of services provided  50 Director/officer  51 Employee  52 Independent Contractor  53 Manager compensation  54 Employee  55 Director/officer  55 Employee  56 Director/officer  55 Employee  57 Manager compensation  55 Employee  58 Independent contractor  55 Manager compensation  55 Employee  56 Director/officer  55 Employee  57 Manager compensation  55 Employee  56 Director/officer  55 Employee  57 Manager compensation  55 Employee  56 Director/officer  55 Employee  57 Manager compensation  55 Employee  56 Director/officer  57 Manager compensation  55 Employee  56 Director/officer  57 Manager compensation  55 Employee  56 Director/officer  56 Director/officer  57 Manager compensation  55 Employee  56 Director/officer  56 Director/officer  57 Manager compensation  56 Director/officer  56 Director/officer  56 Director/officer  56 Director/officer  56 Director/officer  56 Direc	а	The organization's facility					13a	
Name							13b	
Address         Sa Does the organization have a contract with a third party from whom the organization receives gaming revenue?       I 'Yes, 'enter the amount of gaming revenue received by the organization         b if 'Yes, 'enter the amount of gaming revenue received by the organization       \$	14	Enter the name and address of	the person w	ho prepares the or	ganization's gaming/special events books a	nd records:		
155 Does the organization have a contract with a third party from whom the organization receives gaming revenue?       If Yes, 'enter the amount of gaming revenue received by the organization s and the amount of gaming revenue retained by the indr party s         If Yes, 'enter name and address of the third party:       Name         Address		Name						
b If Yes, 'enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ if Yes, 'enter name and address of the third party:		Address						
e (f "Yes," enter name and address of the third party: Name Address 6 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 7 Mandatory distributions: • Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 \$ PartIV Supplemental Information. Now demonstrations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, • 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 1000000000000000000000000000000000000	15a	Does the organization have a c	ontract with a	third party from w	hom the organization receives gaming rever	าue?	🗌 Yes	
e (f "Yes," enter name and address of the third party: Name Address 6 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 7 Mandatory distributions: • Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 \$ PartIV Supplemental Information. Now demonstrations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, • 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 1000000000000000000000000000000000000	b	If "Yes." enter the amount of ga	aming revenue	e received by the o	rganization \$ ar	nd the amount		
e If "Yes," enter name and address of the third party:          Name								
Address         6 Gaming manager information:         Name         Gaming manager compensation         \$	с							
6 Gaming manager information:          Mame		Name						
Name		Address						
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 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 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, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 2002 06-12-32 Schedule G (Form 990)	16	Gaming manager information:						
		Name						
		Coming manager componentia	<b>•</b> •					
Director/officer     Employee     Independent contractor     Madatory distributions:     a Is the organization required under state law to make charitable distributions from the gaming proceeds to     retain the state gaming license?     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,     15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Gaming manager compensation	ιφ					
7 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         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, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         20082 09-13-23         20082 09-13-23		Description of services provide	d					
37	a b	Is the organization required und retain the state gaming license? Enter the amount of distribution organization's own exempt acti <b>Tt IV</b> Supplemental Info	? ns required ur vities during 1 prmation.	der state law to be he tax year \$ Provide the explan	distributed to other exempt organizations of ations required by Part I, line 2b, columns (i	or spent in the		
37								
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37	33208	33 09-13-23				Sched	lule G (Form	990)
	<u>11</u>	111 700010 00000	· ۱۵۵۵ אידיי	D	37 2023.05000 EAC, INC.			009

Schedule G				INC.
Part IV	Supplei	mental	Information	(continuor

Part IV	Supplemental Information (continued)	
	Schedule	G (Form 990)

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SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	
		Compensated Employees		20	ZJ	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization		Employer id			mber
		EAC, INC.	23-7	17560	9	
Ра	rt I Question	s Regarding Compensation				
	<b>.</b>				Yes	No
<b>1</b> a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		spending account Personal services (such as maid, chauffer	ir, chei)			
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	indsiees, and onice			2		
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
•		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change of control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:				
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
	Any related organiz	ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			<u>-</u> -
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990	) 2023

LHA 332111 11-06-23

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### 23-7175609

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NEELA MUKHERJEE LOCKEL	(i)	283,787.	0.	0.	8,367.	0.	292,154.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TANIA PETERSON CHANDLER	(i)	212,938.	0.	0.	6,390.	450.	219,778.	0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT STRICOFF	(i)	156,837.	0.	0.	5,124.	30,051.	192,012.	0.
CHIEF DEV OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LOUIS D'SOUZA	(i)	149,529.	0.	0.	0.	20,924.	170,453.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SETH AZIZOLLAHOFF	(i)	161,103.	0.	0.	3,708.	0.	164,811.	0.
CHIEF HR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### Part III Supplemental Information

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

#### PART I, LINE 3

#### PART I, LINE 3 - COMPENSATION RANGES ARE DETERMINED BY REVIEWING SALARY

DATA FOR COMPARABLE POSITIONS. MANAGEMENT COMPENSATION, WITHIN THE

APPROPRIATE RANGE, IS BASED UPON THE CANDIDATE'S EXPERIENCE AND

CREDENTIALS. MERIT INCREASES, WHEN APPLICABLE, ARE RELATED TO EMPLOYEE

PERFORMANCE AND DEPENDENT UPON THE AVAILABILITY OF ADMIN/PROGRAM FUNDS.

EXECUTIVE COMPENSATION MUST BE REVIEWED AND APPROVED BY THE BOARD

#### COMPENSATION COMMITTEE.

SCHEDULE O (Form 990)

Name of the organization

# 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.



Employer identification number 23-7175609

### EAC, INC.

FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION:

TO RESPOND TO HUMAN NEEDS WITH PROGRAMS THAT PROTECT CHILDREN, PROMOTE

HEALTHY FAMILIES AND COMMUNITIES, HELP SENIORS AND EMPOWER INDIVIDUALS

TO TAKE CONTROL OF THEIR LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS ARE PROVIDED AT ALL INTERCEPTS OF THE CRIMINAL JUSTICE SYSTEM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS THAT ENFORCE CHILD SUPPORT COLLECTIONS BY EDUCATING

NON-COMPLIANT, NON-CUSTODIAL PARENTS AND MONITORING THEIR PAYMENTS.

SANCTIONS INTERVENTION EVALUATES NEEDS, IDENTIFIES BARRIERS, AND HELPS

SANCTIONED PUBLIC ASSISTANCE RECIPIENTS COME INTO COMPLIANCE WITH

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES REQUIREMENTS SO THEY CAN

MAINTAIN THEIR BENEFITS.

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

CHILDREN AND YOUTH SERVICES - PROGRAMS INCLUDE THE ALTERNATIVES FOR

YOUTH (AFY), WHICH DIVERTS YOUTHS FROM THE JUVENILE JUSTICE SYSTEM AND

IMPROVES FAMILY FUNCTIONING BY PROVIDING HOME-BASED CRISIS INTERVENTION

AND COMMUNITY RESOURCES; THE SUFFOLK COUNTY CHILD ADVOCACY CENTER (CAC)

WHICH REDUCES THE TRAUMA OF CHILD SEXUAL ABUSE AND PROMOTES THE

COORDINATED PROSECUTION OF OFFENDERS AND PROTECTS AND CARES FOR

CHILDREN THAT HAVE BEEN, OR AT RISK OF BEING, SEXUALLY EXPLOITED; THE

SUFFOLK COUNTY CHILDREN'S CENTER AT COHALAN COURT WHICH PROVIDES A SAFE

 PLACE
 WHERE
 CHILDREN
 ENGAGE
 IN
 FUN
 AND
 EDUCATIONAL
 ACTIVITIES
 WHILE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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42 2023.05000 EAC, INC. THEIR PARENTS OR GUARDIANS ATTEND TO COURT BUSINESS; AND SUPERVISED

VISITATION WHICH PROVIDES A SAFE AND NEUTRAL SETTING FOR NON-CUSTODIAL

PARENTS TO VISIT WITH THEIR CHILDREN.

VOCATIONAL SERVICES - PROGRAM SERVICES INCLUDE ASSISTING AT-RISK YOUTH

AGES 18-24 TOWARDS A CAREER PATH AND PROVIDING VOCATIONAL AND

EDUCATIONAL COUNSELING AND SERVICES TO INDIVIDUALS WITH SUBSTANCE

ABUSE.

EXPENSES \$ 3,662,293. INCLUDING GRANTS OF \$ 0. REVENUE \$ 76,801.

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

AFTER THE BOARD HAS APPROVED THE FINANCIAL STATEMENTS, THE FORM 990 IS

COMPLETED BY THE PREPARER AND SUBMITTED TO MANAGEMENT. THE DOCUMENT IS

REVIEWED BY MANAGEMENT AND IS THEN DISTRIBUTED TO THE BOARD FOR REVIEW. ANY

COMMENTS OR QUESTIONS ARE PRESENTED TO MANAGEMENT WHICH COMMUNICATES THE

ISSUE DIRECTLY TO THE PREPARER.

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

EACH MEMBER SHALL BE REQUIRED TO FILE A CONFLICT-OF-INTEREST STATEMENT

ANNUALLY, BUT NOT LATER THAN DECEMBER 31ST PRIOR TO COMMENCEMENT OF SERVICE

AND ANNUALLY THEREAFTER, WITH SECRETARY.

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

COMPENSATION RANGES ARE DETERMINED BY REVIEWING SALARY DATA FOR COMPARABLE

POSITIONS. MANAGEMENT COMPENSATION, WITHIN THE APPROPRIATE RANGE, IS BASED

UPON THE CANDIDATE'S EXPERIENCE AND CREDENTIALS. MERIT INCREASES, WHEN

APPLICABLE, ARE RELATED TO EMPLOYEE PERFORMANCE AND DEPENDENT UPON THE

AVAILABILITY OF ADMIN/PROGRAM FUNDS. EXECUTIVE COMPENSATION MUST BE Schedule O (Form 990) 2023 332212 11-14-23

43 2023.05000 EAC, INC.

Schedule O (Form 990) 2023 Name of the organization	Page 2
EAC, INC.	23-7175609
REVIEWED AND APPROVED BY THE BOARD COMPENSATION COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICIES ARE	E ALL MAINTAINED
AT THE ADMINISTRATIVE OFFICES LOCATED IN GARDEN CITY, NEW	YORK. THE PUBLIC
MAY REQUEST TO SEE DOCUMENTS AT THE OFFICES AND THE ORGANI	ZATION HAS PLANS
TO MAKE THESE DOCUMENTS AVAILABLE IN THE FUTURE ON THEIR W	VEBSITE.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEARS.	
332212 11-14-23 <b>44</b>	Schedule O (Form 990) 2023

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Name of the organization

EAC, INC.

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(f)</b> Direct controlling entity	cont	rolled
		y activity Legal domicile (state or Exempt Code Public charity Direct controlling Controlled				

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

Schedule R (Form 990) 2023

Employer identification number

23-7175609

SCHEDULE R	
(Farma 000)	

(Form 990)

Department of the Treasury Internal Revenue Service



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

									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Genera manag partne	or Percentage <sup>ng</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) stion b)(13) rolled ity?
		country)				233013		Yes	No
CORPORATE STRATEGIES, INC.									
50 CLINTON STREET									
HEMPSTEAD, NY 11550	CONSULTING	NY	N/A	C CORP			100%		Х
	-								
	-								
	-								

## Schedule R (Form 990) 2023 EAC, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)	_		X
p Reimbursement paid to related organization(s) for expenses			X
<b>q</b> Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	<b>1</b> r		x
s Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization **(b)** Transaction (d) Method of determining amount involved (c) Amount involved type (a-s) (1) (2) (3) (4) (5) (6)

# Schedule R (Form 990) 2023 EAC, INC.

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

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

(a)	(b)	(c)	(d)	10		(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	Are Are partners 501(c orgs	all	(י) Share of	(9) Share of		ronor-	UI Code V-UBI	(J) General c	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO	<u></u>
												1

Schedule R (Form 990) 2023